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 2011

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 Discharge	Amount in Millions	Percent	Per Discharge[3]	Per Day
Total	11,493	318	61,852	100.0	5.4	$116,720	100.0	$10,347	$1,887
Age									
Under 65 Years	2,433	356	13,805	22.3	5.7	24,374	20.9	10,291	1,766
65-69 Years	1,816	198	9,605	15.5	5.3	20,272	17.4	11,382	2,111
70-74 Years	1,618	243	8,369	13.5	5.2	17,377	14.9	10,950	2,076
75-79 Years	1,622	320	8,639	14.0	5.3	17,163	14.7	10,763	1,987
80-84 Years	1,650	408	8,926	14.4	5.4	16,483	14.1	10,144	1,847
85 Years or Over	2,354	543	12,509	20.2	5.3	21,051	18.0	9,054	1,683
Sex									
Male	5,124	310	28,058	45.4	5.5	55,232	47.3	10,999	1,968
Female	6,368	325	33,794	54.6	5.3	61,488	52.7	9,823	1,820
Race[4]									
White	9,320	311	49,102	79.4	5.3	92,485	79.2	10,096	1,884
Other	2,135	356	12,543	20.3	5.9	23,821	20.4	11,437	1,899
Type of Entitlement									
Aged[5]	8,998	307	47,698	77.1	5.3	91,679	78.5	10,357	1,922
Disabled[6]	2,494	365	14,155	22.9	5.7	25,041	21.5	10,309	1,769
Discharge Status									
Alive	11,129	n/a	59,120	95.6	5.3	109,376	93.7	10,017	1,850
Dead	364	n/a	2,732	4.4	7.5	7,344	6.3	20,293	2,688

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

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

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

[4]Excludes unknown race.

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

[6]Includes 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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Information Products and Data Analytics.