

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 2004

Type of Entitlement and Covered Days of Care	Persons ¹	Covered Admissions ²	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
All Beneficiaries									
Total	1,664,348	2,419,943	62,363,859	25.8	37.5	\$27,643,607	\$11,423	\$16,609	\$443
1-8 Days	432,487	615,191	2,959,795	4.8	6.8	2,207,254	3,588	5,104	746
9-20 Days	530,143	747,316	10,569,776	14.1	19.9	6,073,686	8,127	11,457	575
21-40 Days	377,426	568,618	16,412,191	28.9	43.5	7,356,789	12,938	19,492	448
41-60 Days	154,899	243,718	12,061,932	49.5	77.9	4,745,035	19,469	30,633	393
61-80 Days	69,352	114,197	7,932,202	69.5	114.4	2,935,474	25,705	42,327	370
81 Days or More	100,041	130,903	12,427,963	94.9	124.2	4,325,369	33,043	43,236	348
Aged									
Total	1,552,198	2,249,449	58,007,356	25.8	37.4	25,567,541	11,366	16,472	441
1-8 Days	400,380	567,266	2,734,711	4.8	6.8	2,025,178	3,570	5,058	741
9-20 Days	494,511	694,694	9,822,564	14.1	19.9	5,621,640	8,092	11,368	572
21-40 Days	355,186	532,963	15,381,320	28.9	43.3	6,848,739	12,850	19,282	445
41-60 Days	145,623	228,186	11,293,186	49.5	77.6	4,419,858	19,370	30,351	391
61-80 Days	64,781	106,267	7,380,116	69.4	113.9	2,717,157	25,569	41,944	368
81 Days or More	91,717	120,073	11,395,459	94.9	124.2	3,934,969	32,771	42,903	345
Disabled									
Total	112,150	170,494	4,356,503	25.6	38.8	2,076,065	12,177	18,512	477
1-8 Days	32,107	47,925	225,084	4.7	7.0	182,076	3,799	5,671	809
9-20 Days	35,632	52,622	747,212	14.2	21.0	452,046	8,590	12,687	605
21-40 Days	22,240	35,655	1,030,871	28.9	46.4	508,050	14,249	22,844	493
41-60 Days	9,276	15,532	768,746	49.5	82.9	325,177	20,936	35,056	423
61-80 Days	4,571	7,930	552,086	69.6	120.8	218,316	27,530	47,761	395
81 Days or More	8,324	10,830	1,032,504	95.3	124.0	390,400	36,048	46,901	378

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 2004

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	\$3,864,776	\$1,597	\$2,322	\$62	\$17,212,822	\$7,115	\$10,342	\$276
1-8 Days	49,869	81	115	17	966,766	1,572	2,235	327
9-20 Days	220,002	294	415	21	3,396,497	4,547	6,407	321
21-40 Days	866,715	1,524	2,296	53	4,735,672	8,331	12,547	289
41-60 Days	932,070	3,824	6,017	77	3,172,754	13,020	20,483	263
61-80 Days	691,961	6,059	9,978	87	1,975,718	17,302	28,488	249
81 Days or More	1,104,160	8,435	11,037	89	2,965,415	22,655	29,642	239
Aged								
Total	3,582,502	1,593	2,308	62	16,081,548	7,151	10,361	277
1-8 Days	45,373	80	113	17	898,492	1,585	2,244	329
9-20 Days	201,985	291	408	21	3,172,071	4,568	6,415	323
21-40 Days	808,460	1,517	2,276	53	4,457,865	8,367	12,551	290
41-60 Days	871,191	3,818	5,983	77	2,982,238	13,071	20,479	264
61-80 Days	643,156	6,052	9,928	87	1,844,229	17,356	28,469	250
81 Days or More	1,012,337	8,431	11,038	89	2,726,653	22,709	29,729	239
Disabled								
Total	282,274	1,656	2,517	65	1,131,273	6,639	10,087	260
1-8 Days	4,496	94	140	20	68,273	1,426	2,126	303
9-20 Days	18,017	342	506	24	224,425	4,267	6,298	300
21-40 Days	58,255	1,634	2,619	57	277,807	7,795	12,491	269
41-60 Days	60,879	3,920	6,563	79	190,516	12,271	20,539	248
61-80 Days	48,805	6,155	10,677	88	131,489	16,583	28,766	238
81 Days or More	91,822	8,479	11,031	89	238,762	22,046	28,684	231

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

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

³The 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.