

**Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008**

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	39.55	35.66	39.19	43.64	42.15	44.30	34.97	33.22*
	0.71	1.31	1.33	1.25	0.98	2.27	1.44	5.53
Medicare Status <sup>3</sup>								
Aged								
65 - 74 years	38.57	34.21	36.45	42.48	42.31	37.99	34.17	30.25*
	0.96	1.56	2.69	1.73	1.50	2.91	2.38	9.33
75 - 84 years	41.30	37.65	36.59	47.80	41.38	57.05	35.65	30.24*
	1.02	1.72	2.06	1.92	1.36	3.45	2.43	7.65
85 years and older	33.60	35.43	28.03	34.74	36.17	35.59*	28.38	30.40*
	1.27	2.56	3.16	2.03	2.12	6.79	2.84	8.29
Disabled								
Under 45 years	34.81	26.23*	34.74	37.67*	46.79*	23.05*	30.40	92.15*
	1.80	4.34	2.62	13.56	5.69	25.49	3.84	8.80
45 - 64 years	45.84	38.36	49.39	57.83*	50.60	59.39*	40.40	35.78*
	1.96	4.58	3.15	7.87	4.54	18.29	3.14	19.84
Gender								
Male	38.19	34.58	36.71	41.93	39.54	47.46	36.59	25.41*
	0.91	1.46	2.40	1.88	1.39	3.41	2.02	8.49
Female	40.67	36.62	40.74	44.85	44.61	42.10	33.35	37.04*
	0.84	1.76	1.60	1.47	1.38	3.19	1.92	6.09
Living Arrangement								
Lives alone	38.63	33.81	39.82	43.01	43.05	43.24	31.56	31.10*
	0.97	2.05	1.87	1.62	1.69	4.12	2.11	6.64
With spouse	40.76	36.89	39.20	44.43	41.97	45.70	38.31	35.66*
	0.86	1.67	3.13	1.74	1.13	3.08	2.00	9.66
With children	38.88	34.93	39.14	43.20	39.36	37.76*	38.71	42.59*
	1.39	3.37	2.76	3.12	3.70	8.95	4.07	18.75
With others	36.27	33.73	38.19	40.16	44.50	41.81*	28.57	25.98*
	1.59	3.63	2.70	4.20	4.35	15.80	4.47	12.77

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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	39.55	35.66	39.19	43.64	42.15	44.30	34.97	33.22*
	0.71	1.31	1.33	1.25	0.98	2.27	1.44	5.53
Race/Ethnicity								
White non-Hispanic	40.86	37.36	41.14	44.49	42.93	45.47	34.73	31.20*
	0.80	1.56	1.69	1.31	1.07	2.48	1.60	7.12
Black non-Hispanic	33.95	27.59	35.25	29.25*	40.97	36.76*	33.95	44.30*
	1.74	2.82	2.93	5.83	4.24	11.59	3.98	10.57
Hispanic	36.97	35.01	41.30	31.07*	38.44	34.47*	36.21*	33.99*
	1.78	3.18	3.55	5.53	5.89	17.81	4.54	16.38
Other	34.61	32.92*	35.08	39.94*	29.51*	30.46*	39.02*	25.69*
	2.59	5.02	3.77	7.98	4.51	12.90	6.53	18.16
Income <sup>4</sup>								
Less than \$5,000	33.74	36.18*	37.64	23.67*	35.16*	38.05*	27.96*	.
	3.67	7.17	4.45	6.33	6.62	30.88	8.02	.
\$5,000 - \$9,999	34.71	30.81	37.11	39.43	35.32*	37.56*	26.80	32.78*
	1.24	2.67	1.74	3.69	7.06	25.43	3.53	11.41
\$10,000 - \$14,999	39.11	33.86	45.72	40.91	40.93	48.39*	32.81	41.61*
	1.28	2.97	2.52	2.31	3.28	15.37	2.45	9.63
\$15,000 - \$19,999	38.94	32.99	36.50	44.68	41.38	40.67*	39.52	38.54*
	1.58	2.69	4.23	2.55	4.13	10.28	3.57	13.64
\$20,000 - \$24,999	41.63	36.01	26.64*	49.90	43.15	54.07*	41.18	24.61*
	1.64	3.01	6.52	3.29	3.02	8.34	3.64	11.44
\$25,000 - \$29,999	39.51	34.58	33.32*	47.02	42.61	40.61*	33.98	15.40*
	1.64	3.51	9.17	3.40	2.99	9.33	4.54	13.27
\$30,000 - \$39,999	41.65	40.93	34.70*	41.38	45.57	44.91*	32.97	19.93*
	1.62	3.14	13.65	2.87	2.36	5.70	3.14	15.79
\$40,000 - \$49,999	39.15	34.10	42.41*	44.79	40.79	41.04*	31.79	45.48*
	1.67	3.72	21.19	3.76	2.66	5.96	4.42	32.26
\$50,000 or more	41.78	39.53	30.85*	43.87	41.29	44.56	40.91	100.00*
	1.20	2.73	17.98	2.94	1.93	3.33	3.56	0.00

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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	39.55	35.66	39.19	43.64	42.15	44.30	34.97	33.22*
	0.71	1.31	1.33	1.25	0.98	2.27	1.44	5.53
Health Status								
Excellent	29.45	27.52	17.11*	36.20	31.16	26.45*	25.46	10.93*
	1.46	2.60	3.21	3.00	2.35	4.26	3.42	7.58
Very Good	37.14	34.89	32.35	39.80	40.27	42.44	31.57	19.08*
	1.04	1.92	3.91	2.07	1.59	3.78	2.27	9.11
Good	39.55	35.89	35.69	45.75	41.75	55.15	33.30	36.10*
	0.98	2.04	2.15	2.00	1.74	4.42	1.96	8.72
Fair	46.62	41.62	44.90	52.46	52.67	54.88*	41.29	46.97*
	1.09	2.41	2.06	2.54	2.45	8.44	3.18	10.45
Poor	49.18	39.40	47.65	53.20	56.75	54.78*	49.57	63.48*
	1.87	4.52	3.04	4.94	4.81	16.46	3.80	25.70
Functional Limitation								
None	35.17	31.65	31.61	40.55	37.94	40.37	28.57	26.24*
	0.86	1.42	2.13	1.61	1.35	3.14	1.73	7.36
IADL only	43.81	41.41	41.89	46.96	47.82	52.93*	36.40	54.33*
	1.29	3.20	2.93	3.04	2.60	7.09	3.44	12.58
One to two ADLs	44.56	40.73	40.99	48.55	47.78	54.50*	43.70	28.98*
	1.07	2.43	2.37	2.21	2.23	6.27	2.63	8.56
Three to six ADLs	46.79	43.56	45.89	49.80	49.44	41.80*	46.37	40.48*
	1.84	4.36	2.87	4.00	3.70	8.99	3.95	16.14

**Table 3.1 Outpatient Hospital User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008**

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
			Medicaid	Private Insurance	Private Insurance			Private Insurance
Percent of Beneficiaries With at Least One Outpatient Hospital Stay								
All Beneficiaries	39.55	35.66	39.19	43.64	42.15	44.30	34.97	33.22*
	0.71	1.31	1.33	1.25	0.98	2.27	1.44	5.53
Metropolitan Area Resident								
Yes	37.52	34.82	36.66	40.36	40.23	42.16	33.34	35.59*
	0.80	1.41	1.74	1.63	1.10	2.45	1.68	5.86
No	46.00	42.09	44.66	50.99	48.52	54.12	39.05	23.84*
	1.51	3.81	1.90	1.60	2.17	6.34	2.84	14.44

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.

**Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008**

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	91.94	93.01	89.29	94.44	94.61	96.74	84.09	90.30
	0.34	0.64	0.86	0.66	0.44	0.99	1.01	2.33
Medicare Status <sup>3</sup>								
Aged								
65 - 74 years	91.20	91.66	89.32	93.80	94.15	96.52	80.47	93.50*
	0.55	1.14	1.69	1.02	0.77	1.76	1.98	4.39
75 - 84 years	94.14	94.05	92.03	96.64	95.23	97.04	88.82	87.47*
	0.38	0.78	1.36	0.65	0.60	1.36	1.34	3.86
85 years and older	92.62	92.31	89.21	93.46	95.46	97.60	87.67	87.19*
	0.54	1.31	2.30	0.96	0.81	2.08	2.33	7.72
Disabled								
Under 45 years	84.73	88.60	84.30	90.57*	85.81	70.44*	82.65	86.61*
	1.25	3.13	1.67	7.09	4.84	28.83	2.71	15.17
45 - 64 years	91.26	97.35	90.48	86.83*	95.60	96.83*	84.71	100.00*
	1.01	1.01	1.52	7.29	1.48	3.49	2.27	0.00
Gender								
Male	90.63	92.99	85.42	93.85	93.98	99.40	80.65	86.89*
	0.50	0.83	1.48	0.99	0.73	0.42	1.39	5.11
Female	93.03	93.04	91.72	94.85	95.21	94.88	87.54	91.96
	0.41	0.84	0.94	0.83	0.58	1.65	1.45	2.26
Living Arrangement								
Lives alone	90.91	92.57	89.22	93.49	93.30	93.83	84.57	86.14*
	0.59	1.13	1.35	0.99	0.94	2.90	1.67	4.57
With spouse	93.66	93.84	88.02	95.04	95.31	98.52	87.33	96.85*
	0.39	0.77	2.17	0.95	0.53	0.72	1.62	3.26
With children	90.25	91.29	92.98	93.68	91.50	94.99*	80.99	88.51*
	0.92	1.67	1.33	2.15	2.50	4.49	3.35	9.10
With others	87.23	90.47	87.39	95.58	96.29	100.00*	73.35	89.45*
	1.08	1.96	1.46	2.10	1.52	0.00	3.19	10.01

**Table 3.2 Physician Services User Rates for Non-institutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008**

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	91.94	93.01	89.29	94.44	94.61	96.74	84.09	90.30
	0.34	0.64	0.86	0.66	0.44	0.99	1.01	2.33
Race/Ethnicity								
White non-Hispanic	92.74	92.91	90.20	94.40	95.04	97.15	85.92	88.68
	0.40	0.78	1.05	0.69	0.42	1.07	1.04	3.35
Black non-Hispanic	88.71	92.84	86.67	94.37	94.06	83.24*	80.85	92.21*
	1.03	1.51	2.39	3.52	1.66	4.48	2.99	3.62
Hispanic	88.81	94.47	90.13	96.51	84.36	100.00*	72.84	100.00*
	1.38	1.20	1.77	2.11	4.34	0.00	5.71	0.00
Other	91.14	89.93	89.34	93.86	98.73	100.00*	85.04	84.63*
	1.40	3.12	2.13	3.73	0.95	0.00	5.74	13.88
Income <sup>4</sup>								
Less than \$5,000	86.51	94.91	80.58	95.86	96.26	100.00*	79.28	100.00*
	1.84	2.63	3.39	3.10	2.67	0.00	7.27	0.00
\$5,000 - \$9,999	89.30	92.24	91.80	92.54	90.80	100.00*	69.87	94.30*
	0.87	1.76	0.91	2.56	3.66	0.00	4.24	5.54
\$10,000 - \$14,999	89.20	90.69	88.90	94.45	92.66	82.38*	81.12	93.56*
	0.80	1.62	1.41	1.51	2.84	12.52	2.22	3.54
\$15,000 - \$19,999	90.58	93.17	85.87	95.26	93.39	100.00*	82.22	77.78*
	0.96	1.31	3.77	1.55	1.82	0.00	2.66	9.28
\$20,000 - \$24,999	92.06	93.94	90.45	93.98	93.35	96.06*	85.46	91.28*
	0.97	1.64	4.02	1.63	1.84	2.89	2.64	7.04
\$25,000 - \$29,999	94.07	91.73	90.29*	93.28	96.42	97.73*	93.96	100.00*
	0.98	2.33	6.54	2.59	1.13	3.20	1.78	0.00
\$30,000 - \$39,999	94.15	96.77	89.29*	94.34	96.01	90.07	87.28	77.73*
	0.73	0.85	9.48	1.77	0.88	4.67	2.80	20.98
\$40,000 - \$49,999	92.36	92.00	91.26*	94.41	93.35	100.00	84.44	100.00*
	1.17	2.20	9.79	2.14	1.46	0.00	3.75	0.00
\$50,000 or more	94.33	92.71	100.00*	95.12	94.81	98.64	89.50	100.00*
	0.61	2.06	0.00	1.58	0.81	0.95	2.58	0.00

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Community Residents<sup>1</sup>

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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	91.94	93.01	89.29	94.44	94.61	96.74	84.09	90.30
	0.34	0.64	0.86	0.66	0.44	0.99	1.01	2.33
Health Status								
Excellent	86.52	84.68	75.95	91.14	92.18	92.34	72.45	90.82*
	1.04	2.40	4.65	1.96	1.44	4.65	3.47	5.92
Very Good	91.19	91.05	84.86	93.96	94.28	97.59	82.15	83.32*
	0.58	1.47	2.12	1.00	0.74	1.21	2.10	7.67
Good	92.91	95.68	87.03	94.78	94.93	97.50	87.08	91.06*
	0.55	0.73	1.71	1.15	0.84	1.51	1.74	5.08
Fair	94.95	96.80	93.82	96.94	96.28	98.99	90.10	92.66*
	0.49	0.72	1.03	0.80	1.02	1.08	1.53	4.30
Poor	93.79	96.48	93.22	98.13	97.29	100.00*	85.29	100.00*
	0.91	1.30	1.40	1.09	1.01	0.00	3.70	0.00
Functional Limitation								
None	90.23	91.46	83.41	93.37	93.39	96.07	79.68	89.28
	0.52	0.95	1.93	0.97	0.64	1.44	1.59	3.41
IADL only	92.37	92.88	89.92	95.31	93.78	95.57	88.53	95.52*
	0.92	1.60	1.58	1.95	1.60	3.26	2.41	6.91
One to two ADLs	95.20	96.29	92.34	96.50	97.96	99.51	91.35	86.91*
	0.52	0.79	1.31	0.89	0.51	0.51	1.60	6.77
Three to six ADLs	93.97	96.01	94.49	95.40	96.95	98.12*	84.58	94.30*
	0.75	1.13	1.33	1.42	0.97	1.97	3.31	4.63

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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	91.94	93.01	89.29	94.44	94.61	96.74	84.09	90.30
	0.34	0.64	0.86	0.66	0.44	0.99	1.01	2.33
Metropolitan Area Resident								
Yes	91.92	92.85	88.69	94.11	94.38	96.02	84.72	92.58
	0.37	0.70	1.07	0.83	0.50	1.20	1.31	2.07
No	92.02	94.29	90.60	95.18	95.36	100.00	82.53	81.30*
	0.77	1.45	1.22	1.03	1.03	0.00	1.46	7.21

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.