

**Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2010**

Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Risk HMO <sup>2</sup>	Supplemental Health Insurance			Medicare Fee-For-Service Only	Other	
			Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance			Both Types of Private Insurance
Percent of Beneficiaries With at Least One Outpatient Hospital Stay								
All Beneficiaries	37.57	34.36	37.97	41.56	38.65	46.30	34.93	37.53*
	0.50	0.97	1.39	1.06	1.00	2.90	1.08	6.76
Medicare Status <sup>3</sup>								
Aged								
65 - 74 years	37.08	34.41	37.07	41.82	37.97	43.00	32.83	55.60*
	0.80	1.50	2.92	1.49	1.59	5.33	1.80	10.90
75 - 84 years	39.25	34.82	39.90	44.33	39.89	48.85	37.14	22.55*
	0.62	1.33	2.64	1.72	1.21	3.37	2.07	8.01
85 years and older	32.43	29.92	28.27	33.25	36.45	51.57*	27.19	16.83*
	1.06	1.99	2.78	1.89	2.01	7.11	3.45	13.31
Disabled								
Under 45 years	37.00	34.83	37.23	69.53*	47.87*	100.00*	30.21	9.73*
	1.70	3.83	2.03	14.15	5.55	0.00	3.82	12.82
45 - 64 years	40.42	36.83	40.56	47.55*	40.62	64.33*	42.01	49.13*
	1.70	3.65	2.67	8.72	3.85	30.57	3.02	30.84
Gender								
Male	36.55	33.73	35.93	41.18	37.07	42.86	35.20	38.94*
	0.69	1.35	1.69	1.75	1.35	3.95	1.49	10.37
Female	38.42	34.83	39.42	41.83	40.11	48.75	34.60	36.46*
	0.68	1.24	1.84	1.23	1.38	3.65	1.79	7.42
Living Arrangement								
Lives alone	37.24	34.61	37.51	41.09	36.43	43.84*	37.19	26.96*
	0.71	1.78	2.21	1.93	1.67	5.10	2.13	10.55
With spouse	38.75	35.45	44.62	42.78	39.37	46.31	34.49	50.10*
	0.72	1.22	3.59	1.51	1.16	4.06	1.54	11.88
With children	35.59	30.56	36.20	37.97	40.25	59.08*	33.71	39.44*
	1.38	2.20	2.71	3.68	3.11	11.14	3.15	15.57
With others	34.15	31.43	35.19	37.26*	37.56*	36.94*	31.33	70.38*
	1.36	3.15	2.37	4.10	5.03	15.82	4.10	28.66

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Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Risk HMO <sup>2</sup>	Supplemental Health Insurance			Medicare Fee-For-Service Only	Other	
			Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance			Both Types of Private Insurance
Percent of Beneficiaries With at Least One Outpatient Hospital Stay								
All Beneficiaries	37.57	34.36	37.97	41.56	38.65	46.30	34.93	37.53*
	0.50	0.97	1.39	1.06	1.00	2.90	1.08	6.76
Race/Ethnicity								
White non-Hispanic	38.50	35.67	39.84	41.72	39.13	46.60	34.78	39.09*
	0.58	1.24	1.61	1.14	1.12	2.93	1.31	7.54
Black non-Hispanic	37.47	38.17	38.60	44.72*	35.37	48.17*	33.97	50.21*
	1.55	2.57	3.05	6.18	3.59	16.75	3.12	28.41
Hispanic	30.77	28.23	34.24	38.20*	28.36*	49.85*	33.39	.
	1.52	1.91	2.85	5.72	4.50	32.21	4.04	.
Other	36.25	29.10	32.48	35.76*	47.87	37.60*	40.96*	49.43*
	1.99	3.74	3.60	8.07	5.16	15.13	4.77	18.53
Income <sup>4</sup>								
Less than \$5,000	31.53	34.21	27.24	42.10*	36.89*	80.35*	28.43*	59.67*
	2.15	4.38	3.28	7.71	7.63	21.06	5.16	27.90
\$5,000 - \$9,999	36.67	38.23	36.84	38.60*	40.69*	.	30.51*	15.07*
	1.55	3.01	2.21	4.52	7.83	.	3.61	15.49
\$10,000 - \$14,999	34.68	28.49	39.86	40.51	38.14	23.97*	29.83	43.52*
	1.03	1.95	1.94	3.40	4.43	13.26	2.97	15.29
\$15,000 - \$19,999	39.13	32.67	44.55	44.80	41.89	50.61*	39.26	43.62*
	1.53	2.28	4.63	3.47	3.27	13.92	3.46	12.04
\$20,000 - \$24,999	37.02	35.11	52.67*	41.06	40.35	41.32*	28.15	10.81*
	1.26	2.72	8.01	3.06	3.13	12.14	3.26	11.91
\$25,000 - \$29,999	39.52	36.57	39.83*	40.12	39.24	53.96*	41.86	39.78*
	1.43	2.61	9.56	2.90	2.68	11.10	3.90	18.74
\$30,000 - \$39,999	40.48	35.94	52.69*	40.68	42.96	40.38*	41.41	69.23*
	1.39	2.14	11.87	3.06	2.50	6.41	2.81	22.26
\$40,000 - \$49,999	35.44	35.16	19.91*	38.06	33.65	49.28*	35.04	.
	1.32	2.87	13.33	2.91	2.08	8.76	4.05	.
\$50,000 or more	38.75	35.19	47.25*	44.27	37.63	47.80	34.85	29.89*
	1.14	2.32	15.97	2.45	1.73	4.48	2.74	22.46

**Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2010**

Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Risk HMO <sup>2</sup>	Supplemental Health Insurance			Medicare Fee-For-Service Only	Other	
			Medicaid	Individually Purchased Private Insurance	Employer-Sponsored Private Insurance			Both Types of Private Insurance
Percent of Beneficiaries With at Least One Outpatient Hospital Stay								
All Beneficiaries	37.57	34.36	37.97	41.56	38.65	46.30	34.93	37.53*
	0.50	0.97	1.39	1.06	1.00	2.90	1.08	6.76
Health Status								
Excellent	30.03	26.75	27.47*	31.51	33.15	38.58*	25.89	33.10*
	0.91	1.95	3.61	2.27	1.90	7.28	2.16	19.08
Very Good	34.29	33.82	32.17	37.22	34.85	41.71	29.32	37.57*
	0.82	1.79	3.25	1.94	1.49	4.62	2.12	18.43
Good	38.85	33.09	36.21	47.43	40.46	55.65	36.44	26.50*
	0.93	1.52	2.41	2.05	1.86	5.10	2.27	8.91
Fair	42.57	40.19	39.59	47.11	45.06	55.24*	42.89	42.57*
	1.02	2.18	2.07	2.75	2.01	8.10	2.45	18.03
Poor	47.76	41.65	47.28	55.00	51.59	48.77*	46.31	55.74*
	1.58	3.43	3.36	4.75	4.50	21.96	4.18	22.61
Functional Limitation								
None	34.24	31.17	32.78	40.37	35.11	41.68	29.24	46.34*
	0.64	1.20	2.13	1.27	1.30	3.97	1.47	10.03
IADL only	39.30	35.99	34.57	43.65	42.11	53.77*	40.17	29.06*
	1.36	2.38	2.46	3.39	2.58	7.62	3.61	16.31
One to two ADLs	41.55	38.52	42.25	41.55	45.07	58.63*	39.75	26.91*
	1.12	1.94	2.19	2.14	2.17	6.82	2.44	10.90
Three to six ADLs	43.78	39.87	42.94	45.85	44.87	54.22*	47.23	45.71*
	1.50	2.35	2.99	3.43	3.66	11.76	3.90	23.83

**Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2010**

Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Risk HMO <sup>2</sup>	Supplemental Health Insurance			Medicare Fee-For-Service Only	Other	
			Individually Purchased		Employer-Sponsored			Both Types of
			Medicaid	Private Insurance	Private Insurance			Private Insurance
Percent of Beneficiaries With at Least One Outpatient Hospital Stay								
All Beneficiaries	37.57	34.36	37.97	41.56	38.65	46.30	34.93	37.53*
	0.50	0.97	1.39	1.06	1.00	2.90	1.08	6.76
Metropolitan Area Resident								
Yes	34.99	32.06	36.05	38.82	35.61	43.80	33.38	31.77*
	0.58	1.03	1.51	1.45	1.17	3.49	1.31	8.26
No	45.96	50.20	42.45	47.32	49.11	57.27*	38.76	50.59*
	0.98	2.91	3.22	1.39	1.96	5.24	1.81	11.40

Source: Medicare Current Beneficiary Survey

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community residents* includes beneficiaries who resided in the community at the time of the round 58 interview (fall 2010), and beneficiaries who resided in the community at the time of the round 55 interview (fall 2009) who died prior to the round 58 interview.
- 2 HMO stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 Income estimates are derived from imputed income data. Standard errors of income estimates may be underestimated as they have not been adjusted to reflect the imputation of missing data.

**Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2010**

Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Risk HMO <sup>2</sup>	Supplemental Health Insurance			Medicare Fee-For-Service Only	Other	
			Medicaid	Individually Purchased Private Insurance	Employer Sponsored Private Insurance			Both Types of Private Insurance
Percent of Beneficiaries With at Least One Physician Service								
All Beneficiaries	90.09	91.81	86.18	93.23	92.12	97.05	82.33	94.05
	0.38	0.59	0.85	0.74	0.57	0.85	1.07	2.98
Medicare Status <sup>3</sup>								
Aged								
65 - 74 years	88.64	90.45	85.77	91.05	90.32	97.61	78.83	92.04*
	0.64	1.02	1.82	1.30	1.09	1.22	1.73	5.79
75 - 84 years	92.85	93.69	87.99	95.69	95.04	95.53	84.54	96.71*
	0.41	0.69	1.53	0.70	0.67	1.61	1.81	3.30
85 years and older	91.47	92.23	88.17	93.32	91.55	98.29	87.52	89.13*
	0.69	1.53	2.08	1.29	1.08	1.78	2.13	10.81
Disabled								
Under 45 years	82.57	89.95	81.44	92.20*	87.83	100.00*	77.14	90.53*
	1.06	2.29	1.49	6.88	5.05	0.00	3.34	11.96
45 - 64 years	90.31	92.61	87.47	98.60	95.41	100.00*	86.35	100.00*
	0.90	1.81	1.81	1.36	1.71	0.00	1.88	0.00
Gender								
Male	88.21	91.41	82.56	92.77	91.27	98.03	78.10	92.50*
	0.49	0.80	1.46	1.02	0.94	0.98	1.35	5.32
Female	91.65	92.11	88.73	93.56	92.91	96.35	87.55	95.22*
	0.44	0.78	1.06	0.88	0.77	1.33	1.32	3.36
Living Arrangement								
Lives alone	89.11	91.26	85.54	93.49	90.63	94.28	81.44	93.69*
	0.59	1.02	1.42	1.13	1.26	2.39	1.73	4.64
With spouse	91.82	92.50	89.99	92.80	93.23	97.72	85.22	96.45*
	0.51	0.84	1.58	0.99	0.73	1.05	1.54	3.60
With children	88.20	93.54	86.29	92.31	87.92	100.00*	77.95	90.32*
	0.90	1.24	2.06	1.86	2.76	0.00	3.37	8.23
With others	85.52	86.86	84.24	97.16	90.01	100.00*	76.39	100.00*
	1.11	2.05	1.74	1.43	2.56	0.00	3.48	0.00

**Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2010**

Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Risk HMO <sup>2</sup>	Supplemental Health Insurance			Medicare Fee-For-Service Only	Other	
			Medicaid	Individually Purchased Private Insurance	Employer Sponsored Private Insurance			Both Types of Private Insurance
Percent of Beneficiaries With at Least One Physician Service								
All Beneficiaries	90.09	91.81	86.18	93.23	92.12	97.05	82.33	94.05
	0.38	0.59	0.85	0.74	0.57	0.85	1.07	2.98
Race/Ethnicity								
White non-Hispanic	90.70	91.51	88.08	93.29	91.98	97.11	83.60	93.45
	0.47	0.78	1.08	0.77	0.65	0.88	1.17	3.51
Black non-Hispanic	87.28	93.14	81.58	91.70	94.66	89.79*	78.21	100.00*
	1.09	1.60	2.40	4.26	1.47	10.64	2.82	0.00
Hispanic	87.98	92.01	85.59	90.66	86.84	100.00*	77.41	93.33*
	1.11	1.45	2.01	4.14	3.46	0.00	3.13	7.53
Other	89.74	93.46	86.35	95.22	96.70	100.00*	80.25	100.00*
	1.56	1.82	3.33	2.74	1.62	0.00	4.67	0.00
Income <sup>4</sup>								
Less than \$5,000	85.96	91.53	83.53	92.98*	94.41*	100.00*	73.71	89.19*
	1.56	2.58	2.32	3.95	3.83	0.00	5.14	14.80
\$5,000 - \$9,999	86.43	90.47	86.19	95.24	87.17	100.00*	72.53	84.93*
	0.97	1.74	1.29	2.47	5.33	0.00	3.96	15.49
\$10,000 - \$14,999	87.15	91.93	87.15	90.96	88.76	77.40*	76.78	89.90*
	1.09	1.50	1.36	2.90	2.38	14.08	2.80	7.54
\$15,000 - \$19,999	90.04	91.30	84.21	94.84	94.26	95.52*	82.83	100.00*
	0.81	1.15	3.55	1.42	1.86	4.68	2.38	0.00
\$20,000 - \$24,999	90.60	92.32	87.42	92.58	92.63	100.00*	82.17	100.00*
	0.95	1.72	4.89	2.00	1.68	0.00	2.75	0.00
\$25,000 - \$29,999	90.98	93.59	90.91*	93.70	90.90	94.58*	82.81	85.35*
	1.13	2.05	5.14	1.62	2.10	4.32	3.78	14.61
\$30,000 - \$39,999	93.00	92.51	95.44*	93.96	94.82	98.19	87.54	100.00*
	0.88	1.63	4.59	1.21	1.05	1.83	2.41	0.00
\$40,000 - \$49,999	91.24	92.84	74.52*	94.79	90.02	98.07*	86.61	100.00*
	1.03	1.58	20.11	1.96	1.82	1.90	3.23	0.00
\$50,000 or more	91.46	90.55	91.48*	91.97	92.14	97.50	86.35	100.00*
	0.75	1.30	8.37	1.55	1.11	1.27	2.66	0.00

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Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Risk HMO <sup>2</sup>	Supplemental Health Insurance			Medicare Fee-For-Service Only	Other	
			Medicaid	Individually Purchased Private Insurance	Employer Sponsored Private Insurance			Both Types of Private Insurance
Percent of Beneficiaries With at Least One Physician Service								
All Beneficiaries	90.09	91.81	86.18	93.23	92.12	97.05	82.33	94.05
	0.38	0.59	0.85	0.74	0.57	0.85	1.07	2.98
Health Status								
Excellent	80.37	83.10	67.83	85.75	81.46	89.61	68.83	86.78*
	1.24	1.83	4.24	2.02	2.55	3.87	3.56	13.11
Very Good	89.68	91.69	75.47	91.08	93.34	99.52	81.12	93.64*
	0.69	1.22	2.93	1.41	0.78	0.48	2.16	6.66
Good	92.89	93.27	89.15	96.61	95.20	99.25	86.17	96.20*
	0.52	0.96	1.22	0.70	0.70	0.77	1.67	3.82
Fair	92.93	95.73	89.87	98.52	94.27	96.71*	85.83	100.00*
	0.58	0.83	1.33	0.62	1.08	2.38	1.83	0.00
Poor	93.30	93.11	90.07	99.44	98.71	85.61*	89.11	97.52*
	0.88	1.78	1.63	0.52	1.02	14.42	2.77	3.32
Functional Limitation								
None	87.78	89.57	82.18	90.29	90.12	96.88	77.75	93.23*
	0.64	0.96	1.78	1.21	0.92	1.17	1.65	5.13
IADL only	91.77	92.88	85.81	96.94	94.92	100.00*	86.13	91.42*
	0.70	1.24	1.55	1.21	1.23	0.00	2.76	9.73
One to two ADLs	93.32	95.45	87.95	97.46	95.15	98.94	88.46	98.59*
	0.57	0.78	1.97	0.79	0.74	1.04	1.69	1.65
Three to six ADLs	92.62	94.37	89.41	97.09	95.43	88.40*	86.51	100.00*
	0.90	1.73	1.56	1.09	1.36	7.12	3.18	0.00

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Community Residents<sup>1</sup>

Beneficiary Characteristic	Total	Medicare Risk HMO <sup>2</sup>	Supplemental Health Insurance			Medicare Fee-For-Service Only	Other	
			Medicaid	Individually Purchased Private Insurance	Employer Sponsored Private Insurance			Both Types of Private Insurance
Percent of Beneficiaries With at Least One Physician Service								
All Beneficiaries	90.09	91.81	86.18	93.23	92.12	97.05	82.33	94.05
	0.38	0.59	0.85	0.74	0.57	0.85	1.07	2.98
Metropolitan Area Resident								
Yes	90.09	91.71	84.53	93.90	92.01	97.22	82.36	95.98
	0.42	0.65	1.04	0.79	0.68	0.92	1.37	2.62
No	90.06	92.53	90.01	91.84	92.51	96.30	82.24	89.68*
	0.91	1.49	1.36	1.64	1.19	2.27	1.48	8.09

Source: Medicare Current Beneficiary Survey

Note: Standard errors are shaded and in italics. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community residents* includes beneficiaries who resided in the community at the time of the round 58 interview (fall 2010), and beneficiaries who resided in the community at the time of the round 55 interview (fall 2009) who died prior to the round 58 interview
- 2 HMO stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of "Aged" and "Disabled."
- 4 Income estimates are derived from imputed income data. Standard errors of income estimates may be underestimated as they have not been adjusted to reflect the imputation of missing data.