

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2007

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	40.54	36.00	40.70	44.58	41.86	47.73	37.12	34.67*
	0.68	1.32	1.31	1.02	1.12	1.87	1.48	4.66
Medicare Status ³								
Aged								
65 - 74 years	39.86	37.24	40.82	46.12	40.74	44.00	30.88	37.44*
	0.88	1.67	2.49	1.77	1.51	2.70	2.26	9.28
75 - 84 years	42.69	36.07	41.26	46.24	43.84	53.08	41.40	39.18*
	0.88	1.76	2.61	1.43	1.60	3.04	1.93	7.42
85 years and older	33.40	29.66	26.59	34.93	36.82	45.89*	32.73	8.57*
	1.32	2.70	3.08	2.38	2.11	5.77	2.70	7.38
Disabled								
Under 45 years	36.35	32.27*	35.72	33.58*	46.61*	44.86*	34.80	44.29*
	1.41	5.17	1.88	10.79	5.37	23.55	3.56	17.12
45 - 64 years	45.37	36.49	47.56	49.39*	46.33	54.11*	46.72	44.45*
	1.80	3.78	2.68	7.71	4.26	15.66	3.76	20.65
Gender								
Male	39.60	35.86	39.40	44.26	38.10	46.43	40.34	43.11*
	0.90	1.77	2.05	1.46	1.29	2.89	2.21	8.09
Female	41.33	36.12	41.54	44.79	45.35	48.73	33.83	32.32*
	0.81	1.59	1.54	1.52	1.48	2.63	1.73	4.99
Living Arrangement								
Lives alone	39.21	34.48	42.30	40.72	40.45	47.01	35.77	28.06*
	1.00	2.35	2.01	1.82	2.00	3.73	2.40	5.88
With spouse	41.92	37.59	39.21	47.23	42.37	48.16	38.41	46.77*
	0.79	1.57	2.81	1.40	1.31	2.29	1.98	9.29
With children	37.21	31.93	40.13	36.72	38.01	43.32*	37.10	45.59*
	1.52	3.30	2.75	3.43	3.30	9.99	3.61	10.83
With others	40.80	34.69	39.78	54.05	47.33	54.00*	35.34	22.66*
	1.46	3.33	2.43	4.58	3.89	16.35	4.07	14.34

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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	40.54	36.00	40.70	44.58	41.86	47.73	37.12	34.67*
	0.68	1.32	1.31	1.02	1.12	1.87	1.48	4.66
Race/Ethnicity								
White non-Hispanic	41.38	36.31	41.08	44.72	42.69	47.76	38.08	31.02*
	0.76	1.55	1.61	1.12	1.21	1.78	1.53	5.68
Black non-Hispanic	37.79	32.34	42.37	33.27*	42.72	35.41*	34.19	43.02*
	1.74	2.97	2.26	5.81	3.55	15.07	3.99	11.83
Hispanic	36.22	37.16	38.85	38.43*	30.97	67.96*	31.55	49.28*
	1.96	2.53	3.44	5.77	4.33	16.25	4.82	18.47
Other	39.48	35.72*	38.84	58.00*	32.82*	51.99*	38.75*	37.51*
	2.21	4.74	4.35	6.09	4.37	16.33	6.74	16.78
Income ⁴								
Less than \$5,000	36.17	43.27*	37.56	49.26*	30.98*	51.83*	21.67*	22.75*
	2.33	4.41	3.39	5.55	7.65	20.70	5.32	22.63
\$5,000 - \$9,999	37.27	29.66	40.92	35.48	45.78*	42.51*	31.99	34.12*
	1.42	2.81	1.89	4.33	6.24	17.12	3.25	11.31
\$10,000 - \$14,999	36.48	28.80	40.13	39.02	40.19	52.17*	35.28	31.33*
	1.30	2.58	2.82	2.16	3.43	11.80	2.39	7.75
\$15,000 - \$19,999	42.55	35.89	45.45	40.99	48.86	55.48*	42.84	41.40*
	1.63	3.34	5.16	3.34	3.26	7.54	3.87	10.80
\$20,000 - \$24,999	39.90	34.11	48.78*	46.12	37.41	55.02*	39.51	35.52*
	1.51	3.28	6.08	2.95	2.33	8.59	3.75	12.23
\$25,000 - \$29,999	41.09	39.16	27.78*	47.11	41.87	43.48*	34.70	9.45*
	1.53	3.53	7.35	2.98	2.79	8.37	4.01	11.91
\$30,000 - \$39,999	42.45	39.92	42.57*	43.33	42.83	49.69	40.77	29.95*
	1.64	3.19	10.72	2.48	2.35	3.91	4.22	17.20
\$40,000 - \$49,999	43.36	42.91	15.86*	50.79	39.35	49.45*	40.39	100.00*
	1.68	4.37	14.45	2.77	2.57	5.37	4.64	0.00
\$50,000 or more	43.19	40.46	67.69*	47.86	42.65	44.58	37.26	69.24*
	1.40	2.38	16.80	2.60	2.20	3.41	4.05	24.94

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2007

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	40.54	36.00	40.70	44.58	41.86	47.73	37.12	34.67*
	0.68	1.32	1.31	1.02	1.12	1.87	1.48	4.66
Health Status								
Excellent	30.95	27.88	22.25*	36.95	31.68	31.40*	27.41	32.26*
	1.26	2.68	3.26	2.54	2.04	4.33	2.86	12.70
Very Good	36.31	34.61	29.08	41.07	37.04	45.36	29.57	22.79*
	1.05	2.17	2.82	1.92	1.63	3.45	2.45	10.53
Good	43.42	36.28	40.86	48.30	46.69	55.35	40.03	39.21*
	0.91	2.06	2.19	1.91	1.71	3.66	2.60	6.50
Fair	44.69	40.39	42.24	51.30	49.49	51.32*	40.53	42.57*
	1.22	2.39	2.17	2.77	2.47	6.92	2.66	9.56
Poor	49.58	43.15	53.01	48.46	48.01	74.15*	50.89	50.50*
	1.84	4.49	3.49	4.16	3.94	10.53	4.03	18.59
Functional Limitation								
None	37.21	32.71	35.54	43.08	38.16	44.77	30.74	38.55*
	0.77	1.56	2.25	1.47	1.20	2.35	1.90	6.62
IADL only	41.90	37.66	39.95	47.77	43.76	51.23	38.85	38.38*
	1.27	3.01	2.37	2.51	2.28	6.11	2.67	13.73
One to two ADLs	45.42	43.01	42.85	44.76	48.44	53.51	46.53	28.56*
	1.18	2.45	2.31	2.72	2.37	4.79	3.14	8.68
Three to six ADLs	46.41	38.45	46.52	49.84	51.70	54.92*	44.31	30.35*
	1.60	3.91	2.59	3.41	3.08	7.93	4.17	21.85

Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2007

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
			Medicaid	Private Insurance	Private Insurance			Private Insurance
Percent of Beneficiaries With at Least One Outpatient Hospital Stay								
All Beneficiaries	40.54	36.00	40.70	44.58	41.86	47.73	37.12	34.67*
	0.68	1.32	1.31	1.02	1.12	1.87	1.48	4.66
Metropolitan Area Resident								
Yes	38.78	34.95	40.08	41.51	40.11	46.69	35.71	33.71*
	0.84	1.37	1.65	1.32	1.37	2.03	1.81	5.37
No	46.12	44.85	42.15	51.06	47.60	52.34	40.65	38.13*
	0.99	4.20	1.73	1.54	1.61	4.44	2.53	10.60

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, 2007

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	90.87	93.02	87.50	93.61	93.32	95.29	82.28	90.69
	0.37	0.59	0.98	0.45	0.59	1.32	0.97	2.26
Medicare Status ³								
Aged								
65 - 74 years	89.74	92.54	87.69	92.42	91.31	92.63	78.67	90.24*
	0.58	0.94	1.69	0.79	1.10	2.26	1.63	3.54
75 - 84 years	93.61	92.98	91.61	95.86	95.52	98.26	86.21	90.61*
	0.39	0.80	1.29	0.61	0.48	0.76	1.36	4.12
85 years and older	92.81	94.02	85.95	93.70	95.83	99.09	88.42	86.04*
	0.58	1.29	2.33	1.05	0.78	0.90	1.77	8.43
Disabled								
Under 45 years	81.39	83.16	81.69	80.81*	91.21	100.00*	72.64	100.00*
	1.37	4.02	1.72	12.34	2.39	0.00	3.63	0.00
45 - 64 years	89.78	96.32	88.37	87.75*	94.41	89.89*	83.92	100.00*
	1.05	1.29	1.96	4.79	1.72	10.11	2.44	0.00
Gender								
Male	89.58	92.52	82.26	92.73	92.79	96.85	80.93	89.94*
	0.51	0.70	1.73	0.76	0.78	0.99	1.22	4.38
Female	91.96	93.48	90.89	94.20	93.81	94.09	83.65	91.98
	0.42	0.91	0.96	0.57	0.81	1.91	1.48	2.56
Living Arrangement								
Lives alone	89.91	92.18	87.01	91.97	93.95	95.56	81.03	89.63
	0.65	1.34	1.47	1.05	1.11	2.24	1.77	4.39
With spouse	92.37	93.79	91.55	94.43	92.95	95.20	85.03	93.30*
	0.43	0.73	1.48	0.55	0.87	1.74	1.58	4.34
With children	89.82	92.87	88.50	94.02	95.02	97.01*	78.78	95.89*
	0.96	1.70	1.76	1.63	1.86	3.08	3.10	4.21
With others	86.51	90.28	83.97	94.94	92.75	90.83*	77.33	89.46*
	1.26	1.96	2.11	2.74	2.38	8.89	2.75	11.15

Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2007

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	90.87	93.02	87.50	93.61	93.32	95.29	82.28	90.69
	0.37	0.59	0.98	0.45	0.59	1.32	0.97	2.26
Race/Ethnicity								
White non-Hispanic	91.49	93.21	88.68	93.66	93.32	95.57	82.88	89.08
	0.41	0.68	1.29	0.48	0.67	1.49	1.13	2.68
Black non-Hispanic	87.23	91.32	82.81	90.91	92.27	93.24*	81.46	94.37*
	0.97	1.78	1.64	3.29	2.30	6.55	2.45	5.90
Hispanic	90.66	95.31	88.32	91.92	93.20	100.00*	81.33	100.00*
	0.97	1.14	2.04	3.43	2.01	0.00	3.03	0.00
Other	89.51	90.82	88.29	96.90	94.78	90.64*	79.14	95.53*
	1.61	3.71	3.06	2.11	2.68	9.39	4.05	5.18
Income ⁴								
Less than \$5,000	82.52	91.35	80.69	87.24	92.49	82.67*	67.22	100.00*
	2.29	3.23	3.11	4.27	3.75	17.11	6.51	0.00
\$5,000 - \$9,999	87.34	91.39	87.64	87.90	91.89	93.94*	77.17	95.75*
	0.87	1.61	1.05	3.14	2.91	6.37	3.09	4.39
\$10,000 - \$14,999	88.73	91.59	88.96	94.05	92.76	93.57*	78.26	84.27*
	0.84	1.60	1.75	1.29	2.07	6.22	2.30	5.97
\$15,000 - \$19,999	91.21	94.27	91.29	92.24	92.90	100.00*	82.39	100.00*
	0.84	1.43	2.83	1.63	1.66	0.00	3.21	0.00
\$20,000 - \$24,999	90.88	92.62	93.48	95.42	92.84	89.43*	80.57	95.52*
	1.06	1.45	2.05	1.18	1.50	8.40	3.09	4.63
\$25,000 - \$29,999	91.87	92.66	78.63*	93.54	95.01	87.66	85.34	71.24*
	1.04	1.68	7.30	1.81	1.33	6.66	2.63	25.79
\$30,000 - \$39,999	92.97	93.72	89.62*	93.17	94.39	97.21	86.70	90.91*
	0.69	1.33	7.49	1.11	0.98	1.60	2.61	13.10
\$40,000 - \$49,999	92.99	92.94	91.76*	93.89	92.69	99.01	89.78	100.00*
	0.87	2.46	10.78	1.43	1.60	1.00	2.65	0.00
\$50,000 or more	93.51	95.36	69.74*	95.47	92.70	95.78	88.27	83.60*
	0.75	1.12	16.47	1.06	1.41	1.85	2.69	18.92

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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	90.87	93.02	87.50	93.61	93.32	95.29	82.28	90.69
	0.37	0.59	0.98	0.45	0.59	1.32	0.97	2.26
Health Status								
Excellent	85.07	89.12	76.97	87.76	86.53	93.63	72.56	87.18*
	1.08	1.87	4.22	1.85	1.76	3.26	2.85	8.72
Very Good	90.51	91.78	81.90	93.95	92.30	95.38	80.86	91.08*
	0.53	0.96	2.50	0.70	1.17	1.25	2.06	3.94
Good	92.18	93.45	87.96	94.87	94.96	94.14	85.47	92.16*
	0.52	1.04	1.43	0.85	0.84	2.74	1.55	4.87
Fair	92.84	96.85	89.23	95.92	97.43	100.00	84.30	95.27*
	0.55	0.58	1.47	1.05	0.76	0.00	1.75	5.33
Poor	93.01	93.34	92.24	96.03	97.73	100.00*	85.40	78.61*
	0.98	1.79	1.91	1.68	0.92	0.00	3.31	15.40
Functional Limitation								
None	88.79	91.34	82.00	92.50	90.99	93.96	76.50	90.37
	0.54	0.93	1.85	0.57	0.88	1.94	1.55	2.44
IADL only	92.22	95.06	87.72	93.64	96.04	94.09	86.54	100.00*
	0.72	1.15	1.62	1.42	0.78	2.82	2.50	0.00
One to two ADLs	94.53	96.17	91.77	96.16	96.89	100.00	89.45	93.10*
	0.46	0.79	1.50	0.74	0.74	0.00	1.22	5.57
Three to six ADLs	92.37	92.65	90.17	95.68	97.66	100.00*	86.70	71.15*
	0.75	1.87	1.48	1.34	0.84	0.00	2.23	20.76

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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	90.87	93.02	87.50	93.61	93.32	95.29	82.28	90.69
	0.37	0.59	0.98	0.45	0.59	1.32	0.97	2.26
Metropolitan Area Resident								
Yes	91.57	93.18	86.40	94.84	94.38	95.38	83.23	91.24
	0.32	0.63	1.14	0.45	0.56	1.42	0.95	2.60
No	88.67	91.64	90.07	91.00	89.83	94.86	79.88	88.70*
	1.13	1.78	1.90	1.02	1.84	3.44	2.40	5.22

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."
- 4 Income estimates are derived from imputed income data. Standard errors of income estimates may be underestimated as they have not been adjusted to reflect the imputation of missing data.