

Table 31

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care: Calendar Year 2003

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	12,829,645	100.0	74,944,890	100.0	5.8	\$97,895,501	100.0	\$7,665	\$1,306
1 Day	1,740,290	13.6	1,740,290	2.3	1.0	9,490,570	9.7	5,492	5,453
2 Days	1,805,390	14.1	3,610,780	4.8	2.0	8,934,707	9.1	4,971	2,474
3 Days	1,922,405	15.0	5,767,215	7.7	3.0	10,522,177	10.7	5,494	1,824
4 Days	1,594,635	12.4	6,378,540	8.5	4.0	9,767,727	10.0	6,147	1,531
5 Days	1,191,055	9.3	5,955,275	7.9	5.0	7,956,325	8.1	6,704	1,336
6 Days	922,450	7.2	5,534,700	7.4	6.0	6,715,702	6.9	7,309	1,213
7 Days	747,600	5.8	5,233,200	7.0	7.0	5,954,063	6.1	7,996	1,138
8 Days	550,060	4.3	4,400,480	5.9	8.0	4,686,428	4.8	8,553	1,065
9 Days	407,595	3.2	3,668,355	4.9	9.0	3,694,764	3.8	9,098	1,007
10 Days	319,280	2.5	3,192,800	4.3	10.0	3,046,551	3.1	9,585	954
11 Days	254,600	2.0	2,800,600	3.7	11.0	2,572,377	2.6	10,146	919
12 Days	202,405	1.6	2,428,860	3.2	12.0	2,138,445	2.2	10,613	880
13 Days	170,945	1.3	2,222,285	3.0	13.0	1,904,704	1.9	11,202	857

See footnotes at end of table.

Table 31—Continued
Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care: Calendar Year 2003

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	157,945	1.2	2,211,230	3.0	14.0	\$1,876,123	1.9	\$11,935	\$848
15 Days	122,750	1.0	1,841,250	2.5	15.0	1,537,507	1.6	12,576	835
16 Days	94,255	0.7	1,508,080	2.0	16.0	1,251,732	1.3	13,337	830
17 Days	78,870	0.6	1,340,790	1.8	17.0	1,100,112	1.1	14,026	820
18 Days	67,215	0.5	1,209,870	1.6	18.0	987,078	1.0	14,759	816
19 Days	55,185	0.4	1,048,515	1.4	19.0	845,282	0.9	15,426	806
20 Days	51,040	0.4	1,020,800	1.4	20.0	835,724	0.9	16,459	819
21-30 Days	247,410	1.9	6,026,065	8.0	24.4	5,325,900	5.4	21,683	884
31-40 Days	69,090	0.5	2,391,960	3.2	34.6	2,603,171	2.7	38,005	1,088
41-50 Days	27,480	0.2	1,231,340	1.6	44.8	1,491,317	1.5	55,020	1,211
51-60 Days	12,605	0.1	692,115	0.9	54.9	847,597	0.9	68,493	1,225
61-90 Days	12,215	0.1	874,200	1.2	71.6	1,141,157	1.2	95,375	1,305
91 Days or More	4,875	(3)	615,295	0.8	126.2	668,260	0.7	143,558	1,086

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

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

³Less than 0.05 percent.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The Medicare SSH use and cost data presented in Tables 31-35 are slightly different from comparable national totals shown in SSH Tables 23-30 since two different sample data files were utilized to generate the data. 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.