

**Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003**

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	39.50	30.31	39.16	42.54	41.75	46.66	35.42	45.62
	0.60	1.26	1.19	1.12	0.92	2.48	1.28	3.21
Medicare Status <sup>3</sup>								
Aged								
65 - 74 years	40.14	30.47	41.89	43.56	42.81	46.64	33.41	40.51*
	0.85	1.73	2.53	1.72	1.36	3.72	1.91	5.07
75 - 84 years	40.51	30.95	36.68	43.83	42.10	49.10	39.24	46.38*
	0.78	1.81	2.15	1.40	1.27	3.23	2.13	5.74
85 years and older	31.01	23.87	27.01	33.89	33.78	31.57*	29.75	21.69*
	0.93	2.21	2.69	1.59	2.27	5.11	2.91	5.93
Disabled								
Under 45 years	35.99	15.65*	36.20	39.26*	43.96	100.00*	30.96	55.02*
	1.70	5.67	2.13	11.51	5.01	0.00	3.76	16.79
45 - 64 years	42.89	37.81*	43.45	53.27*	41.96	58.12*	38.76	69.53*
	1.74	6.59	2.90	7.31	3.96	18.68	3.54	10.73
Gender								
Male	38.87	32.26	34.90	41.99	41.16	40.65	36.99	49.95
	0.79	1.59	1.87	1.72	1.22	3.03	1.65	5.07
Female	40.00	28.93	41.85	42.88	42.30	51.32	33.39	41.82
	0.68	1.67	1.61	1.30	1.11	3.31	1.82	4.71
Living Arrangement								
Lives alone	38.69	27.62	40.28	42.62	39.55	49.49	34.76	36.40*
	0.80	2.08	1.75	1.51	1.73	3.92	2.24	5.51
With spouse	41.10	33.73	36.52	43.04	42.75	45.29	39.28	52.99*
	0.78	1.77	2.09	1.59	1.11	3.12	1.78	5.54
With children	37.26	25.07	41.53	40.27	42.10	48.00*	26.85	53.23*
	1.37	3.36	2.54	3.43	3.34	8.25	2.84	11.78
With others	34.69	23.57*	37.54	39.49	37.08	46.28*	28.94	33.22*
	1.45	4.25	2.12	4.94	3.61	14.85	3.37	11.05

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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	39.50	30.31	39.16	42.54	41.75	46.66	35.42	45.62
	0.60	1.26	1.19	1.12	0.92	2.48	1.28	3.21
Race/Ethnicity								
White non-Hispanic	40.79	31.97	40.60	43.48	42.45	46.96	36.26	46.43
	0.66	1.41	1.63	1.17	0.98	2.66	1.47	3.68
Black non-Hispanic	36.59	24.67*	41.70	31.28*	40.89	42.48*	29.64	41.98*
	1.72	3.38	2.84	4.75	3.66	12.77	3.17	11.47
Hispanic	33.20	26.32	34.60	34.49*	38.48	36.28*	32.28	35.97*
	1.61	3.81	2.82	5.17	3.74	14.94	3.62	15.92
Other	34.27	27.84*	33.49	32.57*	31.52*	49.76*	42.20*	57.84*
	2.38	6.43	3.48	5.79	4.56	14.66	5.72	16.31
Income								
\$5,000 or less	35.23	26.54*	36.14	39.79*	38.93*	34.07*	28.56*	56.66*
	2.42	5.83	4.06	5.68	6.32	19.60	5.20	14.07
\$5,001 - \$10,000	36.89	25.31	41.08	41.08	26.42*	45.44*	28.15	33.63*
	0.95	2.86	1.39	2.75	3.86	22.46	2.53	10.18
\$10,001 - \$15,000	34.58	25.22	36.00	39.58	37.56	36.74*	29.20	46.63*
	1.12	2.60	2.42	2.05	2.45	9.90	2.56	7.49
\$15,001 - \$20,000	40.24	32.61	39.72	41.75	44.72	45.34*	36.18	40.75*
	1.28	2.81	5.59	2.24	2.57	8.16	3.06	7.47
\$20,001 - \$25,000	39.96	28.66	30.79*	43.14	42.18	48.13*	37.48	50.42*
	1.57	4.22	9.28	2.28	2.67	6.40	3.64	10.09
\$25,001 - \$30,000	43.05	35.26	41.49*	44.99	42.27	50.87*	44.86	63.57*
	1.63	3.84	15.08	2.83	2.49	6.02	4.18	15.87
\$30,001 - \$35,000	39.33	24.24*	38.53*	41.50	43.12	46.42*	32.98*	81.03*
	1.75	4.01	15.86	4.13	3.02	6.92	5.11	19.82
\$35,001 - \$40,000	43.95	32.30*	41.56*	51.31	43.69	36.37*	45.17*	64.57*
	1.92	5.31	34.43	3.31	3.38	7.90	4.96	16.58
More than \$40,000	42.88	39.19	21.03*	42.40	42.55	49.19	44.45	41.21*
	1.29	3.47	21.73	2.25	1.72	3.45	3.07	14.78

**Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003**

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	39.50	30.31	39.16	42.54	41.75	46.66	35.42	45.62
	0.60	1.26	1.19	1.12	0.92	2.48	1.28	3.21
Health Status								
Excellent	30.90	23.57	27.62*	32.02	33.41	41.19*	27.84	37.28*
	1.20	2.07	4.22	2.29	2.27	4.86	3.17	11.58
Very Good	37.60	29.39	32.64	40.41	40.64	45.59	30.55	47.25*
	0.99	1.89	2.86	1.98	1.76	4.30	2.12	7.37
Good	40.53	30.08	37.01	45.22	44.06	49.33	36.00	37.51*
	0.95	2.23	2.07	1.53	1.71	3.71	2.26	6.07
Fair	43.40	33.10	43.24	48.88	45.72	49.88*	38.54	45.80*
	0.95	2.77	2.17	2.14	1.79	6.88	2.98	6.70
Poor	47.12	48.77*	43.32	52.79	45.50	60.58*	47.71	62.66*
	1.53	5.24	2.61	3.97	3.26	13.13	3.90	10.34
Functional Limitation								
None	36.26	27.99	33.31	38.91	39.74	43.47	30.51	40.12*
	0.82	1.43	1.98	1.70	1.29	3.08	1.63	4.98
IADL only	40.60	33.37	38.33	45.12	42.71	57.27*	32.86	44.23*
	1.39	3.79	2.63	2.50	2.71	6.25	3.07	8.53
One to two ADLs	45.36	35.18	46.30	48.65	45.92	45.13*	44.59	54.32*
	0.92	2.34	2.21	1.86	1.73	5.14	2.94	8.13
Three to six ADLs	42.81	31.02	39.41	48.85	44.64	64.04*	42.74	50.75*
	1.20	4.20	2.17	3.49	2.76	8.88	3.68	7.94

**Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003**

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 Private Insurance
			Medicaid	Private Insurance	Private Insurance			
Percent of Beneficiaries With at Least One Outpatient Hospital Stay								
All Beneficiaries	39.50	30.31	39.16	42.54	41.75	46.66	35.42	45.62
	0.60	1.26	1.19	1.12	0.92	2.48	1.28	3.21
Metropolitan Area Resident								
Yes	38.13	30.07	39.06	40.35	39.92	44.17	36.18	46.55
	0.70	1.28	1.46	1.27	1.06	2.73	1.51	3.72
No	43.93	41.06*	39.40	47.52	48.36	56.14	33.60	43.16*
	1.09	7.93	1.99	2.21	1.66	5.81	2.32	6.39

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 37 interview (fall 2003), and beneficiaries who resided in the community at the time of the round 34 interview (fall 2002) who died prior to the round 37 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."

**Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003**

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	90.45	92.21	88.01	92.53	92.93	96.13	81.19	91.67
	0.33	0.69	0.72	0.50	0.51	0.93	0.90	2.07
Medicare Status <sup>3</sup>								
Aged								
65 - 74 years	89.30	91.14	88.83	90.96	90.85	96.34	79.00	90.35
	0.59	1.14	1.47	0.94	0.86	1.24	1.63	3.85
75 - 84 years	92.46	93.38	90.25	93.64	94.79	95.98	81.75	95.27
	0.36	0.87	1.40	0.61	0.54	1.39	1.67	2.51
85 years and older	92.01	92.88	89.32	93.22	95.56	96.20	82.94	81.36*
	0.67	1.77	1.89	0.99	0.94	2.20	2.46	5.64
Disabled								
Under 45 years	82.46	82.77*	81.94	94.44*	92.53	100.00*	74.36	94.50*
	1.27	7.63	1.41	4.27	1.92	0.00	4.07	6.22
45 - 64 years	90.74	93.81	88.31	99.25	96.42	94.35*	86.23	94.22*
	0.87	2.50	1.73	0.56	1.58	6.42	1.88	4.29
Gender								
Male	88.24	92.40	81.97	92.37	92.07	94.86	77.09	90.40
	0.52	0.99	1.50	0.78	0.77	1.57	1.43	3.53
Female	92.23	92.08	91.83	92.63	93.72	97.12	86.46	92.79
	0.36	0.89	0.97	0.63	0.59	1.09	1.13	2.18
Living Arrangement								
Lives alone	88.88	91.61	87.43	91.38	92.04	96.25	76.53	91.47
	0.54	1.26	1.44	0.87	0.95	1.52	1.93	2.74
With spouse	91.75	92.94	90.62	92.92	93.19	95.87	83.45	89.98
	0.41	0.90	1.71	0.62	0.62	1.17	1.22	4.12
With children	90.84	92.73	89.61	94.34	92.61	96.34*	83.32	97.77*
	0.82	2.52	1.46	1.52	2.05	2.74	2.54	2.31
With others	87.25	87.81	84.59	93.43	94.14	100.00*	81.88	89.39*
	1.17	3.03	1.68	2.10	1.63	0.00	3.19	6.60

**Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003**

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	90.45	92.21	88.01	92.53	92.93	96.13	81.19	91.67
	0.33	0.69	0.72	0.50	0.51	0.93	0.90	2.07
Race/Ethnicity								
White non-Hispanic	91.20	92.18	89.12	92.64	93.25	95.75	82.42	92.21
	0.36	0.83	0.86	0.54	0.49	1.01	1.07	2.59
Black non-Hispanic	86.88	92.09	86.40	92.09	90.17	100.00*	78.01	88.43*
	1.04	1.92	1.66	2.72	2.46	0.00	2.75	5.84
Hispanic	86.52	92.55	85.45	90.05	90.83	100.00*	71.45	86.48*
	1.40	1.69	2.23	2.76	3.04	0.00	3.74	7.57
Other	91.88	93.47	90.94	91.83	92.82	100.00*	87.72	100.00*
	1.31	5.21	2.39	2.91	2.32	0.00	2.97	0.00
Income								
\$5,000 or less	84.20	93.81*	79.89	93.24	89.94	82.12*	77.07	100.00*
	1.76	3.13	3.17	2.29	3.54	17.57	4.70	0.00
\$5,001 - \$10,000	87.97	89.03	88.95	91.30	93.22	88.05*	76.39	91.51*
	0.64	1.91	0.83	1.63	1.78	13.66	2.63	3.89
\$10,001 - \$15,000	89.34	93.36	89.57	92.01	92.14	100.00*	79.87	87.31
	0.77	1.56	1.56	1.54	1.32	0.00	2.28	4.77
\$15,001 - \$20,000	89.43	91.01	92.29	92.86	92.51	93.99	75.00	90.57*
	0.93	2.20	2.28	1.23	1.44	3.66	3.22	5.12
\$20,001 - \$25,000	92.25	92.44	81.76*	95.39	92.95	100.00	81.97	96.15*
	0.75	1.77	7.11	1.04	1.37	0.00	2.74	3.18
\$25,001 - \$30,000	92.39	94.46	88.91*	92.35	92.02	92.31	91.55	95.63*
	0.94	2.22	7.72	1.26	1.62	3.45	2.55	4.70
\$30,001 - \$35,000	92.06	95.58	84.96*	90.36	94.78	92.49	82.26	100.00*
	1.20	1.91	12.07	2.65	1.52	3.86	5.06	0.00
\$35,001 - \$40,000	90.80	88.32	41.56*	90.86	92.62	100.00	82.69	83.19*
	1.26	3.26	34.43	2.30	1.88	0.00	4.14	16.09
More than \$40,000	92.85	92.73	80.18*	92.49	93.41	96.36	88.15	100.00*
	0.61	2.00	11.00	1.29	0.80	1.32	2.44	0.00

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			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	90.45	92.21	88.01	92.53	92.93	96.13	81.19	91.67
	0.33	0.69	0.72	0.50	0.51	0.93	0.90	2.07
Health Status								
Excellent	83.35	87.62	73.86	83.11	86.59	93.96	72.66	93.73*
	0.92	2.35	4.19	1.70	1.59	2.32	2.49	4.48
Very Good	90.38	90.43	85.57	93.36	92.52	94.22	79.08	89.43
	0.54	1.43	2.35	0.93	0.91	1.88	2.11	6.22
Good	92.30	93.57	89.82	94.61	94.38	98.26	82.74	93.05
	0.53	1.24	1.14	0.80	0.66	1.03	2.12	2.74
Fair	92.06	95.76	88.58	95.29	95.93	99.11	84.19	92.03
	0.60	1.05	1.28	1.24	0.97	0.93	2.28	3.32
Poor	92.45	96.25	90.65	95.76	95.69	100.00*	86.82	92.50*
	0.80	1.55	1.50	2.03	1.57	0.00	2.47	5.74
Functional Limitation								
None	88.32	91.29	82.79	90.52	90.73	94.47	76.35	94.58
	0.51	0.94	1.52	0.77	0.72	1.35	1.43	2.43
IADL only	92.92	94.46	87.77	95.68	96.17	98.25	87.70	86.98*
	0.58	1.53	1.30	1.14	0.72	1.28	1.90	7.01
One to two ADLs	93.26	92.30	91.01	94.96	96.13	100.00	88.12	94.38
	0.51	1.27	1.29	0.99	0.85	0.00	1.58	3.14
Three to six ADLs	92.17	94.54	92.17	94.92	95.39	100.00*	82.24	87.22*
	0.80	1.83	1.26	0.98	1.36	0.00	2.96	5.21

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			Medicaid	Individually Purchased	Employer Sponsored	Both Types of		
				Private Insurance	Private Insurance	Private Insurance		
Percent of Beneficiaries With at Least One Physician Service								
All Beneficiaries	90.45	92.21	88.01	92.53	92.93	96.13	81.19	91.67
	0.33	0.69	0.72	0.50	0.51	0.93	0.90	2.07
Metropolitan Area Resident								
Yes	90.74	92.32	86.89	93.48	93.06	95.85	81.67	89.93
	0.33	0.69	0.92	0.58	0.60	1.09	0.99	2.57
No	89.51	87.29*	90.75	90.36	92.44	97.19	80.05	96.29
	0.96	6.32	1.08	1.09	0.99	1.63	1.84	2.61

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.

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- 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."