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 2009

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	2,509,080	72	68,385	1,952	27	$36,535,206	$14,561	534	$25,530,079	70	10,183	373
Age												
Under 65 Years	211,672	33	5,652	878	27	3,067,698	14,493	543	2,022,203	66	9,563	358
65-69 Years	241,670	28	6,134	703	25	3,415,000	14,131	557	2,267,376	66	9,390	370
70-74 Years	255,857	40	6,414	993	25	3,630,488	14,190	566	2,436,231	67	9,530	380
75-79 Years	366,389	72	9,520	1,865	26	5,268,554	14,380	553	3,605,991	68	9,850	379
80-84 Years	502,441	122	13,694	3,327	27	7,367,464	14,663	538	5,164,351	70	10,287	377
85 Years or Over	931,051	222	26,970	6,428	29	13,786,002	14,807	511	10,033,927	73	10,785	372
Sex												
Male	921,512	58	24,042	1,516	26	13,039,423	14,150	542	9,039,218	69	9,818	376
Female	1,587,568	83	44,343	2,312	28	23,495,782	14,800	530	16,490,862	70	10,395	372
Race[4]												
White	2,149,504	73	57,943	1,974	27	31,050,338	14,445	536	21,687,079	70	10,097	374
Other	353,932	63	10,286	1,830	29	5,400,790	15,259	525	3,784,635	70	10,705	368
Type of Entitlement												
Aged[5]	2,289,750	80	62,528	2,186	27	33,356,672	14,568	533	23,434,248	70	10,243	375
Disabled[6]	219,330	34	5,857	910	27	3,178,534	14,492	543	2,095,831	66	9,565	358
Discharge Status												
Alive	2,406,672	---	66,429	---	28	35,565,179	14,778	535	24,830,381	70	10,326	374
Dead	102,408	---	1,956	---	19	970,027	9,472	496	699,698	72	6,838	358

[1]Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.
[2]Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.
[3]The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.
[4]Excludes unknown race.
[5]Includes aged persons with end stage renal disease (ESRD).
[6]Includes 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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Research, Development, and Information.