

Table 5.3

Enrollees, Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Demographic Characteristics, Type of Entitlement, and Discharge Status: Calendar Year 2012

Demographic Characteristics, Medicare Status, and Discharge Status	Discharges ¹		Total Days of Care			Program Payments			
	Number in Thousands	Rate Per 1,000 HI Enrollees ²	Number in Thousands	Percent	Per Discharge	Amount in Millions	Percent	Per Discharge ³	Per Day
Total	11,180	303	59,557	100.0	5.3	\$115,432	100.0	\$10,658	\$1,938
Age									
Under 65 Years	2,392	348	13,477	22.6	5.6	24,320	21.1	10,574	1,805
65-69 Years	1,810	183	9,477	15.9	5.2	20,414	17.7	11,661	2,154
70-74 Years	1,596	236	8,186	13.7	5.1	17,474	15.1	11,322	2,135
75-79 Years	1,554	308	8,190	13.8	5.3	16,726	14.5	11,098	2,042
80-84 Years	1,550	392	8,282	13.9	5.3	15,745	13.6	10,448	1,901
85 Years or Over	2,277	522	11,945	20.1	5.2	20,753	18.0	9,336	1,737
Sex									
Male	5,020	296	27,210	45.7	5.4	54,955	47.6	11,315	2,020
Female	6,159	309	32,347	54.3	5.3	60,477	52.4	10,123	1,870
Race⁴									
White	9,038	296	47,113	79.1	5.2	91,297	79.1	10,414	1,938
Other	2,095	341	12,202	20.5	5.8	23,626	20.5	11,699	1,936
Type of Entitlement									
Aged ⁵	8,727	291	45,740	76.8	5.2	90,460	78.4	10,676	1,978
Disabled ⁶	2,452	357	13,817	23.2	5.6	24,972	21.6	10,592	1,807
Discharge Status									
Alive	10,830	n/a	57,001	95.7	5.3	108,327	93.8	10,332	1,900
Dead	349	n/a	2,556	4.3	7.3	7,104	6.2	20,522	2,779

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 Information Products & Data Analytics.