

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

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	38.63	30.65	37.64	41.76	40.85	45.68	34.91	42.70
	0.55	1.42	1.26	0.89	0.93	2.21	1.33	4.13
Medicare Status³								
Aged								
65 - 74 years	37.85	33.15	37.22	40.55	39.02	41.70	33.21	49.92*
	0.84	2.25	2.35	1.61	1.24	3.09	2.08	8.34
75 - 84 years	40.67	28.57	38.24	46.87	41.92	48.92	36.86	36.50*
	0.84	1.71	2.19	1.30	1.50	2.79	2.39	6.32
85 years and older	31.47	24.19	25.19	32.37	35.45	50.19*	29.55	36.67*
	0.99	2.45	3.03	1.65	1.97	6.40	3.24	9.74
Disabled								
Under 45 years	32.42	22.84*	32.43	33.73*	35.84*	62.15*	30.72	33.78*
	1.43	7.10	1.57	7.75	5.65	24.43	3.98	17.75
45 - 64 years	44.37	35.98*	44.88	43.06*	52.45	68.06*	38.77	42.78*
	1.45	5.94	2.70	8.55	3.31	19.36	2.79	15.51
Gender								
Male	36.58	28.49	33.83	42.50	36.79	40.82	35.80	37.46*
	0.69	1.90	1.76	1.24	1.28	3.70	1.38	5.79
Female	40.28	32.15	40.07	41.25	44.46	49.55	33.74	46.12*
	0.71	1.71	1.52	1.23	1.17	2.63	2.12	5.72
Living Arrangement								
Lives alone	37.51	29.04	37.96	39.79	40.71	51.47	31.39	39.03*
	0.84	2.05	1.96	1.65	1.63	3.61	2.17	6.65
With spouse	40.25	32.74	36.56	42.78	41.48	42.59	40.16	40.70*
	0.68	1.89	2.15	1.27	1.08	3.04	2.00	7.25
With children	35.38	27.09	37.69	40.27	38.93	54.14*	25.30	55.40*
	1.25	3.52	2.53	2.85	2.90	10.90	3.33	9.12
With others	36.31	28.03*	38.15	45.28	33.67	54.70*	32.65	40.46*
	1.46	4.67	2.60	4.28	3.92	14.63	3.07	10.99

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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 Outpatient Hospital Stay								
All Beneficiaries	38.63	30.65	37.64	41.76	40.85	45.68	34.91	42.70
	0.55	1.42	1.26	0.89	0.93	2.21	1.33	4.13
Race/Ethnicity								
White non-Hispanic	40.05	32.81	38.27	42.75	41.76	45.75	36.17	41.28*
	0.63	1.67	1.70	0.90	0.99	2.38	1.56	5.39
Black non-Hispanic	35.13	24.02*	36.95	35.56*	35.06	45.86*	37.94	45.58*
	1.65	3.83	2.84	5.68	2.84	12.83	3.22	13.03
Hispanic	32.48	27.85	38.41	24.39*	35.66	57.99*	24.35*	37.64*
	1.83	3.56	3.16	4.57	3.76	13.37	3.53	17.33
Other	32.49	20.47*	34.55	37.47*	36.00	34.65*	25.21*	52.49*
	2.01	4.63	3.40	5.99	4.98	11.90	4.59	12.46
Income								
\$5,000 or less	35.24	29.26*	34.85	43.57*	32.48*	11.26*	38.50*	10.29*
	2.40	6.91	3.16	4.94	6.85	13.16	5.97	11.71
\$5,001 - \$10,000	35.26	29.13	37.12	37.81	35.90	69.39*	28.32	48.91*
	1.31	3.33	1.59	3.13	4.50	19.14	2.55	8.11
\$10,001 - \$15,000	37.51	27.71	39.59	42.89	42.10	40.17*	31.63	40.94*
	1.06	2.36	2.50	2.23	2.48	11.13	2.41	9.02
\$15,001 - \$20,000	36.80	30.43	35.22	43.76	40.05	36.04*	29.00	34.00*
	1.41	2.76	4.68	3.01	3.20	7.65	2.82	9.53
\$20,001 - \$25,000	40.18	32.32	58.78*	42.85	38.80	44.94*	42.32	38.71*
	1.55	3.75	7.16	2.82	2.11	5.98	4.00	10.88
\$25,001 - \$30,000	40.63	30.67	16.31*	36.63	46.87	51.09*	39.78	44.41*
	1.60	3.60	7.35	2.77	2.43	6.66	3.92	25.59
\$30,001 - \$35,000	39.41	33.69*	73.88*	39.51	37.67	64.24*	36.28	75.07*
	1.92	5.03	12.70	3.02	2.96	6.73	5.22	20.37
\$35,001 - \$40,000	41.34	22.01*	55.86*	42.23	44.34	47.98*	41.99*	79.08*
	1.83	4.14	23.26	3.50	2.88	7.29	5.97	22.32
More than \$40,000	40.85	37.06	30.70*	43.10	40.22	42.77	40.70	.
	0.99	3.52	11.66	1.99	1.45	3.41	3.93	.

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

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	38.63	30.65	37.64	41.76	40.85	45.68	34.91	42.70
	0.55	1.42	1.26	0.89	0.93	2.21	1.33	4.13
Health Status								
Excellent	29.86	25.81	23.19*	31.90	32.01	36.89	24.53	35.13*
	1.01	2.36	3.79	2.02	2.19	4.80	2.34	12.23
Very Good	35.02	28.17	29.07	38.13	37.32	40.96	31.02	38.58*
	0.91	2.07	2.60	1.64	1.58	3.17	2.07	10.17
Good	40.50	33.07	34.64	46.78	41.53	53.03	36.17	48.01*
	0.76	2.17	1.93	1.58	1.73	3.40	2.45	8.11
Fair	43.51	34.16	41.49	51.82	48.39	55.62*	37.01	40.10*
	1.19	3.84	2.09	2.61	1.82	8.08	2.72	9.75
Poor	47.77	32.06*	46.88	42.17	55.00	51.54*	49.32	44.46*
	1.75	6.61	2.42	4.58	3.26	11.90	3.23	11.36
Functional Limitation								
None	34.17	27.37	30.22	37.98	36.22	39.14	30.44	34.58*
	0.74	1.50	2.04	1.10	1.21	2.31	1.69	6.39
IADL only	43.93	31.62	39.64	49.35	48.02	52.87	39.80	51.08*
	1.10	3.98	2.56	1.97	2.24	5.31	3.45	12.77
One to two ADLs	43.76	38.73	40.86	46.04	47.67	60.46	38.01	41.37*
	1.03	3.47	2.20	1.93	1.99	4.28	2.53	7.44
Three to six ADLs	43.87	34.16	43.32	46.26	45.70	53.53*	43.93	59.70*
	1.41	3.96	2.62	2.91	3.26	12.49	3.97	15.70

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

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		
Percent of Beneficiaries With at Least One Outpatient Hospital Stay							
All Beneficiaries	38.63	30.65	37.64	41.76	40.85	45.68	42.70
	<i>0.55</i>	<i>1.42</i>	<i>1.26</i>	<i>0.89</i>	<i>0.93</i>	<i>2.21</i>	<i>4.13</i>
Metropolitan Area Resident							
Yes	36.29	30.75	35.67	38.88	37.83	42.95	42.51*
	<i>0.65</i>	<i>1.45</i>	<i>1.55</i>	<i>1.08</i>	<i>1.14</i>	<i>2.48</i>	<i>4.88</i>
No	46.06	26.48*	42.87	48.48	49.95	58.48	43.15*
	<i>1.08</i>	<i>3.57</i>	<i>2.21</i>	<i>1.68</i>	<i>1.42</i>	<i>4.06</i>	<i>8.37</i>

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, 2005

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	90.47	90.70	88.62	92.83	93.35	95.52	81.02	92.27
	0.34	0.90	0.85	0.62	0.51	1.15	1.02	1.58
Medicare Status³								
Aged								
65 - 74 years	89.05	88.65	88.54	90.67	90.82	96.50	80.05	88.84*
	0.57	1.67	1.91	1.06	0.90	1.43	1.75	3.85
75 - 84 years	93.37	92.41	90.91	94.63	96.07	95.97	85.39	90.89
	0.36	0.95	1.35	0.64	0.52	1.25	1.46	3.38
85 years and older	91.61	91.70	87.15	94.38	94.15	97.29	79.95	100.00*
	0.60	1.53	2.36	0.97	1.08	1.94	2.95	0.00
Disabled								
Under 45 years	82.31	85.32*	84.20	91.86*	89.81	100.00*	67.97	100.00*
	1.17	4.51	1.31	2.97	3.17	0.00	4.29	0.00
45 - 64 years	89.81	94.41	90.08	96.03*	97.16	55.01*	81.57	98.16*
	1.06	2.01	1.43	2.52	1.07	24.37	2.77	1.86
Gender								
Male	88.17	88.46	83.63	92.74	92.52	95.09	77.01	91.86
	0.48	1.38	1.38	0.94	0.73	1.87	1.38	3.24
Female	92.33	92.26	91.81	92.88	94.08	95.87	86.25	92.53
	0.40	1.01	0.80	0.75	0.64	1.47	1.38	2.37
Living Arrangement								
Lives alone	89.31	90.52	86.87	92.24	93.62	96.39	77.21	89.21*
	0.58	1.36	1.40	0.82	0.92	1.33	2.03	4.96
With spouse	91.59	90.69	87.08	92.92	93.48	95.22	85.04	94.01
	0.38	1.23	1.97	0.82	0.68	1.63	1.30	2.12
With children	90.84	89.09	93.24	94.02	91.78	93.38*	83.61	91.93*
	0.82	2.31	1.13	1.51	1.96	4.91	2.76	6.18
With others	87.03	94.54	89.13	93.72	91.77	100.00*	72.82	94.34*
	1.04	1.89	1.22	1.79	2.87	0.00	3.48	4.09

Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

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	90.47	90.70	88.62	92.83	93.35	95.52	81.02	92.27
	0.34	0.90	0.85	0.62	0.51	1.15	1.02	1.58
Race/Ethnicity								
White non-Hispanic	91.02	91.87	88.73	92.96	93.36	95.04	81.01	94.57
	0.37	1.07	1.08	0.63	0.56	1.27	1.16	1.52
Black non-Hispanic	88.94	86.03	87.95	91.68	93.13	100.00*	85.79	93.04*
	0.89	2.89	1.69	3.40	1.90	0.00	2.11	5.09
Hispanic	88.18	91.27	88.01	92.84	92.90	100.00*	74.05	87.99*
	1.48	1.36	2.75	2.84	1.92	0.00	4.31	8.99
Other	88.43	80.99	92.11	89.07	93.54	100.00*	78.32	81.03*
	1.48	6.06	2.09	4.09	1.88	0.00	5.29	12.03
Income								
\$5,000 or less	85.52	87.23	83.83	94.06	93.95	100.00*	76.12	73.11*
	1.80	6.12	2.72	3.15	2.83	0.00	4.82	18.45
\$5,001 - \$10,000	87.07	89.84	89.10	91.73	92.34	100.00*	71.41	91.37*
	0.83	2.07	0.98	1.49	2.34	0.00	3.18	5.11
\$10,001 - \$15,000	89.57	90.46	88.83	93.94	94.34	95.38*	79.01	93.09*
	0.85	1.82	1.95	1.07	1.20	4.66	2.39	3.96
\$15,001 - \$20,000	90.49	91.91	89.72	90.83	95.41	94.88*	82.40	85.31*
	0.73	1.72	2.10	1.45	1.04	3.59	2.35	4.05
\$20,001 - \$25,000	92.96	94.04	96.03*	95.07	94.10	93.45	83.48	100.00*
	0.70	1.65	2.41	1.10	1.20	2.96	2.75	0.00
\$25,001 - \$30,000	91.93	90.08	88.48*	91.95	95.21	98.11	83.02	91.06*
	0.93	2.30	8.69	1.99	1.21	1.89	3.20	7.62
\$30,001 - \$35,000	89.87	92.39	100.00*	89.18	91.83	91.71	81.97	100.00*
	1.05	2.07	0.00	2.34	1.56	7.69	3.50	0.00
\$35,001 - \$40,000	93.04	91.54	100.00*	92.13	94.05	96.77	89.37	100.00*
	1.13	2.91	0.00	2.33	1.52	3.29	4.03	0.00
More than \$40,000	92.07	87.98	77.23*	93.99	91.71	95.78	89.53	100.00*
	0.75	2.99	13.22	1.33	1.10	1.61	2.13	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	90.47	90.70	88.62	92.83	93.35	95.52	81.02	92.27
	0.34	0.90	0.85	0.62	0.51	1.15	1.02	1.58
Health Status								
Excellent	82.79	83.34	74.85	85.61	85.98	89.84	69.43	95.25*
	1.10	3.16	3.39	1.94	2.09	3.59	2.65	4.69
Very Good	90.17	90.87	81.99	92.32	93.18	95.21	79.99	92.11*
	0.52	1.41	2.57	1.13	0.85	1.94	1.77	4.79
Good	92.79	92.62	90.24	94.99	95.31	98.86	83.64	93.76*
	0.47	1.50	1.09	0.60	0.74	0.66	2.07	3.70
Fair	91.84	93.07	90.41	97.15	95.60	100.00	82.09	85.91*
	0.63	1.98	1.42	0.76	1.07	0.00	2.12	7.31
Poor	94.25	95.54	93.19	97.46	96.82	93.65*	89.94	95.57*
	0.79	2.36	1.68	0.76	1.08	6.49	2.22	3.26
Functional Limitation								
None	88.27	88.37	83.44	90.81	91.39	95.38	76.87	93.07
	0.51	1.26	1.58	0.94	0.74	1.36	1.62	2.07
IADL only	92.86	96.11	87.53	96.09	96.29	94.16	87.07	89.09*
	0.58	1.29	1.45	1.02	0.92	2.38	2.06	8.04
One to two ADLs	93.25	93.30	93.31	95.49	96.10	96.13	84.93	90.83*
	0.52	1.54	1.15	0.87	0.69	3.69	2.04	4.33
Three to six ADLs	93.00	93.71	91.87	95.66	95.74	100.00*	85.96	97.53*
	0.93	2.20	1.54	1.23	1.41	0.00	2.99	2.55

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			Medicaid	Individually Purchased Private Insurance	Employer Sponsored Private Insurance		
Percent of Beneficiaries With at Least One Physician Service							
All Beneficiaries	90.47	90.70	88.62	92.83	93.35	95.52	92.27
	<i>0.34</i>	<i>0.90</i>	<i>0.85</i>	<i>0.62</i>	<i>0.51</i>	<i>1.15</i>	<i>1.58</i>
Metropolitan Area Resident							
Yes	90.82	90.74	88.49	93.28	93.54	96.26	92.94
	<i>0.36</i>	<i>0.89</i>	<i>1.00</i>	<i>0.70</i>	<i>0.61</i>	<i>1.08</i>	<i>1.63</i>
No	89.39	88.99*	88.97	91.76	92.76	92.03	90.64*
	<i>0.80</i>	<i>4.65</i>	<i>1.70</i>	<i>1.27</i>	<i>0.92</i>	<i>4.19</i>	<i>3.83</i>

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.
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