

CMS 2008 Basic Stand Alone (BSA)
Skilled Nursing Facility (SNF) Beneficiary Public Use File (PUF)
General Documentation

1. Overview of the PUF

This release contains the Basic Stand Alone (BSA) Skilled Nursing Facility (SNF) Beneficiary Public Use File (PUF) named “*CMS 2008 BSA SNF Beneficiary PUF*” with information from 2008 Medicare SNF claims.¹ The *CMS 2008 BSA SNF Beneficiary PUF* is a beneficiary-level file in which each record is a beneficiary who had at least one SNF claim from a random 5% sample of Medicare beneficiaries. Certain demographic and claim-related variables are provided in this PUF as detailed below.

Most variables could not be included in the *CMS 2008 BSA SNF Beneficiary PUF* because the inclusion of more information would increase the risk of beneficiary identification. In selecting variables for inclusion in this PUF, priority was given to the measures most commonly reported/studied in health services research.

2. Source Data for the PUF

The *CMS 2008 BSA SNF Beneficiary PUF* originates from a 5% simple random sample of beneficiaries drawn (without replacement) from the 100% Beneficiary Summary File for reference year 2008. The sample used for the *CMS 2008 BSA SNF Beneficiary PUF* is disjoint from the existing 5% CMS research sample² in the sense that there is no overlap in beneficiaries between the *CMS 2008 BSA SNF Beneficiary PUF* and the 5% CMS research sample. It is also disjoint from the other *CMS 2008 BSA PUFs* released so far (i.e., CMS 2008 Inpatient Claims PUF, CMS 2008 DME Line Items PUF, CMS 2008 PDE PUF, CMS 2008 Hospice Beneficiary PUF, CMS 2008 Outpatient Procedures PUF, CMS 2008 HHA Beneficiary PUF, and CMS 2008 Carrier Line Items PUF). This property prevents users from linking data across multiple files for identification purposes.

The 100% Beneficiary Summary File is created annually and contains demographic, entitlement and enrollment data for beneficiaries:

- a. who were documented as being alive for some part of the reference year of the Beneficiary Summary File, and

¹ Claims with SNF services ending in 2008, defined by the “claim through date.”

² http://www.resdac.org/tools/TBs/TN-011_How5percentMedicarefilescreated_508.pdf

- b. who were entitled to Medicare benefits during the reference year, and
- c. who were enrolled in the Medicare Part A and/or Part B for at least one month in the reference year.

The 5% sample of SNF claims is created by collecting claims for the beneficiaries in the 5% random sample of beneficiaries, which contains approximately 2.4 million beneficiaries. As part of the PUF preparation steps, some beneficiaries are excluded/suppressed from the *CMS 2008 BSA SNF Beneficiary PUF*. The initial 5% sample of beneficiaries contains 2,392,894 beneficiaries. Out of those, 96,521 have at least one SNF claim; and the remaining 2,296,373 beneficiaries do not have any SNF claims in 2008. 6,443 beneficiaries are excluded because services were denied by Medicare. In order to increase the utility of the file (e.g., for calculations of utilization rates), 24,857 beneficiaries are excluded because they were enrolled in Fee-for-Service (FFS) Medicare Part A for less than twelve (12) months in 2008. After these exclusions, 65,221 beneficiaries are included in the initial 5% sample. In addition, to protect the privacy of Medicare beneficiaries, 6,080 beneficiaries are suppressed from the PUF. Table 1 below provides the total Medicare payments and the number of beneficiaries in the initial 5% sample, the suppressed file, and the *CMS 2008 BSA SNF Beneficiary PUF*.

Table 1: Suppression in CMS 2008 BSA SNF Beneficiary PUF

Category	Formula	Medicare Payments ⁽²⁾	Number of Beneficiaries
Initial 5% Sample ⁽¹⁾	(a)	\$906,161,909	65,221
Suppressed	(b)	\$137,084,677	6,080
<i>CMS 2008 BSA SNF Beneficiary PUF</i>	(c) =(a)-(b)	\$769,077,232	59,141

- (1) 31,300 beneficiaries are suppressed initially: 6,443 because of denied claims (Medicare did not pay and/or covered days equal to zero) and 24,857 because of enrollment in FFS Medicare Part A for less than 12 months in 2008.
- (2) The Medicare payments provided in this table are computed using actual payment amounts from the SNF claims file.

3. Content of the PUF

The most important aspects of the *CMS 2008 BSA SNF Beneficiary PUF* are as follows:

- i. It contains SNF claim information for a simple random sample of 5% of the 2008 beneficiary population. Out of approximately 2.4 million beneficiaries in the 5% sample, 96,521 had SNF claims.
- ii. It contains six (6) analytic variables (in addition to a unique record key): Gender, age, number of covered admissions, number of covered days of SNF rehabilitation services care, number of covered days of SNF rehabilitation plus extensive services care, and

total payment by Medicare. Some variables have been aggregated or coarsened in order to protect individuals from identification while retaining the analytic value of the data.

- iii. A beneficiary is only included in the PUF if the combination of all six (6) variables is shared by at least eleven (11) beneficiaries in the population. For some combinations of values of the six (6) variables, there are fewer than eleven (11) beneficiaries in the PUF.
- iv. Beneficiaries cannot be linked to any external data source by means of the beneficiary ID. The beneficiary ID is a cryptographic key specific to this PUF and not available elsewhere. The *CMS 2008 BSA SNF Beneficiary PUF* is sorted by this beneficiary ID to ensure that the relative positions of each beneficiary in the PUF and in the original source data are totally uncorrelated.

4. Analytic Variables of the PUF

CMS 2008 SNF Beneficiary PUF contains seven (7) variables: a primary record (i.e., beneficiary) key indexing the beneficiaries and six (6) analytic variables, listed below.

- i. Gender (BENE_SEX_IDENT_CD): The beneficiary's gender, (1) male or (2) female.
- ii. Age (BENE_AGE_CAT_CD): The beneficiary's age, reported in six categories: (1) under 65, (2) 65 - 69, (3) 70 - 74, (4) 75-79, (5) 80-84, and (6) 85 and older.
- iii. Number of covered admissions (SNF_ADM_CD): This variable has two values: (1) for beneficiaries who had only one covered admission, and (2) for beneficiaries who had two or more covered admissions. The total number of admissions is calculated by verifying the number of different admission dates for all SNF claims observed for the beneficiary using claim-level data. The primary source for this calculation is the field CLM_ADMSN_DT³. The CLM_ADMSN_DT variable is populated for every single claim in the dataset with the date the beneficiary was admitted to a SNF. Beneficiaries enter a SNF within a short period of time, generally 30 days after a qualifying hospital stay of 3 consecutive days or more.
- iv. Total days of covered SNF *Rehabilitation Services* care (SNF_RHB_CD): This is a set of five (5) possible codes, numbered 0 – 4. It identifies five categories of the total number of days of rehabilitation the beneficiary received while in SNF care: 0 day, 1 - 8 days, 9 - 20 days, 21 - 40 days, and 41 or more days. Rehabilitation services are based on the patient classification under Medicare's Prospective Payment System (PPS) for SNF. The SNF PPS uses Resource Utilization Groups version III (RUG-III) methodology to make a case-mix

³ http://www.resdac.org/ddvh/NewFiles/ADMSN_DT.htm

adjustment that reflects patient acuity.⁴ RUG-III codes classify SNF services into 53 categories.⁵ Table 2 provides the 53 RUG-III categories and descriptions for broader RUG-III groups. Fourteen (14) of the 53 RUG-III codes are included in the SNF_RHB_CD variable: RUC, RUB, RUA, RVC, RVB, RVA, RHC, RHB, RHA, RMC, RMB, RMA, RLB, and RLA.

The *Rehabilitation* codes consist of patients admitted primarily for rehabilitative services such as physical or occupational therapy to improve or restore function. These patients may have diagnoses such as hip fracture or stroke, disability from medical/surgical conditions, and the need for intensive rehabilitation to regain functionality.

- v. Total days of covered SNF *Rehabilitation plus Extensive Services* care (SNF_RHBXS_CD): This is a set of 3 possible codes, numbered 0 – 2. It identifies three categories of the total number of days of rehabilitation plus extensive services the beneficiary received while in SNF care: 0 day, 1 - 20 days, 21 or more days. Nine (9) of the 53 RUG-III codes are included in the SNF_RHBXS_CD variable: RUX, RUL, RVX, RVL, RHX, RHL, RMX, RML, and RLX.

The *Rehabilitation plus Extensive Services* categories represent a population with heavy-care needs; in addition to rehabilitation they need services such as intravenous feeding, intravenous medications, or respiratory services. These 9 categories were introduced as a refinement to the original SNF PPS 44-group RUG-III case-mix classification system beginning on January 1, 2006.

Note that the SNF claims file includes beneficiaries receiving all 53 RUG-III categories of service, which we have grouped into three (3) type-of-service categories for the purposes of this PUF (see column 1 of Table 2). Two of these type-of-service categories (see variables iv and v above) are included in the *CMS 2008 BSA SNF Beneficiary PUF*, each of which corresponds to a single broad RUG-III group (see column 3 of Table 2). The third type-of-service category, non-rehabilitative services, is made up of the remaining six (6) broad RUG-III categories shown in column 3 of Table 2 (which cover 30 detailed RUG-III categories, see column 4 of Table 2). The non-rehabilitation type-of-

⁴ More information at https://www.cms.gov/SNFPPS/09_RUGRefinement.asp

⁵ Each RUG-III group is assigned an index score that represents the amount of nursing time and rehabilitation treatment time associated with caring for the residents who qualify for the group. Patients are assigned to one of the 53 RUGs based on patient characteristics and service use that are expected to require similar resources. The Minimum Data Set (MDS) 2.0 contains all data necessary to classify a resident into a RUG-III. A crosswalk of MDS 2.0 Items and RUG-III Groups is available at https://www.cms.gov/SNFPPS/09_RUGRefinement.asp (look under Downloads for “RUG-53 Education Material.zip”)

service category is not included in the *CMS 2008 BSA SNF Beneficiary PUF* because of the low frequency of occurrence of the 30 detailed RUG-III categories included in this type-of-service category.

- vi. Total Medicare payment (SNF_PMT_AMT): This value is the total payments made by Medicare for the SNF claims of the beneficiary. The values are rounded according to the rules in Table 3. Note that a payment amount between \$0 and \$499.99 is rounded to \$0 according to the rounding rules. Note also that the Medicare payment amount can be positive even when both SNF_RHB_CD (see iv above) and SNF_RHBXS_CD (see v above) variables are equal to zero. This is because there are types of services (i.e., the services in the non-rehabilitation type-of-service group) that might exist in a claim but are not included in the *CMS 2008 BSA SNF Beneficiary PUF*, for the reasons noted above.

The detailed definitions and frequency distributions of these variables are provided in the Data Dictionary & Codebook together with this document.

5. Analytic Utility of the PUF

The *CMS 2008 BSA SNF Beneficiary PUF* has been designed to give researchers an initial look at the CMS SNF claims. In order to preserve confidentiality, several variables have been suppressed or coarsened. The tables presented in this section are intended to increase the analytic utility by providing additional information that is not available in the PUF.

Under the SNF benefit, Medicare pays for beneficiaries to get care services from skilled nurses or rehabilitation staff in a nursing home or hospital if certain conditions are met. Medicare pays for SNF care up to 100 days (full cost up to 20 days and all but a daily copayment between 21 and 100 days) after a qualifying inpatient hospital stay of 3 consecutive days or more. In addition, beneficiaries start SNF care within a short period of time (generally less than 30 days) of leaving the hospital, and do not usually stay in a SNF until they are completely recovered. SNF care does not cover custodial care such as help with usual daily activities or care that most people do for themselves.

Table 4 through Table 8 provide comparisons of the distribution for each variable included in the PUF. For each table three (3) different distributions are provided. The column "Population" refers to the population analogous to the column "Initial 5% sample" of Medicare beneficiaries receiving SNF care in 2008. The initial 5% sample consists of 65,221 beneficiaries after preliminary cleaning steps (see Table 1 above). The last column "PUF" refers to the 59,141 beneficiaries that remain in the PUF.

Table 9 through Table 12 provide covered admissions, covered days of care, and Medicare payments by gender, age categories, number of admissions, and number of total covered days of care categories. Utilization rates such as covered days of care per admission and Medicare payment per admission and per day are also included.

Table 13 through Table 15 provide mean and median days of covered care by gender, age categories, and categories of number of admissions. Each table gives mean and median number of days for all the 53 RUG-III codes grouped into three broader categories: rehabilitation, rehabilitation plus extensive services, and non-rehabilitative services (not provided in the PUF). In addition, Table 16 gives additional information on mean number of days for the non-rehabilitative services, which was omitted from the PUF, as noted above, to protect the confidentiality of Medicare beneficiaries.

Table 17 gives mean and median days of covered care (all 53 RUG-III categories taken together) by Medicare payment category. Table 18 gives the distribution of beneficiaries by age and gender regardless whether they had an SNF claim ending in 2008. This table is provided for users interested in calculating utilization rates by age and gender. Note that the initial 5% sample of Medicare beneficiaries is comprised of 2,392,894 individuals. However, 765,019 beneficiaries were excluded due to enrollment in Fee-for-Service (FFS) Medicare Part A for less than 12 months in 2008. This subtraction is intended to eliminate the bias in utilization rates due to over or under representation of beneficiaries in the denominator.

Table 2: Types of Care in Skilled Nursing Facility Claims

Type of Service	Included in SNF PUF	Broad RUG-III Groups	RUG-III Categories
Rehabilitation	Yes	Rehabilitation	RUC, RUB, RUA, RVC, RVB, RVA, RHC, RHB, RHA, RMC, RMB, RMA, RLB, RLA
Rehabilitation Plus Extensive Services	Yes	Rehabilitation Plus Extensive Services	RUX, RUL, RVX, RVL, RHX, RHL, RMX, RML, RLX
Non-Rehabilitative Services	No	Extensive Services	SE3, SE2, SE1
		Special Care	SSC, SSB, SSA
		Clinically Complex	CC2, CC1, CB2, CB1, CA2, CA1
		Impaired Cognition	IB2, IB1, IA2, IA1
		Behavior Problems	BB2, BB1, BA2, BA1
		Reduced Physical Function	PE2, PE1, PD2, PD1, PC2, PC1, PB2, PB1, PA2, PA1

Note: This classification is available at <http://www.cms.gov/SNFPPS/Downloads/rug53edu.zip>. For more information refer to <http://edocket.access.gpo.gov/2005/pdf/05-15221.pdf>.

Table 3: Rounding Rule for Total Medicare Payments

Value of Total Medicare Payment Amount (\$)	Rounding Rule
0 - 25,000	Round to the nearest multiple of 1,000 ⁽¹⁾
Greater than 25,000	Round to the nearest multiple of 5,000

(1) Note that a payment amount between \$0 and \$499.99 is rounded to \$0 according to the rounding rules. Hence, the corresponding value for \$1,000 in the PUF is a value between \$500 and \$1499.99 in the initial 5% sample file.

Table 4: Distribution of Beneficiaries by Gender

Gender	Population (%)	Initial 5% Sample (%)	PUF (%)
Male	28.015	33.209	31.107
Female	71.985	66.791	68.893

Note: Percentages may not add up to 100% due to rounding.

Table 5: Distribution of Beneficiaries by Age Categories

Age	Population (%)	Initial 5% Sample (%)	PUF (%)
Under 65	6.043	8.123	6.763
65-69	6.600	7.364	6.339
70-74	11.110	11.464	10.933
75-79	16.891	16.354	16.579
80-84	23.237	21.189	21.968
85 and older	36.120	35.505	37.417

Note: Percentages may not add up to 100% due to rounding.

Table 6: Distribution of Beneficiaries by Total Admissions

Total Admissions	Population (%)	Initial 5% Sample (%)	PUF (%)
1 admission	89.079	69.634	73.693
2 or more admissions	10.921	30.366	26.307

Note: Percentages may not add up to 100% due to rounding.

Table 7: Distribution of Beneficiaries by Covered Days of Rehabilitation Services

Covered Days of Rehabilitation Services	Population (%)	Initial 5% Sample (%)	PUF (%)
0 day	42.486	32.428	33.363
1 - 8 days	13.946	12.287	11.976
9 - 20 days	18.794	17.553	17.612
21 - 40 days	14.093	17.577	17.222
41 or more days	10.681	20.155	19.827

Note: Percentages may not add up to 100% due to rounding.

Table 8: Distribution of Beneficiaries by Covered Days of Rehabilitation Plus Extensive Services

Covered Days of Rehabilitation Plus Extensive Services	Population (%)	Initial 5% Sample (%)	PUF (%)
0 day	39.427	35.183	35.958
1 - 20 days	42.739	36.706	37.284
21 or more days	17.834	28.111	26.758

Note: Percentages may not add up to 100% due to rounding.

Table 9: Covered Admissions, Covered Days of Care, and Medicare Payments by Gender⁽¹⁾

Gender	Covered Admissions	Total Covered Days of Care	Covered Days of Care per Admission	Medicare Payments (\$)	Medicare Payment per Admission (\$)	Medicare Payment per Day (\$)
Male	24,987	649,922	26.0	226,912,932	9,081	349
Female	57,139	1,572,682	27.5	542,164,301	9,489	345
Total	82,126	2,222,604	27.1	769,077,232	9,365	346

(1) Covered admissions, covered days of care, and Medicare payments provided in this table are computed using actual amounts from the SNF claims file for those beneficiaries included in the PUF.

Table 10: Covered Admissions, Covered Days of Care, and Medicare Payments by Age⁽¹⁾

Age	Covered Admissions	Covered Days of Care	Covered Days of Care per Admission	Medicare Payments (\$)	Medicare Payment per Admission (\$)	Medicare Payment per Day (\$)
Under 65	5,319	135,160	25.4	43,422,711	8,164	321
65-69	4,729	110,107	23.3	38,682,166	8,180	351
70-74	8,560	207,474	24.2	72,654,298	8,488	350
75-79	13,614	343,726	25.2	120,989,672	8,887	352
80-84	18,326	496,496	27.1	172,565,102	9,416	348
85 and older	31,578	929,641	29.4	320,763,284	10,158	345
Total	82,126	2,222,604	27.1	769,077,232	9,365	346

(1) Covered admissions, covered days of care, and Medicare payments provided in this table are computed using actual amounts from the SNF claims file for those beneficiaries included in the PUF.

Table 11: Covered Admissions, Covered Days of Care, and Medicare Payments by Number of Admissions⁽¹⁾

Number of Admissions	Covered Admissions	Covered Days of Care	Covered Days of Care per Admission	Medicare Payments (\$)	Medicare Payment per Admission (\$)	Medicare Payment per Day (\$)
1	43,583	1,221,661	28	434,752,942	9,975	356
2	21,130	593,290	28	201,555,988	9,539	340
3	10,125	256,599	25	84,653,917	8,361	330
4	4,196	93,991	22	30,170,301	7,190	321
5	1,985	39,481	20	12,410,490	6,252	314
6	750	12,802	17	3,999,219	5,332	312
7	210	3,215	15	1,032,527	4,917	321
8	88	987	11	342,715	3,894	347
9	27	251	9	75,421	2,793	300
10	20	185	9	51,698	2,585	279
12	12	142	12	32,015	2,668	225
Total	82,126	2,222,604	27	769,077,232	9,365	346

(1) Covered admissions, covered days of care, and Medicare payments provided in this table are computed using actual amounts from the SNF claims file for those beneficiaries included in the PUF.

Table 12: Covered Admissions, Covered Days of Care, and Medicare Payments by Total Covered Days of Care⁽¹⁾

Number of Total Covered Days of care	Number of Beneficiaries	Covered Admissions	Covered Days of Care	Covered Days of Care per Admission	Covered Days of Care Per Person	Medicare Payments (\$)	Medicare Payment per Admission (\$)	Medicare Payment per Beneficiary (\$)	Medicare Payment per Day (\$)
1 – 8 days	8,001	8,149	40,710	5.0	5.1	15,592,817	1,913	1,949	383
9 – 20 days	15,966	17,408	233,311	13.4	14.6	98,524,233	5,660	6,171	422
21 – 40 days	14,795	18,528	431,436	23.3	29.2	167,247,820	9,027	11,304	388
41 days or more	20,379	38,041	1,517,147	39.9	74.4	487,712,363	12,821	23,932	321
Total	59,141	82,126	2,222,604	27.1	37.6	769,077,232	9,365	13,004	346

(1) Covered admissions, covered days of care, and Medicare payments provided in this table are computed using actual amounts from the SNF claims file for those beneficiaries included in the PUF.

Table 13: Mean and Median Days of Covered Care by Gender and Broader RUG-III Categories⁽¹⁾

Gender	Mean Total Days ⁽²⁾	Median Total Days ⁽²⁾	Mean Rehabilitation Days ⁽²⁾	Median Rehabilitation Days ⁽²⁾	Mean Rehabilitation Plus Extensive Services Days ⁽²⁾	Median Rehabilitation Plus Extensive Services Days ⁽²⁾	Mean Other SNF Days ⁽²⁾	Median Other SNF Days ⁽²⁾
Male	35.328	24	19.962	10	12.605	10	2.761	0
Female	38.599	28	21.632	12	14.002	13	2.965	0
Total	37.581	27	21.112	12	13.567	12	2.901	0

(1) All mean and median covered days are computed using the actual number of days from the SNF claim file.

(2) All beneficiaries included in the PUF (59,141 beneficiaries).

Table 14: Mean and Median Days of Covered Care by Age and Broader RUG-III Categories ⁽¹⁾

Age	Mean Total Days ⁽²⁾	Median Total Days ⁽²⁾	Mean Rehabilitation Days ⁽²⁾	Median Rehabilitation Days ⁽²⁾	Mean Rehabilitation Plus Extensive Services Days ⁽²⁾	Median Rehabilitation Plus Extensive Services Days ⁽²⁾	Mean Other SNF Days ⁽²⁾	Median Other SNF Days ⁽²⁾
Under 65	33.790	20	18.740	6	9.780	0	5.271	0
65-69	29.370	19	16.048	5	11.238	8	2.083	0
70-74	32.087	20	17.666	7	12.055	9	2.366	0
75-79	35.056	23	19.529	10	13.181	12	2.346	0
80-84	38.216	28	21.319	12	14.099	13	2.798	0
85 and older	42.010	32	23.987	16	14.948	14	3.075	0
Total	37.581	27	21.112	12	13.567	12	2.901	0

(1) All mean and median covered days are computed using the actual number of days from the SNF claim file.

(2) All beneficiaries included in the PUF (59,141 beneficiaries).

Table 15: Mean and Median Days of Covered Care by Number of Admissions and Broader RUG-III Categories ⁽¹⁾

Number of admissions	Mean Total Days ⁽²⁾	Median Total Days ⁽²⁾	Mean Rehabilitation Days ⁽²⁾	Median Rehabilitation Days ⁽²⁾	Mean Rehabilitation Plus Extensive Services Days ⁽²⁾	Median Rehabilitation Plus Extensive Services Days ⁽²⁾	Mean Other SNF Days ⁽²⁾	Median Other SNF Days ⁽²⁾
1	28.031	20	15.829	7	10.030	8	2.172	0
2 or more admissions	64.336	62	35.914	31	23.478	21	4.945	0
Total	37.581	27	21.112	12	13.567	12	2.901	0

(1) All mean and median covered days are computed using the actual number of days from the SNF claim file.

(2) All beneficiaries included in the PUF (59,141 beneficiaries).

Table 16: Mean Days of Covered Days of Other (Non-Rehabilitative) SNF Services by Categories of Rehabilitation and Rehabilitation Plus Extensive Services⁽¹⁾

Category of Rehabilitation Services	Category of Rehabilitation Plus Extensive Services		
	0 days	1-20 days	21 or more days
0 days	16	1	3
1 – 8 days	0	0	2
9 – 20 days	1	2	4
21 – 40 days	2	3	5
41 days or more	3	4	3

(1) Note that non-rehabilitative SNF services are not provided in the PUF.

Table 17: Mean and Median Days of Covered Care by Medicare Payment Category⁽¹⁾

Total Medicare Payment (\$)	Mean Total Days of Covered Care ⁽²⁾	Median Total Days of Covered Care ⁽²⁾
0	1.848	1
1,000	3.709	3
2,000	6.596	6
3,000	9.004	8
4,000	11.427	10
5,000	13.856	13
6,000	16.484	15
7,000	18.889	17
8,000	21.277	20
9,000	24.085	22
10,000	26.701	25
11,000	30.139	28
12,000	33.255	31
13,000	36.682	34
14,000	40.038	37
15,000	43.802	41
16,000	46.530	43
17,000	50.910	48
18,000	54.016	50
19,000	57.260	55
20,000	61.848	58
21,000	67.369	63
22,000	68.644	65
23,000	73.302	71
24,000	74.807	71
25,000	80.600	80
30,000	89.586	94
35,000	96.884	100
40,000	104.250	100
45,000	114.600	100
50,000	126.260	124
55,000	146.260	144.5
60,000	158.000	153.5
65,000	165.400	163.5
Total	37.581	27

(1) All mean and median covered days are computed using the actual number of days from the SNF claim file.

(2) All beneficiaries included in the PUF (59,141 beneficiaries).

Table 18: Distribution of Medicare beneficiaries in the 5% Beneficiary Summary File⁽¹⁾
by Age and Gender

	Under 65	65-69	70-74	75-79	80-84	85 and older	Total
Male	154,781	169,043	149,611	112,539	81,310	65,105	732,389
Female	134,216	179,416	171,887	145,557	124,808	139,602	895,486
Total	288,997	348,459	321,498	258,096	206,118	204,707	1,627,875

(1) 765,019 beneficiaries are excluded from the 5% sample of beneficiaries (2,392,894 beneficiaries) because of enrollment in FFS Medicare Part A for less than 12 months in 2008.