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 2005

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	12,903,875	100.0	73,995,570	100.0	5.7	$107,615,220	100.0	$8,383	$1,454
1 Day	1,779,075	13.8	1,779,075	2.4	1.0	11,463,550	10.7	6,500	6,444
2 Days	1,840,530	14.3	3,681,060	5.0	2.0	10,225,980	9.5	5,581	2,778
3 Days	2,014,585	15.6	6,043,755	8.2	3.0	12,444,843	11.6	6,201	2,059
4 Days	1,606,535	12.5	6,426,140	8.7	4.0	10,996,931	10.2	6,870	1,711
5 Days	1,191,145	9.2	5,955,725	8.0	5.0	8,783,639	8.2	7,403	1,475
6 Days	912,560	7.1	5,475,360	7.4	6.0	7,316,757	6.8	8,053	1,336
7 Days	735,225	5.7	5,146,575	7.0	7.0	6,407,299	6.0	8,753	1,245
8 Days	541,760	4.2	4,334,080	5.9	8.0	5,056,211	4.7	9,377	1,167
9 Days	397,725	3.1	3,579,525	4.8	9.0	3,944,820	3.7	9,961	1,102
10 Days	308,850	2.4	3,088,500	4.2	10.0	3,205,338	3.0	10,436	1,038
11 Days	245,465	1.9	2,700,115	3.6	11.0	2,688,736	2.5	11,006	966
12 Days	195,845	1.5	2,350,140	3.2	12.0	2,250,487	2.1	11,556	958
13 Days	166,710	1.3	2,167,230	2.9	13.0	2,012,683	1.9	12,151	929

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 2005

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	153,420	1.2	2,147,880	2.9	14.0	$1,961,360	1.8	$12,850	$913
15 Days	118,450	0.9	1,776,750	2.4	15.0	1,612,374	1.5	13,701	907
16 Days	91,970	0.7	1,471,520	2.0	16.0	1,311,867	1.2	14,366	892
17 Days	75,495	0.6	1,283,415	1.7	17.0	1,122,946	1.0	14,968	875
18 Days	64,275	0.5	1,156,950	1.6	18.0	991,155	0.9	15,518	857
19 Days	53,335	0.4	1,013,365	1.4	19.0	893,865	0.8	16,883	882
20 Days	48,990	0.4	979,800	1.3	20.0	867,310	0.8	17,815	885
21-30 Days	240,615	1.9	5,853,370	7.9	24.3	5,471,006	5.1	22,936	935
31-40 Days	67,085	0.5	2,324,375	3.1	34.6	2,630,370	2.4	39,641	1,132
41-50 Days	25,890	0.2	1,158,375	1.6	44.7	1,444,793	1.3	56,614	1,247
51-60 Days	11,845	0.1	650,795	0.9	54.9	823,949	0.8	71,061	1,266
61-90 Days	11,685	0.1	839,220	1.1	71.8	1,056,653	1.0	92,043	1,259
91 Days or More	4,810	(3)	612,475	0.8	127.3	630,297	0.6	138,679	1,029

[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.