

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 2006**

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
Total	12,384	349	70,301	100.0	5.7	\$106,758	100.0	\$8,669	\$1,519
<b>Age</b>									
Under 65 Years	2,289	368	13,769	19.6	6.0	18,852	17.7	8,358	1,369
65-69 Years	1,847	220	10,125	14.4	5.5	17,258	16.2	9,402	1,704
70-74 Years	1,808	273	9,737	13.8	5.4	16,867	15.8	9,368	1,732
75-79 Years	2,038	356	11,435	16.3	5.6	18,664	17.5	9,185	1,632
80-84 Years	2,008	452	11,523	16.4	5.7	17,130	16.0	8,553	1,487
85 Years or Over	2,393	586	13,712	19.5	5.7	17,987	16.8	7,531	1,312
<b>Sex</b>									
Male	5,453	344	31,176	44.3	5.7	50,425	47.2	9,312	1,617
Female	6,931	353	39,126	55.7	5.6	56,332	52.8	8,164	1,440
<b>Race<sup>4</sup></b>									
White	10,177	339	56,351	80.2	5.5	86,294	80.8	8,516	1,531
Other	2,165	398	13,715	19.5	6.3	20,096	18.8	9,389	1,465
<b>Type of Entitlement</b>									
Aged <sup>5</sup>	10,042	343	56,222	80.0	5.6	87,430	81.9	8,737	1,555
Disabled <sup>6</sup>	2,342	376	14,080	20.0	6.0	19,328	18.1	8,374	1,373
<b>Discharge Status</b>									
Alive	11,940	N/A	66,546	94.7	5.6	99,548	93.2	8,384	1,496
Dead	444	N/A	3,756	5.3	8.5	7,209	6.8	16,307	1,920

<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.