

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² |
|--|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | |
| Percentage of Beneficiaries with at Least One Inpatient Hospital Stay | | | | | | |
| All Beneficiaries | 18.44 | 15.65 | 22.59 | 20.59 | 18.29 | 14.59 |
| | 0.44 | 1.38 | 1.24 | 1.05 | 0.73 | 0.82 |
| Medicare Status³ | | | | | | |
| Aged | | | | | | |
| 65 - 74 years | 13.90 | 11.63* | 19.59 | 12.68 | 13.69 | 13.28 |
| | 0.58 | 2.11 | 2.05 | 1.34 | 0.98 | 1.27 |
| 75 - 84 years | 21.76 | 23.54* | 23.66 | 27.71 | 22.95 | 14.04 |
| | 0.72 | 3.65 | 2.06 | 1.82 | 1.41 | 1.31 |
| 85 years and older | 26.41 | 23.71* | 28.41 | 30.37 | 25.89 | 20.31 |
| | 1.00 | 5.54 | 3.12 | 2.29 | 1.87 | 2.47 |
| Disabled | | | | | | |
| Under 45 years | 18.13 | 16.86* | 20.46 | 21.81* | 11.29* | 0.00 |
| | 1.37 | 4.38 | 1.72 | 15.74 | 3.35 | 0.00 |
| 45 - 64 years | 21.77 | 15.61* | 24.64 | 14.36* | 24.62* | 18.35* |
| | 1.87 | 3.19 | 2.90 | 5.20 | 4.02 | 4.49 |
| Gender | | | | | | |
| Male | 18.57 | 16.47 | 22.66 | 21.58 | 18.06 | 15.15 |
| | 0.71 | 1.74 | 1.60 | 1.62 | 1.08 | 1.33 |
| Female | 18.33 | 14.53 | 22.54 | 19.93 | 18.52 | 14.11 |
| | 0.50 | 2.29 | 1.55 | 1.22 | 0.92 | 1.16 |
| Living Arrangement | | | | | | |
| Alone | 18.70 | 13.14* | 21.43 | 23.26 | 19.43 | 13.93 |
| | 0.82 | 2.03 | 1.78 | 2.02 | 1.51 | 1.60 |
| With spouse | 16.34 | 12.43* | 21.53 | 17.43 | 16.94 | 13.29 |
| | 0.51 | 2.40 | 2.45 | 1.23 | 0.93 | 1.04 |
| With children | 26.01 | 25.32* | 27.14 | 28.14 | 26.05 | 20.94* |
| | 1.22 | 5.61 | 2.22 | 3.49 | 2.48 | 2.98 |
| With others | 20.62 | 23.38* | 20.65 | 21.81* | 18.28* | 20.35* |
| | 1.62 | 4.83 | 2.39 | 5.22 | 3.67 | 3.73 |

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² |
|--|--------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | |
| Percentage of Beneficiaries with at Least One Inpatient Hospital Stay | | | | | | |
| All Beneficiaries | 18.44 | 15.65 | 22.59 | 20.59 | 18.29 | 14.59 |
| | 0.44 | 1.38 | 1.24 | 1.05 | 0.73 | 0.82 |
| Race/Ethnicity | | | | | | |
| White non-Hispanic | 18.77 | 15.50 | 25.41 | 21.05 | 18.83 | 14.44 |
| | 0.46 | 1.73 | 1.47 | 1.13 | 0.86 | 0.85 |
| Black non-Hispanic | 19.42 | 16.53* | 22.72 | 15.64* | 19.85* | 14.05* |
| | 1.49 | 3.92 | 2.54 | 6.66 | 2.95 | 2.75 |
| Hispanic | 15.34 | 12.98* | 16.53 | 12.83* | 12.58* | 16.71* |
| | 1.33 | 3.97 | 2.07 | 6.00 | 2.65 | 3.24 |
| Other | 16.76 | 18.83* | 19.28* | 15.35* | 12.32* | 12.95* |
| | 1.81 | 7.05 | 2.89 | 5.43 | 2.44 | 4.29 |
| Income | | | | | | |
| Less than \$5,000 | 19.68* | 7.85* | 17.33* | 44.88* | 14.70* | 19.47* |
| | 2.92 | 4.44 | 4.16 | 11.54 | 6.06 | 7.79 |
| \$5,000 - \$9,999 | 22.00 | 18.51* | 22.87 | 18.46* | 22.10* | 20.65* |
| | 1.34 | 4.02 | 1.74 | 4.39 | 4.25 | 4.29 |
| \$10,000 - \$14,999 | 22.46 | 17.56* | 24.27 | 30.70 | 24.77 | 12.84* |
| | 1.31 | 3.51 | 2.22 | 2.92 | 2.95 | 2.12 |
| \$15,000 - \$19,999 | 19.59 | 15.87* | 20.60* | 20.33* | 24.37 | 14.71* |
| | 1.39 | 3.23 | 3.31 | 3.01 | 2.77 | 1.95 |
| \$20,000 - \$24,999 | 18.84 | 16.94* | 21.28* | 19.33* | 18.97 | 18.55 |
| | 1.15 | 4.08 | 5.48 | 2.63 | 2.05 | 2.20 |
| \$25,000 - \$29,999 | 18.72 | 20.17* | 13.73* | 24.34* | 21.03 | 11.16* |
| | 1.34 | 4.69 | 7.13 | 3.02 | 2.46 | 2.35 |
| \$30,000 - \$39,999 | 17.21 | 15.37* | 18.89* | 17.62* | 17.88 | 15.64 |
| | 1.04 | 4.99 | 7.65 | 2.12 | 1.70 | 1.98 |
| \$40,000 - \$49,999 | 16.48 | 8.44* | 18.42* | 14.54* | 17.49 | 17.16* |
| | 1.38 | 5.79 | 13.52 | 2.77 | 2.00 | 3.11 |
| \$50,000 or more | 14.25 | 4.75* | 22.96* | 16.51 | 15.00 | 10.52* |
| | 0.73 | 2.39 | 13.35 | 2.38 | 1.19 | 1.59 |

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² |
|--|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | |
| Percentage of Beneficiaries with at Least One Inpatient Hospital Stay | | | | | | |
| All Beneficiaries | 18.44 | 15.65 | 22.59 | 20.59 | 18.29 | 14.59 |
| | 0.44 | 1.38 | 1.24 | 1.05 | 0.73 | 0.82 |
| Health Status | | | | | | |
| Excellent | 7.63 | 10.07* | 14.43* | 8.89* | 6.93* | 5.35* |
| | 0.72 | 3.32 | 4.62 | 1.56 | 1.08 | 1.15 |
| Very good | 10.75 | 5.83* | 8.95* | 14.51 | 11.65 | 8.45 |
| | 0.60 | 1.86 | 1.80 | 1.48 | 1.10 | 1.04 |
| Good | 19.05 | 15.43* | 19.39 | 20.35 | 20.41 | 15.84 |
| | 0.82 | 2.65 | 1.78 | 1.75 | 1.49 | 1.35 |
| Fair | 28.24 | 21.59* | 25.04 | 35.00 | 31.87 | 25.87 |
| | 1.01 | 3.32 | 2.21 | 3.35 | 2.22 | 2.85 |
| Poor | 39.95 | 26.82* | 38.15 | 59.50 | 41.42 | 37.86* |
| | 2.10 | 6.29 | 3.10 | 5.05 | 4.72 | 4.78 |
| Functional Limitation | | | | | | |
| None | 12.38 | 12.16 | 15.12 | 13.50 | 12.43 | 10.61 |
| | 0.42 | 1.57 | 1.53 | 1.01 | 0.77 | 0.90 |
| IADL only ⁴ | 24.73 | 20.09* | 25.56 | 27.98 | 24.76 | 20.69 |
| | 0.93 | 3.89 | 2.12 | 2.35 | 1.62 | 2.02 |
| One to two ADLs ⁵ | 26.96 | 13.90* | 22.55 | 37.53 | 31.28 | 23.88 |
| | 1.40 | 3.55 | 2.65 | 3.27 | 2.61 | 3.07 |
| Three to five ADLs | 37.30 | 31.61* | 36.09 | 39.89* | 42.67 | 27.18* |
| | 2.49 | 6.86 | 4.12 | 5.80 | 4.27 | 4.48 |

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² |
|--|-------------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | |
| Percentage of Beneficiaries with at Least One Inpatient Hospital Stay | | | | | | |
| All Beneficiaries | 18.44 | 15.65 | 22.59 | 20.59 | 18.29 | 14.59 |
| | <i>0.44</i> | <i>1.38</i> | <i>1.24</i> | <i>1.05</i> | <i>0.73</i> | <i>0.82</i> |
| Metropolitan Area Resident | | | | | | |
| Yes | 17.90 | 14.04 | 21.72 | 20.42 | 17.71 | 14.99 |
| | <i>0.48</i> | <i>1.79</i> | <i>1.46</i> | <i>1.30</i> | <i>0.79</i> | <i>0.84</i> |
| No | 20.34 | 18.80 | 24.88 | 21.08 | 20.65 | 11.76* |
| | <i>1.09</i> | <i>1.92</i> | <i>2.22</i> | <i>1.70</i> | <i>1.92</i> | <i>2.63</i> |

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|--|-------|-------------------------------------|-------------------------------|---|---|------------------------------|------------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Outpatient Hospital Visit | | | | | | | |
| All Beneficiaries | 70.37 | 59.66 | 75.67 | 75.20 | 71.58 | 80.02 | 62.30 |
| | 0.64 | 2.16 | 1.00 | 1.19 | 0.98 | 2.19 | 1.22 |
| Medicare Status³ | | | | | | | |
| Aged | | | | | | | |
| 65 - 74 years | 66.03 | 53.54 | 71.05 | 70.74 | 67.54 | 75.92 | 59.45 |
| | 0.82 | 3.11 | 2.24 | 1.95 | 1.45 | 3.55 | 1.84 |
| 75 - 84 years | 74.68 | 65.57 | 76.52 | 81.56 | 76.39 | 84.74 | 64.95 |
| | 1.01 | 4.09 | 2.39 | 1.63 | 1.36 | 2.71 | 1.60 |
| 85 years and older | 72.28 | 69.54* | 71.57 | 75.32 | 74.94 | 81.36 | 63.59 |
| | 1.18 | 6.41 | 2.79 | 2.72 | 2.01 | 4.48 | 2.57 |
| Disabled | | | | | | | |
| Under 45 years | 73.08 | 62.59 | 76.45 | 60.06* | 75.00 | 26.41* | 44.90* |
| | 1.51 | 5.09 | 1.62 | 21.86 | 4.74 | 33.62 | 11.90 |
| 45 - 64 years | 74.79 | 63.18 | 81.00 | 73.26* | 77.07 | 100.00* | 68.66 |
| | 1.83 | 4.21 | 2.63 | 9.52 | 4.43 | 0.00 | 4.63 |
| Gender | | | | | | | |
| Male | 67.20 | 59.29 | 75.21 | 71.68 | 66.14 | 80.97 | 61.25 |
| | 0.94 | 2.87 | 1.62 | 2.26 | 1.50 | 2.79 | 1.77 |
| Female | 73.03 | 60.14 | 75.97 | 77.55 | 76.75 | 79.30 | 63.21 |
| | 0.73 | 3.46 | 1.23 | 1.29 | 1.07 | 2.92 | 1.57 |
| Living Arrangement | | | | | | | |
| Alone | 72.81 | 55.79 | 78.43 | 78.55 | 74.87 | 74.83 | 64.32 |
| | 0.96 | 3.56 | 1.52 | 1.78 | 1.71 | 4.56 | 2.15 |
| With spouse | 69.47 | 59.31 | 74.02 | 74.37 | 71.24 | 82.82 | 61.68 |
| | 0.86 | 3.51 | 2.30 | 1.73 | 1.21 | 2.45 | 1.88 |
| With children | 69.62 | 69.22 | 77.20 | 69.41 | 64.19 | 79.32* | 61.66 |
| | 1.63 | 4.47 | 1.94 | 4.55 | 2.66 | 7.33 | 3.86 |
| With others | 68.49 | 60.98 | 70.67 | 71.45 | 70.52 | 100.00* | 62.08 |
| | 2.03 | 6.59 | 3.11 | 6.19 | 4.40 | 0.00 | 4.99 |

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | | Medicare HMO ² |
|--|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | Both Types of Private Insurance | |
| Percentage of Beneficiaries with at Least One Outpatient Hospital Visit | | | | | | | |
| All Beneficiaries | 70.37 | 59.66 | 75.67 | 75.20 | 71.58 | 80.02 | 62.30 |
| | 0.64 | 2.16 | 1.00 | 1.19 | 0.98 | 2.19 | 1.22 |
| Race/Ethnicity | | | | | | | |
| White non-Hispanic | 71.29 | 59.49 | 77.04 | 74.86 | 73.16 | 79.51 | 63.61 |
| | 0.71 | 2.24 | 1.63 | 1.21 | 1.07 | 2.25 | 1.37 |
| Black non-Hispanic | 69.42 | 62.81 | 75.53 | 86.37* | 66.43 | 85.60* | 59.82 |
| | 2.01 | 6.14 | 2.39 | 5.40 | 3.70 | 9.27 | 3.71 |
| Hispanic | 65.43 | 51.57* | 71.58 | 78.29* | 62.16 | 100.00* | 60.02 |
| | 1.73 | 9.61 | 2.82 | 6.80 | 5.24 | 0.00 | 3.97 |
| Other | 67.22 | 65.41* | 76.84 | 74.99* | 61.31 | 84.12* | 48.14* |
| | 2.62 | 8.24 | 3.56 | 9.06 | 5.31 | 10.10 | 5.94 |
| Income | | | | | | | |
| Less than \$5,000 | 69.75 | 68.57* | 78.82 | 57.62* | 72.72* | 73.26* | 60.39* |
| | 3.32 | 10.76 | 4.46 | 11.51 | 7.59 | 17.92 | 8.48 |
| \$5,000 - \$9,999 | 72.22 | 62.11 | 75.27 | 67.58 | 72.87 | 83.94* | 56.63 |
| | 1.33 | 5.02 | 1.37 | 6.11 | 5.67 | 15.73 | 5.06 |
| \$10,000 - \$14,999 | 71.31 | 58.82 | 75.19 | 78.51 | 73.92 | 68.65* | 62.35 |
| | 1.52 | 4.08 | 1.91 | 2.85 | 3.36 | 13.39 | 3.28 |
| \$15,000 - \$19,999 | 70.86 | 55.21 | 78.96 | 74.01 | 78.45 | 92.33* | 62.81 |
| | 1.44 | 5.04 | 2.93 | 3.45 | 2.69 | 4.24 | 3.33 |
| \$20,000 - \$24,999 | 66.82 | 53.24 | 80.47 | 72.94 | 65.79 | 88.86* | 63.54 |
| | 1.72 | 5.46 | 5.78 | 3.44 | 2.68 | 4.90 | 3.21 |
| \$25,000 - \$29,999 | 69.79 | 79.68* | 65.89* | 79.42 | 69.12 | 77.46* | 60.67 |
| | 1.82 | 6.23 | 10.58 | 3.29 | 2.91 | 6.54 | 3.17 |
| \$30,000 - \$39,999 | 71.32 | 66.48 | 78.54* | 77.39 | 75.85 | 71.00 | 60.56 |
| | 1.51 | 6.36 | 8.47 | 3.49 | 2.13 | 7.05 | 2.77 |
| \$40,000 - \$49,999 | 73.90 | 67.17* | 90.44* | 68.65 | 77.83 | 79.72* | 67.59 |
| | 1.79 | 9.99 | 9.81 | 4.16 | 2.40 | 6.05 | 3.66 |
| \$50,000 or more | 68.27 | 42.24* | 65.52* | 77.76 | 66.88 | 81.29 | 62.33 |
| | 1.30 | 8.55 | 13.88 | 2.43 | 1.78 | 2.71 | 2.82 |

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | | Medicare HMO ² |
|--|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | Both Types of Private Insurance | |
| Percentage of Beneficiaries with at Least One Outpatient Hospital Visit | | | | | | | |
| All Beneficiaries | 70.37 | 59.66 | 75.67 | 75.20 | 71.58 | 80.02 | 62.30 |
| | 0.64 | 2.16 | 1.00 | 1.19 | 0.98 | 2.19 | 1.22 |
| Health Status | | | | | | | |
| Excellent | 60.87 | 52.91* | 64.57 | 69.30 | 62.54 | 68.67 | 48.96 |
| | 1.65 | 5.65 | 4.96 | 3.03 | 2.47 | 6.02 | 3.06 |
| Very good | 66.35 | 60.11 | 62.29 | 74.21 | 67.60 | 80.22 | 58.39 |
| | 1.08 | 4.30 | 3.06 | 2.53 | 1.66 | 3.19 | 1.96 |
| Good | 71.02 | 50.37 | 71.48 | 75.31 | 74.85 | 82.17 | 67.13 |
| | 0.98 | 3.48 | 1.74 | 2.16 | 1.44 | 3.96 | 2.28 |
| Fair | 78.35 | 70.91 | 82.34 | 81.04 | 78.63 | 89.85 | 72.30 |
| | 1.20 | 4.29 | 1.60 | 3.10 | 2.52 | 3.36 | 3.01 |
| Poor | 81.73 | 67.34 | 87.15 | 87.14 | 84.80 | 100.00* | 67.23 |
| | 1.71 | 6.83 | 2.63 | 3.99 | 3.31 | 0.00 | 4.84 |
| Functional Limitation | | | | | | | |
| None | 66.54 | 56.75 | 70.94 | 73.63 | 67.28 | 77.50 | 58.99 |
| | 0.77 | 2.65 | 1.89 | 1.65 | 1.19 | 2.67 | 1.38 |
| IADL only ⁴ | 75.49 | 60.64 | 77.30 | 77.40 | 79.70 | 82.77 | 68.96 |
| | 1.12 | 4.82 | 1.79 | 2.70 | 1.90 | 4.50 | 2.38 |
| One to two ADLs ⁵ | 76.37 | 60.47 | 81.15 | 77.78 | 78.80 | 88.11 | 70.89 |
| | 1.54 | 5.60 | 2.22 | 3.22 | 2.64 | 6.39 | 3.69 |
| Three to five ADLs | 78.17 | 78.98* | 78.91 | 84.37 | 78.34 | 95.49* | 65.13 |
| | 1.73 | 5.95 | 3.02 | 4.08 | 3.92 | 4.72 | 5.53 |

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| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|--|-------------|-------------------------------------|-------------------------------|---|---|------------------------------|------------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Outpatient Hospital Visit | | | | | | | |
| All Beneficiaries | 70.37 | 59.66 | 75.67 | 75.20 | 71.58 | 80.02 | 62.30 |
| | <i>0.64</i> | <i>2.16</i> | <i>1.00</i> | <i>1.19</i> | <i>0.98</i> | <i>2.19</i> | <i>1.22</i> |
| Metropolitan Area Resident | | | | | | | |
| Yes | 68.12 | 54.94 | 73.77 | 71.16 | 69.47 | 78.01 | 62.23 |
| | <i>0.75</i> | <i>2.81</i> | <i>1.12</i> | <i>1.62</i> | <i>1.12</i> | <i>2.61</i> | <i>1.33</i> |
| No | 78.55 | 69.01 | 82.06 | 83.49 | 80.26 | 92.10 | 62.85 |
| | <i>1.27</i> | <i>3.20</i> | <i>1.99</i> | <i>1.43</i> | <i>2.18</i> | <i>2.59</i> | <i>3.22</i> |

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|---|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|---------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Physician/Supplier Service | | | | | | | |
| All Beneficiaries | 95.35 | 83.96 | 94.81 | 97.37 | 97.04 | 98.14 | 95.31 |
| | 0.27 | 1.48 | 0.57 | 0.55 | 0.38 | 0.69 | 0.46 |
| Medicare Status³ | | | | | | | |
| Aged | | | | | | | |
| 65 - 74 years | 94.04 | 77.11 | 93.27 | 95.55 | 96.14 | 96.92 | 94.84 |
| | 0.49 | 2.63 | 1.30 | 1.02 | 0.58 | 1.28 | 0.75 |
| 75 - 84 years | 97.79 | 93.40 | 96.11 | 100.00 | 98.85 | 99.57 | 95.79 |
| | 0.27 | 2.25 | 0.96 | 0.00 | 0.38 | 0.44 | 0.67 |
| 85 years and older | 97.75 | 93.40 | 95.63 | 99.07 | 99.44 | 98.50 | 95.80 |
| | 0.42 | 2.87 | 1.48 | 0.54 | 0.34 | 1.49 | 1.17 |
| Disabled | | | | | | | |
| Under 45 years | 89.85 | 81.07 | 92.41 | 76.13* | 88.02 | 100.00* | 81.63* |
| | 1.12 | 3.92 | 1.02 | 20.43 | 3.66 | 0.00 | 8.69 |
| 45 - 64 years | 94.58 | 88.05 | 96.70 | 89.61* | 95.65 | 100.00* | 96.65 |
| | 0.95 | 3.12 | 1.16 | 8.07 | 1.83 | 0.00 | 1.66 |
| Gender | | | | | | | |
| Male | 94.55 | 83.72 | 93.51 | 96.78 | 96.23 | 99.66 | 95.11 |
| | 0.36 | 1.86 | 0.89 | 0.95 | 0.57 | 0.35 | 0.73 |
| Female | 96.02 | 84.27 | 95.66 | 97.77 | 97.81 | 96.97 | 95.49 |
| | 0.38 | 2.82 | 0.74 | 0.60 | 0.48 | 1.17 | 0.67 |
| Living Arrangement | | | | | | | |
| Alone | 95.39 | 83.28 | 95.68 | 97.53 | 97.03 | 95.69 | 95.58 |
| | 0.46 | 2.72 | 0.82 | 0.86 | 0.72 | 1.95 | 0.97 |
| With spouse | 95.88 | 83.30 | 94.68 | 97.55 | 97.42 | 99.44 | 95.32 |
| | 0.36 | 2.58 | 1.32 | 0.78 | 0.46 | 0.39 | 0.66 |
| With children | 94.08 | 83.50 | 96.22 | 94.99 | 93.90 | 97.60* | 94.65 |
| | 0.92 | 4.23 | 0.84 | 2.55 | 2.07 | 2.54 | 1.88 |
| With others | 93.65 | 88.07 | 92.12 | 98.94 | 97.72 | 100.00* | 96.04 |
| | 1.00 | 3.56 | 1.64 | 1.08 | 0.98 | 0.00 | 1.47 |

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|---|-------|-------------------------------------|-------------------------------|---|---|------------------------------|------------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Physician/Supplier Service | | | | | | | |
| All Beneficiaries | 95.35 | 83.96 | 94.81 | 97.37 | 97.04 | 98.14 | 95.31 |
| | 0.27 | 1.48 | 0.57 | 0.55 | 0.38 | 0.69 | 0.46 |
| Race/Ethnicity | | | | | | | |
| White non-Hispanic | 96.15 | 85.63 | 95.32 | 97.38 | 97.64 | 98.25 | 95.91 |
| | 0.26 | 1.51 | 0.70 | 0.59 | 0.38 | 0.71 | 0.41 |
| Black non-Hispanic | 92.18 | 80.01 | 94.74 | 100.00* | 93.17 | 91.19* | 92.89 |
| | 0.90 | 4.33 | 1.29 | 0.00 | 1.67 | 8.34 | 1.89 |
| Hispanic | 91.55 | 79.24 | 93.43 | 97.00* | 90.84 | 100.00* | 92.53 |
| | 1.33 | 7.16 | 1.60 | 3.15 | 3.12 | 0.00 | 2.41 |
| Other | 95.04 | 82.69* | 94.96 | 95.30* | 98.87 | 100.00* | 96.60 |
| | 1.26 | 7.03 | 1.71 | 4.80 | 0.84 | 0.00 | 2.44 |
| Income | | | | | | | |
| Less than \$5,000 | 94.25 | 88.03* | 91.94 | 100.00* | 93.28* | 100.00* | 98.24* |
| | 1.59 | 7.44 | 2.45 | 0.00 | 4.86 | 0.00 | 1.35 |
| \$5,000 - \$9,999 | 92.79 | 84.39 | 93.70 | 88.38 | 94.55 | 100.00* | 94.16 |
| | 0.92 | 4.55 | 1.02 | 5.35 | 3.30 | 0.00 | 2.62 |
| \$10,000 - \$14,999 | 94.62 | 82.20 | 96.58 | 98.06 | 96.67 | 100.00* | 93.86 |
| | 0.77 | 3.74 | 0.77 | 1.05 | 1.74 | 0.00 | 1.81 |
| \$15,000 - \$19,999 | 94.01 | 85.93 | 94.15 | 96.32 | 95.82 | 97.25* | 95.01 |
| | 0.89 | 3.15 | 1.92 | 1.59 | 1.57 | 2.66 | 1.23 |
| \$20,000 - \$24,999 | 93.81 | 80.37 | 93.99 | 96.42 | 94.59 | 98.18* | 95.43 |
| | 0.89 | 4.61 | 3.54 | 2.00 | 1.47 | 1.91 | 1.41 |
| \$25,000 - \$29,999 | 96.57 | 90.99 | 96.31* | 99.54 | 97.09 | 91.55 | 96.37 |
| | 0.73 | 3.41 | 2.32 | 0.45 | 1.28 | 5.07 | 1.27 |
| \$30,000 - \$39,999 | 95.68 | 88.53 | 93.10* | 96.12 | 97.74 | 98.63 | 93.59 |
| | 0.70 | 4.29 | 6.78 | 1.91 | 0.69 | 1.33 | 1.45 |
| \$40,000 - \$49,999 | 97.77 | 81.38* | 90.44* | 96.67 | 99.01 | 100.00 | 98.16 |
| | 0.68 | 10.06 | 9.81 | 2.03 | 0.68 | 0.00 | 0.80 |
| \$50,000 or more | 97.01 | 74.28* | 100.00* | 100.00 | 97.34 | 99.13 | 95.82 |
| | 0.46 | 8.84 | 0.00 | 0.00 | 0.58 | 0.63 | 0.99 |

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|---|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|---------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Physician/Supplier Service | | | | | | | |
| All Beneficiaries | 95.35 | 83.96 | 94.81 | 97.37 | 97.04 | 98.14 | 95.31 |
| | 0.27 | 1.48 | 0.57 | 0.55 | 0.38 | 0.69 | 0.46 |
| Health Status | | | | | | | |
| Excellent | 92.90 | 86.37 | 88.52 | 93.67 | 94.68 | 95.93 | 90.94 |
| | 0.81 | 4.15 | 2.37 | 2.26 | 0.98 | 2.53 | 1.72 |
| Very good | 95.12 | 82.18 | 90.35 | 97.64 | 97.17 | 98.99 | 94.60 |
| | 0.48 | 3.29 | 2.13 | 0.89 | 0.56 | 0.72 | 1.02 |
| Good | 95.33 | 78.37 | 94.02 | 97.77 | 98.00 | 97.52 | 96.46 |
| | 0.44 | 3.18 | 1.05 | 0.88 | 0.61 | 1.50 | 0.87 |
| Fair | 97.59 | 91.01 | 97.98 | 99.52 | 98.47 | 100.00 | 97.94 |
| | 0.39 | 2.49 | 0.65 | 0.50 | 0.66 | 0.00 | 0.84 |
| Poor | 95.78 | 86.16 | 96.92 | 100.00 | 95.72 | 100.00* | 97.30 |
| | 0.99 | 4.96 | 1.26 | 0.00 | 2.12 | 0.00 | 1.60 |
| Functional Limitation | | | | | | | |
| None | 94.38 | 81.10 | 92.15 | 96.36 | 96.27 | 97.74 | 94.69 |
| | 0.41 | 1.91 | 1.24 | 0.82 | 0.53 | 0.90 | 0.55 |
| IADL only ⁴ | 96.82 | 86.35 | 96.13 | 99.41 | 98.78 | 98.24 | 96.43 |
| | 0.46 | 3.56 | 0.88 | 0.43 | 0.49 | 1.76 | 1.01 |
| One to two ADLs ⁵ | 96.43 | 86.37 | 97.42 | 98.51 | 97.27 | 100.00 | 96.56 |
| | 0.63 | 4.42 | 0.89 | 1.49 | 1.20 | 0.00 | 1.45 |
| Three to five ADLs | 97.62 | 94.51 | 96.94 | 98.98 | 99.74 | 100.00* | 96.73 |
| | 0.70 | 3.95 | 1.25 | 1.03 | 0.27 | 0.00 | 2.28 |

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² |
|---|-------------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | |
| Percentage of Beneficiaries with at Least One Physician/Supplier Service | | | | | | |
| All Beneficiaries | 95.35 | 83.96 | 94.81 | 97.37 | 97.04 | 95.31 |
| | <i>0.27</i> | <i>1.48</i> | <i>0.57</i> | <i>0.55</i> | <i>0.38</i> | <i>0.46</i> |
| Metropolitan Area Resident | | | | | | |
| Yes | 95.58 | 82.88 | 94.91 | 97.32 | 97.34 | 95.70 |
| | <i>0.29</i> | <i>2.05</i> | <i>0.66</i> | <i>0.72</i> | <i>0.37</i> | <i>0.47</i> |
| No | 95.15 | 86.43 | 95.20 | 97.45 | 96.99 | 92.60 |
| | <i>0.63</i> | <i>2.03</i> | <i>0.90</i> | <i>0.88</i> | <i>1.07</i> | <i>1.27</i> |

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|---|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|---------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Dental Service | | | | | | | |
| All Beneficiaries | 43.73 | 22.18 | 22.92 | 46.01 | 54.57 | 69.58 | 44.83 |
| | 0.60 | 1.77 | 1.19 | 1.17 | 0.83 | 2.42 | 1.23 |
| Medicare Status³ | | | | | | | |
| Aged | | | | | | | |
| 65 - 74 years | 46.43 | 18.38 | 21.33 | 49.03 | 55.64 | 68.40 | 46.39 |
| | 0.88 | 2.83 | 2.11 | 2.17 | 1.39 | 3.49 | 1.93 |
| 75 - 84 years | 46.17 | 26.12* | 15.65 | 46.12 | 55.02 | 74.97 | 46.36 |
| | 0.92 | 3.85 | 1.79 | 1.76 | 1.53 | 2.97 | 1.81 |
| 85 years and older | 39.78 | 32.22* | 14.09* | 38.97 | 47.60 | 55.84* | 43.13 |
| | 1.42 | 6.17 | 2.60 | 3.31 | 2.05 | 5.99 | 3.24 |
| Disabled | | | | | | | |
| Under 45 years | 36.29 | 20.85* | 36.21 | 23.87* | 54.53 | 26.41* | 35.58* |
| | 2.02 | 4.47 | 2.21 | 20.43 | 4.79 | 33.62 | 10.94 |
| 45 - 64 years | 33.66 | 24.18* | 25.20 | 34.91* | 54.67 | 86.35* | 32.73* |
| | 1.92 | 3.99 | 2.26 | 11.24 | 4.08 | 16.58 | 5.36 |
| Gender | | | | | | | |
| Male | 41.89 | 19.06 | 22.32 | 43.89 | 50.75 | 71.20 | 44.53 |
| | 0.77 | 2.01 | 1.61 | 1.96 | 1.10 | 3.22 | 1.59 |
| Female | 45.28 | 26.40 | 23.32 | 47.42 | 58.20 | 68.33 | 45.08 |
| | 0.82 | 3.30 | 1.60 | 1.69 | 1.26 | 3.33 | 1.68 |
| Living Arrangement | | | | | | | |
| Alone | 41.84 | 27.22 | 21.23 | 45.52 | 52.92 | 69.92 | 44.65 |
| | 0.92 | 2.95 | 1.41 | 2.22 | 1.89 | 3.63 | 2.12 |
| With spouse | 50.31 | 21.17 | 24.29 | 49.37 | 57.94 | 69.92 | 49.74 |
| | 0.83 | 2.74 | 2.90 | 1.88 | 1.15 | 2.97 | 1.62 |
| With children | 28.86 | 15.09* | 21.20 | 34.98 | 38.85 | 72.98* | 24.96 |
| | 1.64 | 4.16 | 2.57 | 4.60 | 3.26 | 7.94 | 3.23 |
| With others | 28.57 | 20.89* | 26.50 | 33.32* | 38.40 | 52.47* | 28.04* |
| | 1.67 | 4.22 | 2.14 | 5.64 | 5.36 | 18.57 | 4.76 |

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | | Medicare HMO ² |
|---|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | Both Types of Private Insurance | |
| Percentage of Beneficiaries with at Least One Dental Service | | | | | | | |
| All Beneficiaries | 43.73 | 22.18 | 22.92 | 46.01 | 54.57 | 69.58 | 44.83 |
| | 0.60 | 1.77 | 1.19 | 1.17 | 0.83 | 2.42 | 1.23 |
| Race/Ethnicity | | | | | | | |
| White non-Hispanic | 47.34 | 22.26 | 24.48 | 46.51 | 56.46 | 71.39 | 46.93 |
| | 0.65 | 1.78 | 1.47 | 1.25 | 0.90 | 2.44 | 1.49 |
| Black non-Hispanic | 26.72 | 22.24* | 19.12 | 24.49* | 39.00 | 19.35* | 31.70* |
| | 1.50 | 4.80 | 2.07 | 7.25 | 3.28 | 11.66 | 3.97 |
| Hispanic | 35.72 | 23.08* | 25.70 | 51.51* | 51.04 | 62.31* | 40.29 |
| | 2.15 | 5.87 | 2.98 | 8.59 | 3.76 | 25.48 | 4.50 |
| Other | 32.19 | 19.97* | 17.69* | 41.67* | 47.14 | 51.47* | 42.06* |
| | 2.55 | 6.54 | 3.71 | 8.22 | 5.37 | 15.07 | 6.68 |
| Income | | | | | | | |
| Less than \$5,000 | 35.18 | 31.29* | 26.16* | 38.33* | 49.89* | 26.00* | 36.72* |
| | 3.95 | 9.77 | 4.94 | 9.06 | 9.40 | 17.65 | 9.14 |
| \$5,000 - \$9,999 | 23.61 | 15.46* | 22.67 | 34.08* | 27.12* | 67.15* | 26.51* |
| | 1.57 | 4.10 | 1.79 | 6.37 | 6.12 | 20.40 | 5.46 |
| \$10,000 - \$14,999 | 24.53 | 17.85* | 22.22 | 32.41 | 32.58 | 43.58* | 21.26 |
| | 1.30 | 3.47 | 1.77 | 3.23 | 3.94 | 12.72 | 2.70 |
| \$15,000 - \$19,999 | 32.90 | 18.76* | 23.72* | 31.50 | 42.07 | 60.55* | 35.41 |
| | 1.66 | 3.30 | 4.10 | 2.82 | 3.81 | 9.37 | 3.28 |
| \$20,000 - \$24,999 | 38.68 | 27.21* | 26.93* | 38.54 | 44.36 | 46.36* | 36.32 |
| | 1.37 | 6.03 | 5.57 | 3.21 | 2.76 | 8.55 | 2.66 |
| \$25,000 - \$29,999 | 43.41 | 26.39* | 16.05* | 46.85 | 47.45 | 70.43* | 39.27 |
| | 1.52 | 5.58 | 5.68 | 3.50 | 2.81 | 6.29 | 3.50 |
| \$30,000 - \$39,999 | 48.95 | 20.80* | 22.65* | 46.82 | 52.45 | 60.54* | 52.42 |
| | 1.49 | 4.55 | 8.02 | 3.28 | 2.17 | 5.70 | 2.86 |
| \$40,000 - \$49,999 | 56.61 | 38.75* | 43.11* | 53.26 | 60.09 | 69.83* | 50.88 |
| | 1.67 | 11.48 | 17.77 | 3.83 | 2.18 | 7.24 | 4.58 |
| \$50,000 or more | 68.69 | 31.42* | 36.49* | 67.04 | 68.50 | 83.99 | 70.27 |
| | 1.14 | 7.19 | 12.74 | 3.22 | 1.70 | 3.02 | 2.17 |

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|---|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|---------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Dental Service | | | | | | | |
| All Beneficiaries | 43.73 | 22.18 | 22.92 | 46.01 | 54.57 | 69.58 | 44.83 |
| | 0.60 | 1.77 | 1.19 | 1.17 | 0.83 | 2.42 | 1.23 |
| Health Status | | | | | | | |
| Excellent | 54.26 | 23.16* | 26.08* | 52.65 | 61.37 | 77.35 | 52.22 |
| | 1.33 | 5.56 | 4.49 | 3.02 | 2.27 | 4.70 | 3.04 |
| Very good | 50.07 | 18.26* | 25.26 | 48.20 | 58.72 | 70.81 | 50.95 |
| | 1.13 | 2.99 | 3.23 | 1.98 | 1.56 | 3.57 | 2.42 |
| Good | 42.11 | 22.18 | 23.89 | 44.06 | 51.24 | 65.25 | 44.95 |
| | 0.91 | 3.36 | 1.97 | 1.80 | 1.48 | 4.65 | 2.15 |
| Fair | 35.85 | 27.04 | 23.16 | 43.68 | 50.34 | 64.58* | 30.74 |
| | 1.41 | 4.37 | 2.06 | 3.49 | 2.38 | 7.00 | 2.57 |
| Poor | 27.53 | 19.45* | 18.59 | 28.01* | 42.27 | 59.36* | 26.84* |
| | 1.97 | 4.87 | 2.53 | 5.01 | 4.77 | 14.85 | 4.47 |
| Functional Limitation | | | | | | | |
| None | 48.00 | 21.16 | 23.36 | 50.14 | 56.84 | 71.46 | 48.46 |
| | 0.80 | 2.16 | 1.68 | 1.60 | 1.12 | 3.02 | 1.77 |
| IADL only ⁴ | 40.90 | 24.90* | 27.73 | 41.02 | 53.15 | 66.47 | 37.99 |
| | 1.15 | 4.07 | 1.84 | 3.08 | 2.03 | 4.73 | 2.67 |
| One to two ADLs ⁵ | 37.32 | 19.31* | 21.22 | 36.66 | 52.27 | 65.55* | 38.37 |
| | 1.53 | 4.24 | 2.71 | 3.76 | 2.95 | 7.28 | 3.36 |
| Three to five ADLs | 25.89 | 29.40* | 15.00 | 35.27* | 34.47 | 59.68* | 28.90* |
| | 1.88 | 6.68 | 2.65 | 5.72 | 4.24 | 11.70 | 5.49 |

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|---|-------------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------|---------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Dental Service | | | | | | | |
| All Beneficiaries | 43.73 | 22.18 | 22.92 | 46.01 | 54.57 | 69.58 | 44.83 |
| | <i>0.60</i> | <i>1.77</i> | <i>1.19</i> | <i>1.17</i> | <i>0.83</i> | <i>2.42</i> | <i>1.23</i> |
| Metropolitan Area Resident | | | | | | | |
| Yes | 46.09 | 23.55 | 25.01 | 50.15 | 56.34 | 70.80 | 45.86 |
| | <i>0.72</i> | <i>2.06</i> | <i>1.51</i> | <i>1.41</i> | <i>0.99</i> | <i>2.92</i> | <i>1.35</i> |
| No | 36.26 | 19.67 | 17.07 | 38.15 | 48.93 | 65.21 | 37.48 |
| | <i>1.08</i> | <i>3.58</i> | <i>1.46</i> | <i>1.95</i> | <i>1.77</i> | <i>4.07</i> | <i>3.03</i> |

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|--|-------|-------------------------------------|-------------------------------|---|---|------------------------------|------------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Prescribed Medicine | | | | | | | |
| All Beneficiaries | 93.79 | 82.44 | 94.91 | 95.52 | 93.68 | 96.45 | 95.53 |
| | 0.30 | 1.72 | 0.58 | 0.67 | 0.57 | 1.03 | 0.51 |
| Medicare Status³ | | | | | | | |
| Aged | | | | | | | |
| 65 - 74 years | 92.11 | 78.46 | 93.00 | 94.50 | 91.93 | 94.71 | 94.35 |
| | 0.49 | 2.82 | 1.31 | 0.97 | 0.92 | 1.91 | 0.92 |
| 75 - 84 years | 96.54 | 90.59 | 97.20 | 97.89 | 95.42 | 98.88 | 97.18 |
| | 0.34 | 2.50 | 0.72 | 0.57 | 0.65 | 0.82 | 0.63 |
| 85 years and older | 95.96 | 81.85 | 95.80 | 95.91 | 97.20 | 97.29 | 96.79 |
| | 0.58 | 4.92 | 1.50 | 1.14 | 0.81 | 1.94 | 1.05 |
| Disabled | | | | | | | |
| Under 45 years | 89.35 | 81.07 | 92.02 | 76.13* | 88.05 | 26.41* | 81.90* |
| | 1.07 | 4.05 | 0.99 | 20.43 | 3.68 | 33.62 | 8.84 |
| 45 - 64 years | 93.65 | 84.50 | 96.74 | 84.62* | 95.90 | 100.00* | 95.57 |
| | 1.01 | 3.21 | 1.25 | 8.11 | 1.53 | 0.00 | 1.99 |
| Gender | | | | | | | |
| Male | 92.56 | 80.65 | 92.97 | 94.94 | 92.69 | 98.03 | 95.09 |
| | 0.42 | 2.31 | 0.74 | 1.08 | 0.85 | 0.85 | 0.75 |
| Female | 94.83 | 84.87 | 96.17 | 95.91 | 94.62 | 95.22 | 95.90 |
| | 0.34 | 2.58 | 0.78 | 0.84 | 0.65 | 1.75 | 0.74 |
| Living Arrangement | | | | | | | |
| Alone | 94.48 | 81.42 | 95.11 | 95.37 | 94.93 | 98.51 | 96.74 |
| | 0.40 | 2.52 | 0.87 | 0.79 | 0.94 | 0.90 | 0.76 |
| With spouse | 93.78 | 82.09 | 95.58 | 96.32 | 93.43 | 95.41 | 95.24 |
| | 0.45 | 2.97 | 1.06 | 0.92 | 0.75 | 1.66 | 0.75 |
| With children | 94.20 | 88.18 | 96.03 | 91.80 | 94.04 | 94.90* | 95.85 |
| | 0.60 | 3.29 | 0.84 | 3.19 | 1.68 | 3.76 | 1.69 |
| With others | 91.13 | 80.53 | 92.83 | 94.93 | 90.07 | 100.00* | 93.18 |
| | 1.26 | 4.70 | 1.80 | 2.69 | 2.53 | 0.00 | 2.65 |

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | | Medicare HMO ² |
|--|-------|-------------------------------|-------------------------------|--|--------------------------------------|---------------------------------|---------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | Both Types of Private Insurance | |
| Percentage of Beneficiaries with at Least One Prescribed Medicine | | | | | | | |
| All Beneficiaries | 93.79 | 82.44 | 94.91 | 95.52 | 93.68 | 96.45 | 95.53 |
| | 0.30 | 1.72 | 0.58 | 0.67 | 0.57 | 1.03 | 0.51 |
| Race/Ethnicity | | | | | | | |
| White non-Hispanic | 94.13 | 83.83 | 95.35 | 95.59 | 93.71 | 96.58 | 95.71 |
| | 0.31 | 1.76 | 0.71 | 0.69 | 0.63 | 1.07 | 0.52 |
| Black non-Hispanic | 91.38 | 77.93 | 94.67 | 93.05* | 91.73 | 85.60* | 93.99 |
| | 1.05 | 5.12 | 0.98 | 3.91 | 1.99 | 9.27 | 2.02 |
| Hispanic | 92.52 | 74.38* | 94.21 | 93.63* | 93.55 | 100.00* | 95.31 |
| | 1.25 | 7.82 | 1.73 | 4.44 | 2.17 | 0.00 | 1.75 |
| Other | 95.73 | 90.55* | 94.49 | 96.95* | 97.86 | 100.00* | 97.46 |
| | 0.97 | 5.02 | 1.74 | 3.06 | 1.47 | 0.00 | 1.70 |
| Income | | | | | | | |
| Less than \$5,000 | 92.06 | 86.22* | 95.06 | 100.00* | 88.97* | 100.00* | 87.65* |
| | 2.14 | 7.56 | 2.23 | 0.00 | 6.36 | 0.00 | 6.66 |
| \$5,000 - \$9,999 | 91.83 | 81.69 | 94.11 | 81.96 | 85.04 | 82.78* | 95.32 |
| | 0.95 | 4.11 | 0.81 | 5.85 | 4.86 | 16.61 | 2.23 |
| \$10,000 - \$14,999 | 92.85 | 75.48 | 95.70 | 95.47 | 95.38 | 96.36* | 93.96 |
| | 0.88 | 4.07 | 1.05 | 1.74 | 1.21 | 3.94 | 1.68 |
| \$15,000 - \$19,999 | 92.86 | 85.22 | 94.71 | 91.74 | 93.21 | 97.25* | 96.24 |
| | 1.02 | 4.15 | 1.78 | 3.03 | 1.77 | 2.66 | 1.30 |
| \$20,000 - \$24,999 | 92.84 | 80.44 | 98.86 | 95.88 | 91.87 | 94.82* | 95.48 |
| | 0.91 | 4.86 | 1.14 | 1.37 | 1.60 | 3.27 | 1.26 |
| \$25,000 - \$29,999 | 96.01 | 89.99 | 95.57* | 97.50 | 95.72 | 98.23 | 96.52 |
| | 0.72 | 4.13 | 2.85 | 1.03 | 1.36 | 1.84 | 1.36 |
| \$30,000 - \$39,999 | 94.42 | 89.27 | 93.10* | 97.31 | 93.51 | 100.00 | 94.43 |
| | 0.78 | 4.11 | 6.78 | 0.81 | 1.41 | 0.00 | 1.36 |
| \$40,000 - \$49,999 | 95.83 | 100.00* | 90.44* | 93.28 | 96.19 | 92.62 | 97.41 |
| | 0.81 | 0.00 | 9.81 | 2.58 | 0.89 | 5.80 | 1.20 |
| \$50,000 or more | 94.38 | 69.51* | 94.43* | 98.92 | 93.30 | 96.13 | 96.39 |
| | 0.71 | 9.91 | 4.16 | 0.58 | 0.98 | 1.54 | 1.02 |

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|--|-------|-------------------------------------|-------------------------------|---|---|------------------------------|------------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Prescribed Medicine | | | | | | | |
| All Beneficiaries | 93.79 | 82.44 | 94.91 | 95.52 | 93.68 | 96.45 | 95.53 |
| | 0.30 | 1.72 | 0.58 | 0.67 | 0.57 | 1.03 | 0.51 |
| Health Status | | | | | | | |
| Excellent | 89.00 | 75.09 | 86.98 | 89.88 | 88.06 | 95.04 | 92.46 |
| | 1.09 | 5.63 | 2.27 | 2.03 | 1.77 | 2.16 | 1.96 |
| Very good | 92.03 | 76.81 | 90.40 | 95.20 | 92.30 | 94.22 | 93.56 |
| | 0.59 | 3.47 | 1.55 | 1.46 | 1.06 | 2.31 | 0.98 |
| Good | 94.76 | 79.16 | 94.59 | 96.58 | 95.90 | 99.32 | 96.85 |
| | 0.45 | 3.86 | 1.11 | 1.18 | 0.78 | 0.68 | 0.77 |
| Fair | 98.02 | 93.51 | 98.75 | 99.06 | 98.05 | 98.76 | 98.65 |
| | 0.35 | 2.29 | 0.42 | 0.70 | 0.69 | 1.25 | 0.74 |
| Poor | 95.37 | 87.31 | 95.08 | 100.00 | 95.62 | 100.00* | 98.51 |
| | 1.24 | 4.71 | 2.30 | 0.00 | 1.79 | 0.00 | 1.11 |
| Functional Limitation | | | | | | | |
| None | 92.26 | 78.88 | 92.87 | 94.36 | 92.10 | 94.75 | 94.55 |
| | 0.43 | 2.37 | 0.98 | 0.87 | 0.85 | 1.55 | 0.66 |
| IADL only ⁴ | 95.95 | 83.77 | 95.71 | 97.51 | 97.16 | 100.00 | 97.25 |
| | 0.53 | 4.02 | 0.79 | 1.39 | 0.75 | 0.00 | 0.86 |
| One to two ADLs ⁵ | 95.84 | 89.25 | 97.64 | 96.36 | 95.08 | 100.00 | 96.93 |
| | 0.62 | 4.01 | 0.89 | 1.79 | 1.42 | 0.00 | 1.29 |
| Three to five ADLs | 97.10 | 95.41 | 95.82 | 100.00 | 97.03 | 100.00* | 100.00 |
| | 1.11 | 2.65 | 2.43 | 0.00 | 1.66 | 0.00 | 0.00 |

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008Community-Only Residents¹

| Beneficiary Characteristic | Total | Medicare Fee-for-Service Only | Supplemental Health Insurance | | | Medicare HMO ² | |
|--|-------------|-------------------------------------|-------------------------------|---|---|------------------------------|------------------------------------|
| | | | Medicaid | Individually-Purchased Private Insurance | Employer-Sponsored Private Insurance | | Both Types of Private Insurance |
| Percentage of Beneficiaries with at Least One Prescribed Medicine | | | | | | | |
| All Beneficiaries | 93.79 | 82.44 | 94.91 | 95.52 | 93.68 | 96.45 | 95.53 |
| | <i>0.30</i> | <i>1.72</i> | <i>0.58</i> | <i>0.67</i> | <i>0.57</i> | <i>1.03</i> | <i>0.51</i> |
| Metropolitan Area Resident | | | | | | | |
| Yes | 93.97 | 81.38 | 94.94 | 95.39 | 93.96 | 96.22 | 95.65 |
| | <i>0.30</i> | <i>2.22</i> | <i>0.65</i> | <i>0.89</i> | <i>0.61</i> | <i>1.12</i> | <i>0.52</i> |
| No | 93.44 | 84.39 | 95.01 | 95.74 | 93.06 | 99.36 | 94.65 |
| | <i>0.73</i> | <i>2.75</i> | <i>1.10</i> | <i>0.91</i> | <i>1.43</i> | <i>0.67</i> | <i>1.76</i> |

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

All Medicare Beneficiaries

| Beneficiary Characteristic | Total ¹ | Medicare Fee-for-Service Only | Supplemental Health Insurance ² | |
|--|--------------------|-------------------------------------|--|-------------------|
| | | | Medicaid | Private Insurance |
| Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay | | | | |
| All Beneficiaries | 8.40 | 6.54 | 20.40 | 5.34 |
| | 0.22 | 0.78 | 0.79 | 0.25 |
| Medicare Status³ | | | | |
| Aged | | | | |
| 65 - 74 years | 3.32 | 1.92* | 12.90 | 1.81* |
| | 0.23 | 0.73 | 1.27 | 0.28 |
| 75 - 84 years | 9.56 | 12.37* | 24.59 | 7.14 |
| | 0.47 | 2.64 | 1.74 | 0.64 |
| 85 years and older | 25.93 | 34.30* | 53.67 | 17.08 |
| | 1.01 | 4.19 | 2.20 | 1.21 |
| Disabled | | | | |
| Under 45 years | 5.04 | 0.81* | 6.64 | 0.40* |
| | 0.77 | 0.70 | 1.06 | 0.40 |
| 45 - 64 years | 8.32 | 3.55* | 15.26 | 2.68* |
| | 0.88 | 1.13 | 1.91 | 0.93 |
| Gender | | | | |
| Male | 6.59 | 4.51* | 19.01 | 4.02 |
| | 0.36 | 0.78 | 1.27 | 0.38 |
| Female | 9.87 | 9.18 | 21.26 | 6.44 |
| | 0.31 | 1.46 | 1.02 | 0.33 |
| Marital Status | | | | |
| Married | 4.10 | 3.03* | 14.43 | 3.07 |
| | 0.24 | 0.80 | 1.46 | 0.26 |
| Widowed | 15.03 | 17.08 | 29.85 | 10.83 |
| | 0.54 | 2.41 | 1.79 | 0.71 |
| Divorced/separated | 6.64 | 2.09* | 11.80 | 4.18* |
| | 0.75 | 0.97 | 1.66 | 1.01 |
| Never married | 16.67 | 11.75* | 22.36 | 5.65* |
| | 1.09 | 3.60 | 1.57 | 1.71 |

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

All Medicare Beneficiaries

| Beneficiary Characteristic | Total ¹ | Medicare Fee-for-Service Only | Supplemental Health Insurance ² | |
|--|--------------------|-------------------------------------|--|-------------------|
| | | | Medicaid | Private Insurance |
| Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay | | | | |
| All Beneficiaries | 8.40 | 6.54 | 20.40 | 5.34 |
| | 0.22 | 0.78 | 0.79 | 0.25 |
| Race/Ethnicity | | | | |
| White non-Hispanic | 8.90 | 7.83 | 28.26 | 5.70 |
| | 0.24 | 1.06 | 1.28 | 0.28 |
| Black non-Hispanic | 8.57 | 2.60* | 15.76 | 3.27* |
| | 0.79 | 1.33 | 1.54 | 1.02 |
| Hispanic | 5.47 | 4.08* | 7.00* | 2.79* |
| | 0.72 | 2.06 | 1.12 | 0.94 |
| Other | 4.92* | 5.27* | 6.21* | 2.40* |
| | 0.94 | 2.95 | 1.47 | 1.11 |
| Income | | | | |
| Less than \$5,000 | 14.68 | 6.12* | 23.01* | 8.75* |
| | 2.29 | 4.57 | 3.61 | 3.34 |
| \$5,000 - \$9,999 | 15.99 | 9.84* | 18.52 | 8.73* |
| | 0.91 | 3.19 | 1.18 | 1.70 |
| \$10,000 - \$14,999 | 12.73 | 6.14* | 19.17 | 8.89 |
| | 0.91 | 1.72 | 1.58 | 1.22 |
| \$15,000 - \$19,999 | 9.76 | 4.78* | 22.41 | 7.61 |
| | 0.79 | 1.31 | 2.48 | 1.21 |
| \$20,000 - \$24,999 | 8.08 | 6.03* | 28.65* | 6.83 |
| | 0.80 | 1.72 | 5.00 | 0.91 |
| \$25,000 - \$29,999 | 6.87 | 7.76* | 25.87* | 6.19* |
| | 0.80 | 3.70 | 6.27 | 0.93 |
| \$30,000 - \$39,999 | 5.62 | 5.79* | 26.97* | 5.20 |
| | 0.56 | 2.16 | 6.57 | 0.72 |
| \$40,000 - \$49,999 | 4.98 | 9.28* | 53.46* | 4.10* |
| | 0.69 | 4.34 | 12.63 | 0.71 |
| \$50,000 or more | 3.30 | 7.45* | 32.10* | 2.89 |
| | 0.39 | 3.00 | 10.67 | 0.40 |

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

All Medicare Beneficiaries

| Beneficiary Characteristic | Total ¹ | Medicare Fee-for-Service Only | Supplemental Health Insurance ² | |
|--|--------------------|-------------------------------------|--|-------------------|
| | | | Medicaid | Private Insurance |
| Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay | | | | |
| All Beneficiaries | 8.40 | 6.54 | 20.40 | 5.34 |
| | 0.22 | 0.78 | 0.79 | 0.25 |
| Health Status | | | | |
| Excellent | 2.23* | 1.95* | 11.21* | 1.49* |
| | 0.35 | 1.55 | 3.63 | 0.32 |
| Very good | 3.80 | 2.88* | 11.64 | 3.34 |
| | 0.30 | 1.01 | 1.40 | 0.39 |
| Good | 7.27 | 3.92* | 17.65 | 4.90 |
| | 0.37 | 1.02 | 1.31 | 0.46 |
| Fair | 15.73 | 12.02* | 24.71 | 11.06 |
| | 0.73 | 1.81 | 1.70 | 1.05 |
| Poor | 19.46 | 11.04* | 25.62 | 15.85 |
| | 1.28 | 2.72 | 2.24 | 1.91 |
| Functional Limitation | | | | |
| None | 1.81 | 1.84* | 2.71* | 1.61 |
| | 0.20 | 0.66 | 0.73 | 0.22 |
| IADL only ⁴ | 6.02 | 2.42* | 8.03 | 6.14 |
| | 0.45 | 1.30 | 0.89 | 0.70 |
| One to two ADLs ⁵ | 13.12 | 7.03* | 20.02 | 11.03 |
| | 0.86 | 1.99 | 1.81 | 1.07 |
| Three to five ADLs | 46.90 | 36.37 | 57.76 | 34.44 |
| | 1.55 | 5.40 | 2.17 | 2.68 |

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2008

All Medicare Beneficiaries

| Beneficiary Characteristic | Total ¹ | Medicare Fee-for-Service Only | Supplemental Health Insurance ² | |
|--|--------------------|-------------------------------------|--|-------------------|
| | | | Medicaid | Private Insurance |
| Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay | | | | |
| All Beneficiaries | 8.40 | 6.54 | 20.40 | 5.34 |
| | <i>0.22</i> | <i>0.78</i> | <i>0.79</i> | <i>0.25</i> |
| Metropolitan Area Resident | | | | |
| Yes | 8.25 | 7.08 | 20.19 | 5.06 |
| | <i>0.26</i> | <i>1.00</i> | <i>0.88</i> | <i>0.32</i> |
| No | 8.98 | 5.52* | 21.31 | 6.24 |
| | <i>0.45</i> | <i>1.30</i> | <i>1.63</i> | <i>0.37</i> |

Source: Medicare Current Beneficiary Survey, CY 2008 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The 8.40 percent of Medicare beneficiaries with a facility stay differs from the 5.28 percent of Medicare beneficiaries who either resided full-year in a long-term care facility or part of the year in a long-term care facility, as shown in Table 1.1. User rates in this table include full-year community residents who had short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or collected through Medicare claims data. The residence rates in Table 1.1 do not count such people as residing full- or part-year in a long-term care facility.
- 2 Beneficiaries enrolled in Medicare HMOs are not included in individual categories in the table, but are included in the total. Beneficiaries who were not eligible for Medicaid at any time during 2007, but who had individually-purchased private insurance, employer-sponsored private insurance, unknown purchaser for private insurance, or who were enrolled in a private HMO are included in the category private insurance.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.