Table 5.9

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care: Calendar Year 2006

Total Days of Care	Discharges[1]		Total Days of Care			Program Payments			
	Number	Percent	Number	Percent	Per Discharge	Amount in Thousands	Percent	Per Discharge[2]	Per Day
Total	12,384,100	100.0	70,301,460	100.0	5.7	$106,757,631	100.0	$8,669	$1,519
1 Day	1,739,685	14.0	1,739,685	2.5	1.0	11,471,588	10.7	6,647	6,594
2 Days	1,788,935	14.4	3,577,870	5.1	2.0	10,165,678	9.5	5,710	2,841
3 Days	1,959,220	15.8	5,877,660	8.4	3.0	12,493,674	11.7	6,404	2,126
4 Days	1,534,255	12.4	6,137,020	8.7	4.0	10,772,603	10.1	7,051	1,755
5 Days	1,131,165	9.1	5,655,825	8.0	5.0	8,615,811	8.1	7,651	1,523
6 Days	866,145	7.0	5,196,870	7.4	6.0	7,199,254	6.7	8,354	1,385
7 Days	693,270	5.6	4,852,890	6.9	7.0	6,245,443	5.9	9,053	1,287
8 Days	513,055	4.1	4,104,440	5.8	8.0	4,970,832	4.7	9,741	1,211
9 Days	375,825	3.0	3,382,425	4.8	9.0	3,900,610	3.7	10,436	1,153
10 Days	292,695	2.4	2,926,950	4.2	10.0	3,195,672	3.0	10,986	1,092
11 Days	235,870	1.9	2,594,570	3.7	11.0	2,714,626	2.5	11,580	1,046
12 Days	184,810	1.5	2,217,720	3.2	12.0	2,252,430	2.1	12,278	1,016
13 Days	158,920	1.3	2,065,960	2.9	13.0	2,049,194	1.9	12,981	992

See footnotes at end of table.

Table 5.9—Continued

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care: Calendar Year 2006

Total Days of Care	Discharges[1]		Total Days of Care			Program Payments			
	Number	Percent	Number	Percent	Per Discharge	Amount in Thousands	Percent	Per Discharge[2]	Per Day
14 Days	145,725	1.2	2,040,150	2.9	14.0	$1,961,958	1.8	$13,556	$962
15 Days	112,610	0.9	1,689,150	2.4	15.0	1,592,075	1.5	14,245	943
16 Days	85,930	0.7	1,374,880	2.0	16.0	1,319,233	1.2	15,458	960
17 Days	71,550	0.6	1,216,350	1.7	17.0	1,127,069	1.1	15,872	927
18 Days	60,960	0.5	1,097,280	1.6	18.0	1,031,942	1.0	17,060	940
19 Days	50,140	0.4	952,660	1.4	19.0	910,877	0.9	18,339	956
20 Days	45,035	0.4	900,700	1.3	20.0	837,351	0.8	18,722	930
21-30 Days	225,215	1.8	5,486,795	7.8	24.4	5,567,901	5.2	24,956	1,015
31-40 Days	62,205	0.5	2,156,315	3.1	34.7	2,570,570	2.4	41,883	1,192
41-50 Days	24,575	0.2	1,101,585	1.6	44.8	1,400,459	1.3	58,134	1,271
51-60 Days	11,015	0.1	604,825	0.9	54.9	805,430	0.8	74,336	1,332
61-90 Days	10,895	0.1	777,060	1.1	71.3	1,008,821	0.9	95,262	1,298
91 Days or More	4,395	(3)	573,825	0.8	130.6	576,532	0.5	139,596	1,005

[1]Excludes discharges for managed care enrollees that were paid by the managed care plan.

[2]The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

[3]Less than 0.05 percent.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

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.