

Medicare Short-Stay Hospital Utilization Selected Fiscal Years

| | 1990 | 1999 | 2000 | 2003 | 2004 | 2005 |
|---------------------------------------|---------|---------|---------|---------|---------|---------|
| Discharges | | | | | | |
| Total in millions | 10.5 | 11.7 | 11.8 | 12.7 | 13.0 | 13.0 |
| Rate per 1,000 Enrollees ¹ | 320 | 370 | 368 | 362 | 364 | 361 |
| Days of Care | | | | | | |
| Total in millions | 94 | 71 | 71 | 74 | 75 | 75 |
| Rate per 1,000 Enrollees ¹ | 2,866 | 2,266 | 2,215 | 2,124 | 2,110 | 2,073 |
| Average Length of Stay | | | | | | |
| All short-stay | 9.0 | 6.1 | 6.0 | 5.9 | 5.8 | 5.7 |
| Excluded Units ² | 19.5 | 12.6 | 12.3 | 11.5 | 11.5 | 11.6 |
| Total Charges per Day | \$1,060 | \$2,496 | \$2,720 | \$4,033 | \$4,458 | \$4,882 |

¹ The population base is HI enrollment excluding HI enrollees residing in foreign countries, and reflect fee-for-service enrollment, as of July 1.

² Includes alcohol/drug, psychiatric, and rehabilitation units for 1990, and psychiatric and rehabilitation units from 1999 through 2005.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. The data for 1990 through 2005 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

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