## Table 25

Demographic		•	,	,							
Characteristics,	Enr	Enrollees		Discharges <sup>1</sup>		Total Days of Care					
Medicare Status,	Total HI	Managed	Number	Rate Per	Number		Per	Program Payments			
and Discharge	in	Care in	in	1,000 HI	in		Dis-	Amount in		Per	Per
Status	Thousands	Thousands	Thousands	Enrollees <sup>2</sup>	Thousands	Percent	charge	Millions	Percent	Discharge	Day
Total	38,737	6,961	11,605	365	70,508	100.0	6.1	\$79,013	100.0	\$6,920	\$1,121
Age											
Under 65 Years	5,219	478	1,691	357	10,687	15.2	6.3	11,146	14.1	6,928	1,043
65-69 Years	8,992	1,907	1,595	225	9,174	13.0	5.8	11,768	14.9	7,585	1,283
70-74 Years	8,553	1,757	2,010	296	11,674	16.6	5.8	14,665	18.6	7,399	1,256
75-79 Years	7,131	1,384	2,216	386	13,431	19.0	6.1	15,861	20.1	7,212	1,181
80-84 Years	4,676	827	1,890	491	11,752	16.7	6.2	12,493	15.8	6,643	1,063
85 Years or Over	4,167	608	2,202	619	13,789	19.6	6.3	13,081	16.6	5,958	949
Sex											
Male	16,743	2,996	5,034	366	30,558	43.3	6.1	36,660	46.4	7,444	1,200
Female	21,993	3,964	6,570	364	39,950	56.7	6.1	42,353	53.6	6,523	1,060
Race <sup>3</sup>											
White	32,847	5,873	9,714	360	57,700	81.8	5.9	65,114	82.4	6,808	1,128
Other	5,676	1,054	1,835	397	12,461	17.7	6.8	13,528	17.1	7,521	1,086
Medicare Status											
Aged <sup>4</sup>	33,519	6,483	9,873	365	59,577	84.5	6.0	67,588	85.5	6,918	1,134
Disabled <sup>5</sup>	5,219	478	1,732	365	10,931	15.5	6.3	11,425	14.5	6,933	1,045
Discharge Status											
Alive	NA	NA	11,065	NA	65,913	93.5	6.0	72,208	91.4	6,634	1,096
Dead	NA	NA	540	NA	4,595	6.5	8.5	6,805	8.6	12,750	1,481

## 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 1999

<sup>1</sup>Excludes discharges for managed care enrollees that were paid for by the managed care plan.

<sup>2</sup>Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

<sup>3</sup>Excludes unknown race.

<sup>4</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>5</sup>Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.