

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004

Community Residents¹

Beneficiary Characteristic	Total	Medicare Risk HMO ²	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	38.26	29.88	36.76	41.91	40.85	44.84	34.59	40.04
	0.52	1.16	1.19	0.97	0.97	1.95	1.36	3.69
Medicare Status ³								
Aged								
65 - 74 years	37.82	30.13	38.99	40.62	39.80	44.49	33.08	39.55*
	0.65	1.58	2.21	1.48	1.23	2.93	1.71	6.19
75 - 84 years	40.03	30.59	34.22	45.39	42.31	46.59	36.90	33.68*
	0.73	1.57	1.96	1.21	1.42	2.95	2.19	5.61
85 years and older	31.90	21.64	25.83	37.31	33.68	40.67*	29.20	33.95*
	1.05	2.65	2.27	1.84	1.91	6.85	3.00	10.65
Disabled								
Under 45 years	33.74	23.76*	34.00	39.43*	32.56*	66.76*	32.86	46.05*
	1.53	9.52	1.67	11.33	4.93	26.65	4.61	12.33
45 - 64 years	42.28	37.34*	41.37	39.93*	50.84	34.96*	37.87	60.38*
	1.67	7.91	2.70	7.02	3.69	19.27	3.46	14.26
Gender								
Male	36.78	28.93	32.87	39.97	38.87	36.20	37.02	50.07*
	0.68	2.16	1.44	1.16	1.13	2.86	1.89	5.42
Female	39.47	30.53	39.28	43.27	42.58	52.31	31.47	32.67*
	0.68	1.30	1.73	1.17	1.35	2.85	1.70	5.20
Living Arrangement								
Lives alone	37.61	26.06	38.33	40.40	41.95	46.75	32.69	38.76*
	0.82	1.80	1.82	1.56	1.65	3.97	2.31	6.26
With spouse	39.75	32.44	34.66	42.54	41.27	43.05	38.61	43.74*
	0.67	1.92	2.37	1.27	1.15	2.35	1.93	5.51
With children	35.16	26.57	35.03	42.18	39.73	50.60*	28.44	38.83*
	1.54	3.26	2.69	3.08	3.38	10.35	3.18	8.88
With others	35.19	33.34*	37.80	44.83	29.53	58.71*	28.54	30.76*
	1.79	4.81	2.36	4.10	4.37	14.75	3.04	11.02

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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 Outpatient Hospital Stay								
All Beneficiaries	38.26	29.88	36.76	41.91	40.85	44.84	34.59	40.04
	0.52	1.16	1.19	0.97	0.97	1.95	1.36	3.69
Race/Ethnicity								
White non-Hispanic	39.16	30.95	37.72	42.62	40.97	45.00	34.92	37.32
	0.60	1.25	1.60	0.97	1.02	1.97	1.71	4.26
Black non-Hispanic	37.49	27.13*	36.04	38.69*	44.25	47.24*	37.92	38.74*
	1.61	4.43	2.30	5.50	3.58	13.76	3.18	11.30
Hispanic	33.45	28.92	37.71	29.01*	38.18	54.37*	24.32*	58.05*
	1.49	2.71	2.40	5.30	3.89	12.73	3.54	11.61
Other	33.53	21.17*	32.26	38.70*	35.65*	25.56*	37.77*	43.44*
	2.39	4.14	4.13	5.74	5.10	12.39	5.63	16.45
Income								
\$5,000 or less	33.05	31.90*	34.85	41.19*	28.77*	46.58*	26.96*	26.37*
	2.15	6.41	3.58	5.01	4.80	15.03	4.44	14.92
\$5,001 - \$10,000	34.29	24.36	38.27	38.24	35.17	20.49*	23.34	31.04*
	1.16	3.19	1.69	3.59	3.84	20.46	3.11	8.10
\$10,001 - \$15,000	35.95	24.99	35.10	40.37	39.81	39.09*	34.74	48.62*
	1.08	2.08	2.71	2.26	2.64	8.12	2.63	5.06
\$15,001 - \$20,000	39.35	29.51	33.42	45.04	39.90	53.82*	41.25	31.26*
	1.04	2.64	3.85	2.26	2.20	7.18	3.38	10.22
\$20,001 - \$25,000	40.40	32.50	32.49*	45.23	41.81	44.04*	35.88	58.27*
	1.38	4.39	10.52	2.68	2.35	6.14	3.13	7.85
\$25,001 - \$30,000	39.53	31.21	35.33*	41.89	40.86	47.81*	35.65	43.01*
	1.52	3.97	13.47	3.33	2.39	5.50	3.78	15.56
\$30,001 - \$35,000	39.11	33.32*	23.80*	44.10	39.48	47.97*	31.78*	37.17*
	1.80	4.46	11.03	3.86	2.67	8.14	5.65	23.78
\$35,001 - \$40,000	37.19	28.32*	22.32*	39.38	37.47	45.74*	36.96*	44.51*
	1.58	5.11	14.24	3.25	2.57	6.31	5.38	28.91
More than \$40,000	42.33	37.06	50.96*	40.98	44.08	42.97	42.41	15.83*
	1.21	3.59	16.01	1.98	1.84	3.27	3.42	17.29

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004

Community Residents¹

Beneficiary Characteristic	Total	Medicare Risk HMO ²	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	38.26	29.88	36.76	41.91	40.85	44.84	34.59	40.04
	0.52	1.16	1.19	0.97	0.97	1.95	1.36	3.69
Health Status								
Excellent	28.99	24.44	22.43*	32.41	28.81	36.70	26.64	36.20*
	1.09	2.77	3.85	1.88	2.17	4.91	2.68	12.65
Very Good	35.16	26.21	27.12	38.49	39.05	45.58	29.06	32.67*
	0.99	2.30	3.05	1.59	1.71	2.87	2.56	8.34
Good	39.89	29.94	33.58	44.68	44.07	42.70	38.37	38.36*
	0.83	1.94	2.04	1.53	1.59	3.89	2.34	5.97
Fair	43.79	36.85	42.12	51.54	47.21	62.61*	36.23	45.14*
	1.11	2.86	2.19	2.72	2.15	5.85	2.86	7.70
Poor	45.52	40.67*	43.45	52.32	47.17	55.31*	43.55	46.77*
	1.56	8.10	2.48	3.87	3.04	12.21	4.14	13.28
Functional Limitation								
None	33.86	26.78	31.37	36.71	36.33	38.65	30.65	30.44*
	0.62	1.68	1.91	1.15	1.14	2.58	1.98	5.05
IADL only	41.02	27.43	36.36	49.29	47.17	51.04*	32.48	47.97*
	1.23	3.38	2.63	2.36	2.36	5.57	2.62	9.73
One to two ADLs	45.33	37.60	41.55	50.13	48.13	61.22	40.77	49.83*
	0.84	2.76	2.00	2.01	1.80	4.53	2.69	7.63
Three to six ADLs	42.93	36.11	39.53	46.15	45.12	60.20*	45.95	49.65*
	1.26	3.16	2.42	2.93	2.72	11.19	4.20	12.16

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004

Community Residents¹

Beneficiary Characteristic	Total	Medicare Risk HMO ²	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	38.26	29.88	36.76	41.91	40.85	44.84	34.59	40.04
	0.52	1.16	1.19	0.97	0.97	1.95	1.36	3.69
Metropolitan Area Resident								
Yes	36.45	30.07	36.58	39.11	38.90	41.81	32.63	41.75
	0.55	1.18	1.35	1.20	1.19	2.09	1.41	4.22
No	44.15	19.09*	37.23	48.45	47.21	59.04	39.15	35.70*
	1.31	6.13	2.51	1.49	1.55	5.52	3.10	6.80

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, 2004

Community Residents¹

Beneficiary Characteristic	Total	Medicare Risk HMO ²	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	90.55	91.28	89.12	93.16	93.48	97.49	79.95	88.71
	0.38	0.76	0.82	0.50	0.42	0.74	1.19	2.19
Medicare Status ³								
Aged								
65 - 74 years	88.86	88.66	90.25	92.08	91.59	97.95	74.73	82.99
	0.58	1.34	1.56	0.80	0.76	0.93	2.13	4.09
75 - 84 years	92.58	94.20	90.25	93.72	94.41	96.31	83.24	87.72
	0.42	0.85	1.55	0.79	0.58	1.20	1.45	4.09
85 years and older	92.60	91.51	88.32	94.67	96.21	100.00	82.34	100.00*
	0.53	1.64	1.95	0.77	0.84	0.00	2.58	0.00
Disabled								
Under 45 years	83.72	77.67*	84.98	83.90*	94.29	85.69*	73.59	93.67*
	1.31	10.18	1.54	7.06	2.29	18.31	3.23	6.42
45 - 64 years	91.98	94.78	89.71	96.69	97.75	100.00*	88.17	100.00*
	0.91	2.88	1.58	2.53	1.30	0.00	1.83	0.00
Gender								
Male	88.33	91.07	83.97	92.86	92.24	96.53	76.51	89.31
	0.49	1.17	1.67	0.75	0.63	1.40	1.45	3.38
Female	92.37	91.42	92.53	93.37	94.56	98.32	84.36	88.26
	0.45	1.06	0.94	0.67	0.53	0.67	1.53	3.00
Living Arrangement								
Lives alone	89.66	91.02	89.62	92.70	92.77	96.48	76.07	91.96
	0.62	1.30	1.25	0.76	1.01	1.37	2.06	3.52
With spouse	91.92	91.11	89.73	93.99	93.65	97.96	83.49	89.30
	0.43	1.07	1.66	0.67	0.58	0.85	1.50	3.76
With children	89.91	90.07	92.09	92.50	94.18	98.25*	78.52	85.75*
	0.90	2.21	1.53	1.45	1.57	1.86	3.05	7.01
With others	85.99	96.30	85.31	87.01	93.82	94.08*	75.81	81.49*
	1.08	1.52	1.64	3.31	1.85	6.42	2.96	9.53

Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004

Community Residents¹

Beneficiary Characteristic	Total	Medicare Risk HMO ²	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	90.55	91.28	89.12	93.16	93.48	97.49	79.95	88.71
	0.38	0.76	0.82	0.50	0.42	0.74	1.19	2.19
Race/Ethnicity								
White non-Hispanic	91.37	90.49	90.80	93.62	93.44	97.56	81.62	91.26
	0.34	0.88	0.99	0.53	0.47	0.80	1.20	2.71
Black non-Hispanic	88.59	96.90	87.33	89.99	95.67	100.00*	76.54	89.71*
	1.07	1.33	1.66	3.13	1.34	0.00	3.26	7.54
Hispanic	86.99	91.58	86.82	87.13	93.23	100.00*	72.61	84.09*
	1.30	1.80	2.54	5.40	2.58	0.00	4.90	9.25
Other	86.99	91.17	89.36	87.61	89.50	89.21*	77.35	66.77*
	2.04	3.17	2.51	3.76	3.56	7.60	5.34	11.18
Income								
\$5,000 or less	82.56	83.21*	86.63	92.87	97.30	100.00*	59.49	71.44*
	1.90	5.63	2.30	2.90	1.91	0.00	5.94	11.92
\$5,001 - \$10,000	86.96	92.65	88.47	89.43	92.57	100.00*	72.59	84.16*
	0.89	1.36	1.20	2.01	2.03	0.00	3.14	5.63
\$10,001 - \$15,000	89.66	92.28	91.39	92.48	92.77	94.44*	79.70	87.10
	0.79	1.58	1.55	1.09	1.48	3.82	2.38	5.13
\$15,001 - \$20,000	91.99	91.61	88.70	94.78	95.22	100.00*	83.45	97.75*
	0.82	2.32	2.82	1.00	1.26	0.00	2.32	2.34
\$20,001 - \$25,000	91.95	92.94	100.00*	94.33	94.02	96.87	81.85	84.15*
	0.75	1.61	0.00	1.21	1.22	1.86	3.06	8.87
\$25,001 - \$30,000	92.63	91.25	92.09*	95.22	93.07	97.61	85.60	91.71*
	0.90	2.19	5.20	1.28	1.46	1.70	2.75	8.57
\$30,001 - \$35,000	92.54	93.52	100.00*	91.00	92.71	100.00	87.92	100.00*
	1.27	2.53	0.00	2.16	1.90	0.00	4.13	0.00
\$35,001 - \$40,000	90.02	83.59	84.45*	92.32	91.78	97.56	81.39	100.00*
	1.31	3.96	14.25	1.79	1.78	2.00	5.10	0.00
More than \$40,000	92.94	90.75	93.76*	93.36	93.72	96.99	86.16	100.00*
	0.70	2.11	7.01	1.18	0.96	1.25	2.78	0.00

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Community Residents¹

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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	90.55	91.28	89.12	93.16	93.48	97.49	79.95	88.71
	0.38	0.76	0.82	0.50	0.42	0.74	1.19	2.19
Health Status								
Excellent	84.02	84.19	80.53	89.40	84.26	95.42	72.17	59.52*
	1.00	2.08	2.96	1.51	1.77	1.77	3.06	11.28
Very Good	89.09	89.63	81.33	92.37	92.84	96.86	74.01	90.27*
	0.71	1.57	3.03	0.91	0.78	1.49	2.70	4.44
Good	92.64	93.97	90.54	94.20	96.19	99.08	81.41	89.73
	0.43	1.27	1.37	0.77	0.56	0.66	1.54	4.35
Fair	93.20	94.27	92.27	96.64	96.71	100.00	84.32	95.58*
	0.51	1.26	1.08	0.82	0.59	0.00	1.69	4.36
Poor	92.99	93.99	90.13	95.22	97.69	96.51*	89.94	94.00*
	0.89	2.77	1.62	1.75	0.77	3.70	2.38	5.15
Functional Limitation								
None	88.29	89.31	85.24	91.41	91.18	97.69	74.32	90.23
	0.52	1.07	1.63	0.72	0.69	0.79	1.59	3.50
IADL only	92.62	95.70	89.44	95.38	96.30	98.23	84.73	81.94*
	0.73	1.42	1.68	0.95	0.76	1.26	2.25	6.53
One to two ADLs	94.42	94.58	93.21	96.84	96.80	96.41	88.13	90.79*
	0.48	1.33	1.17	0.66	0.68	2.25	1.60	4.17
Three to six ADLs	91.42	90.14	89.75	92.71	97.44	95.67*	85.20	86.31*
	0.78	2.16	1.69	1.62	0.79	4.42	2.57	9.40

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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	90.55	91.28	89.12	93.16	93.48	97.49	79.95	88.71
	0.38	0.76	0.82	0.50	0.42	0.74	1.19	2.19
Metropolitan Area Resident								
Yes	90.77	91.17	88.49	93.67	93.73	97.20	80.17	87.20
	0.33	0.78	0.93	0.54	0.48	0.86	1.20	2.93
No	89.84	97.55*	90.76	91.97	92.67	98.85	79.43	92.52*
	1.22	2.12	1.65	1.08	0.95	1.14	2.94	2.23

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."