

Table 5.3

Enrollees, Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Demographic Characteristics, Medicare Status, and Discharge Status: Calendar Year 2004

Demographic Characteristics, Medicare Status, and Discharge Status	Discharge ¹		Total Days of Care			Program Payments			
	Number in Thousands	Rate Per 1,000 HI Enrollees ²	Number in Thousands	Percent	Per Dis-charge	Amount in Millions	Percent	Per Discharge ³	Per Day
Total	12,918	359	74,606	100.0	5.8	\$102,648	100.0	\$7,985	\$1,376
Age									
Under 65 Years	2,272	376	13,869	18.6	6.1	17,199	16.8	7,669	1,240
65-69 Years	1,916	227	10,640	14.3	5.6	16,418	16.0	8,616	1,543
70-74 Years	1,969	284	10,810	14.5	5.5	16,849	16.4	8,591	1,559
75-79 Years	2,237	369	12,827	17.2	5.7	18,924	18.4	8,481	1,475
80-84 Years	2,134	467	12,452	16.7	5.8	16,791	16.4	7,884	1,348
85 Years or Over	2,390	602	14,007	18.8	5.9	16,467	16.0	6,904	1,176
Sex									
Male	5,623	353	32,584	43.7	5.8	47,950	46.7	8,577	1,472
Female	7,295	363	42,022	56.3	5.8	54,698	53.3	7,529	1,302
Race⁴									
White	10,644	349	59,977	80.4	5.6	83,369	81.2	7,862	1,390
Other	2,225	409	14,355	19.2	6.5	18,890	18.4	8,572	1,316
Medicare Status									
Aged ⁵	10,595	353	60,436	81.0	5.7	85,034	82.8	8,051	1,407
Disabled ⁶	2,323	385	14,171	19.0	6.1	17,614	17.2	7,681	1,243
Discharge Status									
Alive	12,423	N/A	70,356	94.3	5.7	95,549	93.1	7,729	1,358
Dead	495	N/A	4,250	5.7	8.6	7,100	6.9	14,398	1,671

¹Excludes discharges for managed care enrollees that were paid by the managed care plan.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

³The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

⁴Excludes unknown race.

⁵Includes aged persons with end stage renal disease (ESRD).

⁶Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance. NA is not available.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.