

**Table 5.3**

**Enrollees, Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Demographic Characteristics, Medicare Status, and Discharge Status: Calendar Year 2004**

Demographic Characteristics, Medicare Status, and Discharge Status	Discharge <sup>1</sup>		Total Days of Care			Program Payments			
	Number in Thousands	Rate Per 1,000 HI Enrollees <sup>2</sup>	Number in Thousands	Percent	Per Discharge	Amount in Millions	Percent	Per Discharge <sup>3</sup>	Per Day
<b>Total</b>	12,918	359	74,606	100.0	5.8	\$102,648	100.0	\$7,985	\$1,376
<b>Age</b>									
Under 65 Years	2,272	376	13,869	18.6	6.1	17,199	16.8	7,669	1,240
65-69 Years	1,916	227	10,640	14.3	5.6	16,418	16.0	8,616	1,543
70-74 Years	1,969	284	10,810	14.5	5.5	16,849	16.4	8,591	1,559
75-79 Years	2,237	369	12,827	17.2	5.7	18,924	18.4	8,481	1,475
80-84 Years	2,134	467	12,452	16.7	5.8	16,791	16.4	7,884	1,348
85 Years or Over	2,390	602	14,007	18.8	5.9	16,467	16.0	6,904	1,176
<b>Sex</b>									
Male	5,623	353	32,584	43.7	5.8	47,950	46.7	8,577	1,472
Female	7,295	363	42,022	56.3	5.8	54,698	53.3	7,529	1,302
<b>Race<sup>4</sup></b>									
White	10,644	349	59,977	80.4	5.6	83,369	81.2	7,862	1,390
Other	2,225	409	14,355	19.2	6.5	18,890	18.4	8,572	1,316
<b>Medicare Status</b>									
Aged <sup>5</sup>	10,595	353	60,436	81.0	5.7	85,034	82.8	8,051	1,407
Disabled <sup>6</sup>	2,323	385	14,171	19.0	6.1	17,614	17.2	7,681	1,243
<b>Discharge Status</b>									
Alive	12,423	N/A	70,356	94.3	5.7	95,549	93.1	7,729	1,358
Dead	495	N/A	4,250	5.7	8.6	7,100	6.9	14,398	1,671

<sup>1</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

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

<sup>4</sup>Excludes unknown race.

<sup>5</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>6</sup>Includes 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 Medicare Data Extract System; data development by the Office of Research, Development, and Information.