Table 6.5

Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care: Calendar Year 2006

Type of Entitlement and Covered Days of Care	Persons [1]	Covered Admissions [2]	Covered Days of Care: Number	Covered Days of Care: Per Admission	Covered Days of Care: Per Person	Covered Charges: Amount in Thousands	Covered Charges: Per Admission	Covered Charges: Per Person	Covered Charges: Per Day
All Beneficiaries									
Total	1,734,318	2,543,133	67,142,617	26.4	38.7	$31,493,529	$12,384	$18,159	$469
1-8 Days	426,756	617,016	2,937,786	4.8	6.9	2,317,841	3,757	5,431	789
9-20 Days	543,724	772,437	10,986,102	14.2	20.2	6,566,062	8,500	12,076	598
21-40 Days	408,486	618,880	17,910,030	28.9	43.8	8,484,805	13,710	20,771	474
41-60 Days	171,812	270,339	13,384,698	49.5	77.9	5,659,012	20,933	32,937	423
61-80 Days	76,514	124,629	8,654,677	69.4	113.1	3,462,125	27,779	45,248	400
81 Days or More	107,026	139,832	13,269,324	94.9	124.0	5,003,684	35,784	46,752	377
Aged									
Total	1,608,840	2,349,557	62,090,952	26.4	38.6	29,034,462	12,357	18,047	468
1-8 Days	392,504	564,543	2,695,155	4.8	6.9	2,119,005	3,753	5,399	786
9-20 Days	504,537	713,630	10,147,820	14.2	20.1	6,057,580	8,488	12,006	597
21-40 Days	382,746	577,032	16,693,448	28.9	43.6	7,880,187	13,656	20,589	472
41-60 Days	160,431	251,510	12,452,489	49.5	77.6	5,246,687	20,861	32,704	421
61-80 Days	71,102	115,395	8,013,470	69.4	112.7	3,198,128	27,715	44,979	399
81 Days or More	97,520	127,447	12,088,570	94.9	124.0	4,532,875	35,567	46,481	375
Disabled									
Total	125,478	193,576	5,051,665	26.1	40.3	2,459,067	12,703	19,598	487
1-8 Days	34,252	52,473	242,631	4.6	7.1	198,836	3,789	5,805	819
9-20 Days	39,187	58,807	838,282	14.3	21.4	508,481	8,647	12,976	607
21-40 Days	25,740	41,848	1,216,582	29.1	47.3	604,618	14,448	23,489	497
41-60 Days	11,381	18,829	932,209	49.5	81.9	412,326	21,898	36,229	442
61-80 Days	5,412	9,234	641,207	69.4	118.5	263,997	28,590	48,780	412
81 Days or More	9,506	12,385	1,180,754	95.3	124.2	470,809	38,014	49,528	399

See footnotes at end of table.

Table 6.5—Continued

Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care: Calendar Year 2006

Type of Entitlement and Covered Days of Care	Coinsurance Payments				Program Payments			
	Amount in Thousands	Per Admission	Per Person	Per Day	Amount in Thousands	Per Admission [3]	Per Person	Per Day
All Beneficiaries								
Total	$4,575,238	$1,799	$2,638	$68	$20,498,788	$8,067	$11,820	$305
1-8 Days	58,060	94	136	20	1,107,424	1,797	2,595	377
9-20 Days	257,402	333	473	23	4,023,803	5,213	7,400	366
21-40 Days	1,037,198	1,676	2,539	58	5,792,789	9,367	14,181	323
41-60 Days	1,124,002	4,158	6,542	84	3,865,994	14,306	22,501	289
61-80 Days	818,599	6,568	10,699	95	2,335,774	18,747	30,527	270
81 Days or More	1,279,977	9,154	11,959	96	3,373,004	24,124	31,516	254
Aged								
Total	4,215,107	1,794	2,620	68	19,037,815	8,109	11,833	307
1-8 Days	52,378	93	133	19	1,023,466	1,815	2,608	380
9-20 Days	234,575	329	465	23	3,736,148	5,239	7,405	368
21-40 Days	961,056	1,666	2,511	58	5,421,601	9,402	14,165	325
41-60 Days	1,043,913	4,151	6,507	84	3,608,430	14,352	22,492	290
61-80 Days	757,173	6,562	10,649	94	2,168,097	18,794	30,493	271
81 Days or More	1,166,013	9,149	11,957	96	3,080,075	24,170	31,584	255
Disabled								
Total	360,131	1,860	2,870	71	1,460,972	7,555	11,643	289
1-8 Days	5,682	108	166	23	83,958	1,603	2,451	346
9-20 Days	22,827	388	583	27	287,655	4,896	7,341	343
21-40 Days	76,143	1,820	2,958	63	371,189	8,878	14,421	305
41-60 Days	80,089	4,253	7,037	86	257,564	13,683	22,631	276
61-80 Days	61,426	6,652	11,350	96	167,677	18,161	30,983	262
81 Days or More	113,964	9,202	11,989	97	292,929	23,652	30,815	248

[1]Number of beneficiaries receiving Medicare skilled nursing facility covered services.

[2]Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

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

NOTE: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

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.