

Table 5.3

Enrollees, Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Demographic Characteristics, Type of Entitlement, and Discharge Status: Calendar Year 2009

Demographic Characteristics, Medicare Status, and Discharge Status	Discharge ¹		Total Days of Care			Program Payments			
	Number in Thousands	Rate Per 1,000 HI Enrollees ²	Number in Thousands	Percent	Per Discharge	Amount in Millions	Percent	Per Discharge ³	Per Day
Total	11,558	330	63,442	100.0	5.5	\$114,516	100.0	\$9,977	\$1,805
Age									
Under 65 Years	2,343	364	13,508	21.3	5.8	22,839	19.9	9,905	1,691
65-69 Years	1,793	205	9,606	15.1	5.4	19,350	16.9	10,876	2,014
70-74 Years	1,630	252	8,572	13.5	5.3	17,023	14.9	10,505	1,986
75-79 Years	1,706	334	9,266	14.6	5.4	17,676	15.4	10,409	1,908
80-84 Years	1,752	426	9,704	15.3	5.5	17,152	15.0	9,822	1,767
85 Years or Over	2,334	556	12,784	20.2	5.5	20,477	17.9	8,797	1,602
Sex									
Male	5,105	322	28,432	44.8	5.6	54,061	47.2	10,679	1,901
Female	6,454	337	35,010	55.2	5.4	60,456	52.8	9,424	1,727
Race⁴									
White	9,435	321	50,711	79.9	5.4	91,329	79.8	9,734	1,801
Other	2,093	372	12,561	19.8	6.0	22,867	20.0	11,077	1,820
Type of Entitlement									
Aged ⁵	9,163	320	49,638	78.2	5.4	91,141	79.6	9,993	1,836
Disabled ⁶	2,395	372	13,804	21.8	5.8	23,375	20.4	9,916	1,693
Discharge Status									
Alive	11,171	N/A	60,388	95.2	5.4	106,786	93.2	9,627	1,768
Dead	388	N/A	3,054	4.8	7.9	7,730	6.8	20,046	2,531

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

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

³The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

⁴Excludes unknown race.

⁵Includes aged persons with end stage renal disease (ESRD).

⁶Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance. NA is not available.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Research, Development, and Information.