

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 2008

Demographic Characteristics, Medicare Status, and Discharge Status	Discharge ¹		Total Days of Care			Program Payments			
	Number in	Rate Per 1,000 HI Enrollees ²	Number in	Percent	Per Discharge	Amount in	Percent	Per Discharge ³	Per Day
	Thousands		Thousands			Millions			
Total	11,821	338	66,591	100.0	5.6	\$110,232	100.0	\$9,390	\$1,655
Age									
Under 65 Years	2,286	359	13,571	20.4	5.9	20,704	18.8	9,203	1,526
65-69 Years	1,801	210	9,854	14.8	5.5	18,305	16.6	10,246	1,858
70-74 Years	1,685	262	9,028	13.6	5.4	16,661	15.1	9,952	1,846
75-79 Years	1,799	342	10,015	15.0	5.6	17,703	16.1	9,883	1,768
80-84 Years	1,862	442	10,595	15.9	5.7	17,187	15.6	9,263	1,622
85 Years or Over	2,389	578	13,527	20.3	5.7	19,673	17.8	8,260	1,454
Sex									
Male	5,216	331	29,682	44.6	5.7	51,916	47.1	10,036	1,749
Female	6,605	344	36,909	55.4	5.6	58,315	52.9	8,881	1,580
Race⁴									
White	9,694	329	53,427	80.2	5.5	88,513	80.3	9,181	1,657
Other	2,094	381	12,975	19.5	6.2	21,399	19.4	10,361	1,649
Type of Entitlement									
Aged ⁵	9,481	331	52,694	79.1	5.6	89,000	80.7	9,433	1,689
Disabled ⁶	2,340	368	13,896	20.9	5.9	21,232	19.3	9,218	1,528
Discharge Status									
Alive	11,408	N/A	63,187	94.9	5.5	102,636	93.1	9,060	1,624
Dead	413	N/A	3,403	5.1	8.2	7,596	6.9	18,504	2,232

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 Medicare Data Extract System; data development by the Office of Research, Development, and Information.