

Table 24

**Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Type of Entitlement: Selected Calendar Years 1985-2003**

Type of Entitlement and Year	Discharges		Coinsurance Days			Coinsurance Payment:				Deductible Payments in Thousands	
	Number	Percent	Number	Percent of TDOC	Per Discharge	Amount in Thousands	Per Discharge	Per Day			
	With Coin- surance	With Coin- surance			With Coin- surance		With Coin- surance	Per HI Enrollee			
All Beneficiaries											
1985	10,333,990	201,340	1.9	2,230,005	2.6	11.1	386,145	1,918	173	13	2,867,199
1987	10,109,560	186,300	1.8	2,223,675	2.5	11.9	506,323	2,718	228	16	3,818,919
1989 ¹	10,147,665	9,075	0.1	140,285	0.2	15.5	39,013	4,299	278	1	3,607,489
1990	10,521,925	159,405	1.5	1,990,245	2.1	12.5	495,351	3,107	249	15	4,519,088
1991	10,887,700	208,650	1.9	2,564,295	2.7	12.3	740,119	3,547	289	21	4,938,491
1993	11,157,860	190,640	1.7	2,230,130	2.5	11.7	678,846	3,561	304	19	5,407,178
1994 ²	11,470,605	181,110	1.6	2,015,355	2.4	11.1	637,692	3,521	316	19	5,656,015
1995 ²	11,680,885	164,535	1.4	1,738,950	2.1	10.6	535,923	3,257	308	16	5,880,735
1996 ²	11,795,535	149,265	1.3	1,492,815	1.9	10.0	472,289	3,164	316	14	6,066,239
1997 ²	11,919,085	144,780	1.2	1,400,900	1.9	9.7	454,071	3,136	324	14	6,274,527
1998 ²	11,677,045	137,380	1.2	1,288,950	1.8	9.4	412,001	2,999	320	13	6,157,044
1999 ²	11,604,590	137,940	1.2	1,278,785	1.8	9.3	423,526	3,070	331	13	6,077,414
2000 ²	11,719,960	145,880	1.2	1,379,135	2.0	9.5	492,771	3,378	357	15	6,214,175
2001 ²	12,230,660	156,340	1.3	1,454,450	2.0	9.3	530,950	3,396	365	16	6,579,229
2002 ²	12,607,370	162,690	1.3	1,506,820	2.0	9.3	578,659	3,557	384	17	6,959,581
2003 ²	12,857,535	168,950	1.3	1,531,665	2.0	9.1	594,767	3,520	388	17	7,299,864
Aged Beneficiaries											
1985	9,181,575	167,205	1.8	1,877,450	2.4	11.2	322,772	1,930	172	12	2,575,432
1987	9,000,415	154,295	1.7	1,868,520	2.3	12.1	419,639	2,720	225	15	3,435,293
1989 ¹	9,025,585	7,825	0.1	121,505	0.2	15.5	34,131	4,362	281	1	3,254,277
1990	9,351,115	130,485	1.4	1,655,100	2.0	12.7	410,189	3,144	248	13	4,062,061
1991	9,654,955	171,485	1.8	2,134,965	2.6	12.4	602,694	3,515	282	19	4,428,249
1993	9,797,540	151,855	1.5	1,798,310	2.3	11.8	678,846	3,544	299	21	4,805,070
1994 ²	9,981,910	140,710	1.4	1,587,770	2.1	11.3	490,226	3,484	309	17	4,988,249
1995 ²	10,110,745	125,305	1.2	1,348,065	1.9	10.8	407,180	3,250	302	14	5,160,234
1996 ²	10,154,130	109,210	1.1	1,118,230	1.7	10.2	347,960	3,186	311	12	5,300,481
1997 ²	10,238,610	105,800	1.0	1,041,835	1.6	9.8	325,899	3,080	313	12	5,469,574
1998 ²	9,981,860	97,640	1.0	930,890	1.5	9.4	287,393	2,943	309	11	5,343,214
1999 ²	9,872,680	97,240	1.0	921,210	1.5	9.5	296,315	3,047	322	11	5,245,762
2000 ²	9,912,740	102,475	1.0	982,075	1.7	9.6	339,119	3,309	345	12	5,335,548
2001 ²	10,288,530	109,450	1.1	1,025,070	1.7	9.4	359,299	3,283	351	13	5,619,671
2002 ²	10,509,835	112,105	1.1	1,045,585	1.7	9.3	381,837	3,406	365	13	5,892,427
2003 ²	10,647,510	113,995	1.1	1,040,375	1.7	9.1	384,424	3,372	370	13	6,142,079

See footnotes at end of table

Table 24—Continued

**Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Type of Entitlement: Selected Calendar Years 1985-2003**

Type of Entitlement and Year	Discharges		Coinsurance Days			Coinsurance Payment:				Deductible Payments in Thousands
	Number	Number With Coin- surance	Percent With Coin- surance	Number	Percent of TDOC	Per Discharge With Coin- surance	Amount in Thousands	Per Discharge With Coin- surance	Per Day With Coin- surance	Per HI Enrollee
Disabled Beneficiaries										
1985	1,152,415	34,135	3.0	352,555	3.7	10.3	63,373	1,857	180	22
1987	1,109,145	32,005	2.9	355,155	3.6	11.1	86,684	2,708	244	29
1989 ¹	1,122,080	1,250	0.1	18,780	0.2	15.1	4,881	3,905	260	2
1990	1,170,810	28,920	2.5	335,145	3.2	11.6	85,162	2,945	254	26
1991	1,233,645	37,165	3.0	429,330	3.9	11.6	137,425	3,698	320	41
1993	1,360,320	38,785	2.9	431,820	3.9	11.1	140,702	3,628	326	36
1994 ²	1,488,695	40,400	2.7	427,585	3.8	11.0	147,466	3,650	345	37
1995 ²	1,570,140	39,230	2.5	390,885	3.5	10.0	128,743	3,282	329	30
1996 ²	1,641,405	40,055	2.4	374,585	3.4	9.4	124,329	3,104	332	29
1997 ²	1,680,475	38,980	2.3	359,065	3.3	9.2	128,172	3,288	357	28
1998 ²	1,695,185	39,740	2.3	358,060	3.3	9.0	124,608	3,136	348	27
1999 ²	1,731,910	40,700	2.4	357,575	3.3	8.8	127,211	3,126	356	27
2000 ²	1,807,220	43,405	2.4	397,060	3.5	9.1	153,652	3,540	387	31
2001 ²	1,942,130	46,890	2.4	429,380	3.5	9.2	171,651	3,661	400	33
2002 ²	2,097,535	50,585	2.4	461,235	3.5	9.1	196,822	3,891	427	35
2003 ²	2,210,025	54,955	2.5	491,290	3.6	8.9	210,343	3,828	428	37

¹The general provisions of the Medicare Catastrophic Coverage Act of 1988 affecting cost sharing were only in effect for calendar year 1989. Special provisions covered hospital stays that transitioned the effective dates.

²Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. TDOC is total days of care. HI is hospital insurance.

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.