

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 2010

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	2,542,541	71	68,928	1,938	27	\$38,497,309	\$15,141	559	\$27,454,045	71	10,808	398
Age												
Under 65 Years	224,386	34	5,981	904	27	3,387,084	15,095	566	2,297,253	68	10,250	384
65-69 Years	250,831	28	6,385	713	25	3,680,758	14,674	576	2,513,341	68	10,031	394
70-74 Years	265,160	41	6,625	1,015	25	3,924,124	14,799	592	2,682,520	68	10,126	405
75-79 Years	365,322	72	9,430	1,855	26	5,422,394	14,843	575	3,801,153	70	10,414	403
80-84 Years	497,650	122	13,474	3,292	27	7,581,292	15,234	563	5,416,299	71	10,894	402
85 Years or Over	939,192	219	27,032	6,297	29	14,501,657	15,441	536	10,743,479	74	11,450	397
Sex												
Male	944,191	58	24,593	1,521	26	13,918,205	14,741	566	9,868,992	71	10,463	401
Female	1,598,350	82	44,335	2,285	28	24,579,104	15,378	554	17,585,054	72	11,012	397
Race⁴												
White	2,167,738	73	58,055	1,957	27	32,526,554	15,005	560	23,145,653	71	10,687	399
Other	369,141	64	10,720	1,847	29	5,883,020	15,937	549	4,245,816	72	11,517	396
Type of Entitlement												
Aged ⁵	2,310,493	80	62,745	2,167	27	34,996,201	15,147	558	25,081,985	72	10,866	400
Disabled ⁶	232,048	35	6,183	934	27	3,501,108	15,088	566	2,372,060	68	10,234	384
Discharge Status												
Alive	2,445,245	----	67,091	----	27	37,551,610	15,357	560	26,764,033	71	10,956	399
Dead	97,296	----	1,837	----	19	945,698	9,720	515	690,012	73	7,101	376

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.