

Table 6.2
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services
Used by Medicare Beneficiaries, by Demographic Characteristics, Type of Entitlement, and Discharge Status:
Calendar Year 2008

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees ²	Total in Thousands	Per 1,000 HI Enrollees ²	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission ³	Per Day
Total	2,561,073	73	69,157	1,977	27	\$34,940,505	\$13,643	505	\$24,329,013	70	9,508	352
Age												
Under 65 Years	200,887	32	5,387	847	27	2,781,260	13,845	516	1,809,525	65	9,018	336
65-69 Years	234,096	27	5,888	686	25	3,103,762	13,259	527	2,044,451	66	8,742	347
70-74 Years	257,606	40	6,432	999	25	3,457,458	13,421	538	2,299,389	67	8,933	357
75-79 Years	378,888	72	9,745	1,852	26	5,115,046	13,500	525	3,485,678	68	9,207	358
80-84 Years	528,681	126	14,269	3,389	27	7,255,832	13,724	509	5,072,122	70	9,602	355
85 Years or Over	960,915	233	27,436	6,645	29	13,227,148	13,765	482	9,617,848	73	10,017	351
Sex												
Male	929,083	59	23,965	1,519	26	12,320,169	13,261	514	8,497,048	69	9,154	355
Female	1,631,990	85	45,192	2,353	28	22,620,336	13,861	501	15,831,964	70	9,709	350
Race⁴												
White	2,201,491	75	58,747	1,997	27	29,781,000	13,528	507	20,731,948	70	9,425	353
Other	353,486	64	10,245	1,863	29	5,074,994	14,357	495	3,538,968	70	10,023	345
Type of Entitlement												
Aged ⁵	2,352,085	82	63,554	2,220	27	32,049,074	13,626	504	22,447,828	70	9,552	353
Disabled ⁶	208,988	33	5,602	881	27	2,891,432	13,835	516	1,881,185	65	9,011	336
Discharge Status												
Alive	2,449,759	---	67,055	---	27	33,945,561	13,857	506	23,616,131	70	9,648	352
Dead	111,314	---	2,102	---	19	994,944	8,938	473	712,882	72	6,410	339

¹Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

⁴Excludes unknown race.

⁵Includes aged persons with end stage renal disease (ESRD).

⁶Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

--- is not available.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.