

CMS 2010 Basic Stand Alone (BSA) Hospice Beneficiary Public Use File (PUF)

General Documentation

1. Overview of the PUF

This release contains the Basic Stand Alone (BSA) Hospice Beneficiary Public Use File (PUF) named “*CMS 2010 BSA Hospice Beneficiary PUF*” with information from 2010 Medicare hospice claims.¹ The *CMS 2010 BSA Hospice Beneficiary PUF* is a beneficiary-level file in which the beneficiaries with identical information (i.e., same values for all variables of the PUF) are presented together in one record. The PUF is created from a random 5% sample of Medicare beneficiaries who had at least one hospice claim in 2010. There are some demographic and claim-related variables provided in this PUF as detailed below.

When the variables were selected for inclusion in this PUF, priority was given to the measures most commonly reported/studied in health services research. However, most variables could not be included in the *CMS 2010 BSA Hospice Beneficiary PUF* because the inclusion of more information would increase the risk of identification of beneficiaries.

2. Source Data for the PUF

The *CMS 2010 BSA Hospice Beneficiary PUF* originates from a 5% simple random sample of beneficiaries drawn (without replacement) from the 100% Beneficiary Summary File for reference year 2010. The sample that is used for the *CMS 2010 BSA Hospice Beneficiary PUF* is *disjoint* from the existing 5% CMS research sample² in the sense that there is no overlap in terms of the beneficiaries in the *CMS 2010 BSA Hospice Beneficiary PUF* and the 5% CMS research sample. It is also disjoint from other *CMS 2010 BSA PUFs*. This property prevents users from linking data across multiple files for identification purposes.

The 100% Beneficiary Summary File is created annually and contains demographic, entitlement and enrollment data for beneficiaries

- a. who were documented as being alive for some part of the reference year of the Beneficiary Summary File, and
- b. who were entitled to Medicare benefits during the reference year, and
- c. who were enrolled in the Medicare Part A and/or Part B for at least one month in the reference year.

¹ Claims with hospice services ending in 2010, defined by the “claim through date.”

² http://www.resdac.org/tools/TBs/TN-011_How5percentMedicarefilescreated_508.pdf

The 5% sample of hospice claims is created by collecting claims for the beneficiaries in the 5% random sample of beneficiaries. The 5% random sample contains approximately 2.5 million beneficiaries. To create the *CMS 2010 BSA Hospice Beneficiary PUF*, all claims that belong to those 2.5 million beneficiaries are collected.

As part of the PUF preparation steps, some claims are excluded/suppressed from the *CMS 2010 BSA Hospice PUF*. The initial 5% sample of beneficiaries contains 2,503,543 beneficiaries. Out of the 2,503,543 beneficiaries, there are 58,175 beneficiaries with at least one hospice claim, and the remaining 2,445,368 beneficiaries do not have any hospice claims in 2010. A small number of beneficiaries, 529 to be exact, are excluded because they have one or more claims for which Medicare did not cover the services provided (e.g., Medicare payment is zero). In addition, to protect the privacy of Medicare beneficiaries, a total of 703 beneficiaries are suppressed from the PUF. Table 1 below provides total Medicare payments for these suppressed beneficiaries.

Table 1: Suppression in CMS 2010 BSA Hospice Beneficiary PUF

Category	Formula	Medicare Payments ⁽²⁾	Number of Beneficiaries
Initial 5% Sample ⁽¹⁾	(a)	\$643,385,216	57,646
Suppressed	(b)	\$9,431,515	703
<i>CMS 2010 BSA HOSPICE PUF</i>	(c) = (a)-(b)	\$633,953,701	56,943

(1) A number of beneficiaries (529) are suppressed initially because of denied claims.

(2) The Medicare Payments provided in this table are computed using actual payment amounts from the Hospice claims file.

3. Content of the PUF

The most important aspects of the *CMS 2010 BSA Hospice Beneficiary PUF* are as follows:

- i. It contains claims for a simple random sample of 5% of the 2010 beneficiary population. Out of approximately 2.5 million beneficiaries in the 5% sample, 58,175 had hospice claims.
- ii. It contains seven (7) analytic variables (in addition to a beneficiary count): gender, age, an indicator for whether deceased at discharge, diagnosis, indicator for cancer diagnosis, days of covered Hospice care, and total payment by Medicare. Some of the variables have been aggregated or coarsened in order to protect individuals from identification while retaining the analytic value of the data.
- iii. A beneficiary is only included in the PUF if the combination of all seven (7) variables is shared by at least eleven (11) beneficiaries in the population. For some combinations of values of the six (6) variables, there are fewer than eleven (11) beneficiaries in the PUF (e.g., only one or two beneficiaries).

4. Analytic Variables of the PUF

CMS 2010 Hospice Beneficiary PUF contains eight (8) variables: A beneficiary count and seven (7) analytic variables, listed below.

- i. Gender (BENE_SEX_IDENT_CD): The beneficiary's gender, (1) male or (2) female.
- ii. Age (BENE_AGE_CAT_CD): The beneficiary's age, reported in seven categories: (1) under 65, (2) 65 - 69, (3) 70 - 74, (4) 75-79, (5) 80-84, (6) 85-89, (7) 90 and older.
- iii. Indicator for deceased at discharge in Hospice (HOSPC_DECEASED_CD): This variable has two values: (0) the beneficiary was discharged alive from Hospice care or was still a patient at the end of 2010, and (1) the beneficiary was deceased at discharge from Hospice care.
- iv. Terminal diagnosis (HOSPC_DX_CD): This is a set of 6 possible codes, numbered 1 - 6. It identifies six different types of terminal diagnosis. These codes are created based on the classification of ICD-9 CM diagnosis codes used by the CMS in its Medicare Hospice Data Trends report.³ The crosswalk between the ICD-9 CM diagnosis codes and the Hospice terminal diagnosis is provided in Table 2.
- v. Cancer diagnosis indicator (HOSPC_CANCER_CD): This is an indicator variable with two values: (0) the beneficiary's diagnosis is not related to a cancer diagnosis, and (1) the beneficiary's diagnosis is related to a cancer diagnosis. Similar to HOSPC_DX_CD, this variable is created from the ICD-9 CM primary diagnosis code. ICD-9 CM primary diagnosis codes between 150xx and 239xx are defined as cancer diagnosis (or HOSPC_CANCER_CD equals 1).
- vi. Total days of covered Hospice care (HOSPC_DAYS_CD): This is a set of 5 possible codes, numbered 1 – 5. It identifies five categories of the number of days that the beneficiary spent in Hospice care. Beneficiaries join or leave Hospice care throughout the year. Hence, this variable is not necessarily the "length of stay": all claims that belong to a beneficiary are aggregated together.
- vii. Total Medicare payment (HOSPC_PMT_AMT): This value is the total payments made by Medicare for the Hospice claims of the beneficiary. The values are rounded according to

³ "Medicare Hospice Data Trends: 1998-2009" available at https://www.cms.gov/Hospice/20_Medicare_Hospice_Data.asp

the rules in Table 3. Note that a payment amount between \$0 and \$124.99 is rounded to \$0 according to the rounding rules.

- viii. Beneficiary count (BENE_CNT): This variable contains the number of beneficiaries that share the same profile, or unique combination of age, gender, indicator for whether deceased at discharge, diagnosis, indicator for cancer diagnosis, days of covered Hospice care, and total payment by Medicare. The sum of this variable (56,943) is equal to the number of beneficiaries included in the PUF.

The detailed definitions and frequency distributions of these variables are provided in the Data Dictionary & Codebook together with this document.

5. Analytic Utility of the PUF

Hospice care is a type of care that is different from other types of care covered by the Medicare program. It is end-of-life care designed to help people who are dying have peace and comfort. Given that most beneficiaries with hospice claims are deceased at discharge, the majority of the beneficiaries in the *CMS 2010 BSA Hospice Beneficiary PUF* were enrolled in Medicare Part A for less than a full year.

Table 4 through Table 9 provide comparisons of the distribution for each variable included in the PUF. For each table three different distributions are provided. The column “Population” refers to the population analogous to the column “Initial 5% sample” of Medicare beneficiaries receiving hospice care in 2010. The initial 5% sample consists of 57,646 beneficiaries after preliminary cleaning steps (see Table 1 above). The last column “PUF” refers to the 56,943 beneficiaries that remain in the PUF.

Because of the nature of hospice care and the 5% sample that is used (see footnote 1), “truncation” can occur when a beneficiary begins Hospice care prior to 2010 (left truncation) or when a beneficiary is still in hospice care at the end of 2010 (right truncation). In such cases, the available data would not allow the user to know the full history of hospice care for a beneficiary. A truncation indicator has not been included in the *CMS 2010 Hospice Beneficiary PUF* to protect the privacy and confidentiality of Medicare beneficiaries. Without such information, estimates of mean or median number of covered days and/or Medicare payments might produce biased results.

Table 10 and Table 11 compare the mean and median number of covered days and Medicare payments per beneficiary in the *CMS 2010 Hospice Beneficiary PUF* with the measures one would get if more information (e.g., truncation, actual number of covered days, and actual Medicare payment amounts) was available. Three different subgroups of beneficiaries are shown for such purpose: 1) beneficiaries that entered hospice in January of 2010 (total of 4,230

beneficiaries); 2) beneficiaries that entered hospice in January of 2010 (total of 3,743 beneficiaries) and were discharged in 2010 (i.e., non-truncated); and 3) beneficiaries that entered hospice in any month in 2010 and were discharged in 2010 (i.e. non-truncated). The subgroup of beneficiaries that started receiving hospice care in January 2010 is included in this analysis because of the increased possibility of observing the entirety of claims for such individuals in the data in 2010. To isolate the effect of truncation for the beneficiaries in the first subgroup, beneficiaries who were still in hospice care at the end of 2010 were excluded to create the second subgroup. Third group includes the beneficiaries for whom the entirety of hospice claims were available in 2010 regardless of the month of admission.

As presented in Table 12, over one third of the beneficiaries in the *CMS 2010 Hospice Beneficiary PUF* are affected by the truncation phenomenon.

Table 13 through Table 18 provide cross-tabulation of each of the variables in the *CMS 2010 Hospice Beneficiary PUF* by separating the beneficiaries in the PUF into “Truncated” and “Not-truncated.” Table 13 provides the distribution of beneficiaries in the PUF by this truncation distinction before suppression. Table 14 through Table 18 give distributions by gender of the beneficiary, age of the beneficiary, terminal diagnosis, covered hospice days, and Medicare payment variables, respectively.

Similarly, Medicare beneficiaries have the right to stop getting hospice care at any time for any reason (i.e. health improves or illness goes into remission), and if eligible go back (i.e., seek re-admission) to hospice care at any time. The *CMS 2010 Hospice Beneficiary PUF* does not include a variable to account for this fact to protect the confidentiality of beneficiaries in the sample. Table 19 shows the frequency distribution of hospice admissions for those beneficiaries included in the PUF.

Table 20 and Table 21 give mean days and Medicare payment amount for each day and rounded payment category in the *CMS 2010 Hospice Beneficiary PUF*. It is worth noting that Medicare payment for hospice services is based on a daily rate regardless of the amount of services provided on a given day. Also, users must consider that there are four base payment amounts for four different categories of care: routine home care, continuous home care, inpatient respite care, and general inpatient care. The base rates are adjusted for geographic factors. However, the *CMS 2010 Hospice Beneficiary PUF* does not provide these four types of care separately in a variable.

Lastly, users interested in calculating utilization rates (e.g., persons served per 1000 enrolled) may find Tables 22 and 23 useful. These tables provide the distribution of female and male beneficiaries, respectively, in the PUF by the number of months of Part A enrollment and age categories.

Table 2: Hospice Terminal Diagnosis and Corresponding ICD9-CM codes

Terminal Diagnosis ⁽¹⁾	Associated ICD9-CM codes
Non-Alzheimer’s Dementia	290, 294, 331 except 331.0
Debility, unspecified	799.3
Lung Cancer	162-165
Congestive Heart Failure	428
Non-infectious Respiratory Disease	490 – 496

(1) All other ICD9-CM codes are grouped under an “Other” terminal diagnosis category.

Table 3: Rounding Rule for Total Medicare Payments

Value of Total Medicare Payment Amount (\$)	Rounding Rule ⁽¹⁾
0 - 1,000	Round to the nearest multiple of 250
1,001 – 10,000	Round to the nearest multiple of 1,000
10,001 – 25,000	Round to the nearest multiple of 5,000
Greater than 25,000	Round to the nearest multiple of 25,000

(1) Note that a payment amount between \$0 and \$124.99 is rounded to \$0 according to the rounding rules. Hence, the corresponding value for \$250 in the PUF is a value between \$125 and \$374.99 in the initial 5% sample file.

Table 4: Distribution of Beneficiaries by Gender

Gender	Population (%)	Initial 5% Sample (%)	PUF (%)
Male	40.126	40.142	40.008
Female	59.874	59.858	59.992

Note: Percentages may not add up to 100% due to rounding.

Table 5: Distribution of Beneficiaries by Age Categories

Age	Population (%)	Initial 5% Sample (%)	PUF (%)
Under 65	4.978	5.334	5.207
65-69	6.808	7.027	6.926
70-74	9.261	9.144	9.088
75-79	13.183	13.007	13.008
80-84	18.963	18.933	18.993
85-89	22.147	22.081	22.163
90 or older	24.660	24.474	24.616

Note: Percentages may not add up to 100% due to rounding.

Table 6: Distribution of Beneficiaries by Diagnosis at Hospice Admission

Terminal Diagnosis	Population (%)	Initial 5% Sample (%)	PUF (%)
Non-Alzheimer's Dementia	10.654	10.722	10.679
Debility, unspecified	11.298	11.368	11.398
Lung CA	8.256	8.273	8.206
Congestive Heart Failure	7.386	7.683	7.604
Non-infectious Respiratory Disease	6.364	6.540	6.457
Other	56.041	55.414	55.705

Note: Percentages may not add up to 100% due to rounding.

Table 7: Distribution of Beneficiaries by Cancer Diagnosis Indicator

Cancer Diagnosis Indicator	Population (%)	Initial 5% Sample (%)	PUF (%)
0 [No]	70.493	70.576	70.569
1 [Yes]	29.507	29.424	29.431

Note: Percentages may not add up to 100% due to rounding.

Table 8: Distribution of Beneficiaries by Covered Days of Service

Covered Days of Service	Population (%)	Initial 5% Sample (%)	PUF (%)
1 – 7 days	27.667	27.096	27.240
8 – 30 days	26.619	26.760	26.639
31 – 90 days	20.271	20.664	20.601
91 to 180 days	12.008	12.023	12.035
181 or more days	13.435	13.456	13.485

Note: Percentages may not add up to 100% due to rounding.

Table 9: Distribution of Beneficiaries by Deceased at Discharge Indicator

Deceased at Discharge Indicator	Population (%)	Initial 5% Sample (%)	PUF (%)
0 [No]	29.062	29.759	29.461
1 [Yes]	70.938	70.241	70.539

Note: Percentages may not add up to 100% due to rounding.

Table 10: Mean and Median Covered Days⁽¹⁾

Terminal Diagnosis	Mean ⁽²⁾	Mean ⁽³⁾	Mean ⁽⁴⁾	Mean ⁽⁵⁾	Median ⁽²⁾	Median ⁽³⁾	Median ⁽⁴⁾	Median ⁽⁵⁾
Non-Alzheimer's Dementia	96.5	100.1	56.7	39.0	44.0	28.5	16.5	14.0
Debility, unspecified	87.9	87.5	55.3	43.3	43.0	28.5	21.5	17.0
Lung CA	45.9	50.2	44.8	30.6	18.0	18.0	17.0	15.0
Congestive Heart Failure	72.4	70.5	46.5	36.2	27.0	13.5	10.5	12.0
Non-infectious Respiratory Disease	89.8	94.4	59.6	39.8	38.0	32.5	21.0	12.0
Other	63.9	66.9	45.0	31.1	20.0	17.0	14.0	11.0
Total	71.0	73.0	48.1	33.9	25.0	20.0	15.0	12.0

(1) All mean and median covered days are computed using the actual number of days from the hospice claim file.

(2) All beneficiaries included in PUF (56,943 beneficiaries)

(3) Beneficiaries that entered hospice in January 2010 (4,230 beneficiaries)

(4) Beneficiaries that entered hospice in January 2010 and were discharged in 2010 (3,743 beneficiaries)

(5) Beneficiaries that entered hospice in 2010 and were discharged in 2010 (37,621 beneficiaries)

Table 11: Mean and Median Medicare Payment⁽¹⁾

Terminal Diagnosis	Mean ⁽²⁾ (\$)	Mean ⁽³⁾ (\$)	Mean ⁽⁴⁾ (\$)	Mean ⁽⁵⁾ (\$)	Median ⁽²⁾ (\$)	Median ⁽³⁾ (\$)	Median ⁽⁴⁾ (\$)	Median ⁽⁵⁾ (\$)
Non-Alzheimer's Dementia	14,758	15,572	9,194	6,635	7,345	5,864	3,581	3,016
Debility, unspecified	13,619	13,478	8,940	7,297	7,251	5,396	3,914	3,530
Lung CA	7,637	8,311	7,541	5,520	3,655	3,762	3,412	3,070
Congestive Heart Failure	10,868	10,662	7,439	5,925	4,660	3,321	2,842	2,599
Non-infectious Respiratory Disease	13,436	14,221	9,557	6,678	6,400	5,468	4,446	2,869
Other	10,216	10,772	7,687	5,742	4,364	4,148	3,492	2,872
Total	11,133	11,541	8,031	6,021	4,884	4,359	3,504	2,935

- (1) All mean and median covered days are computed using the actual number of days from the hospice claim file.
- (2) All beneficiaries included in PUF (56,943 beneficiaries)
- (3) Beneficiaries that entered hospice in January 2010 (4,230 beneficiaries)
- (4) Beneficiaries that entered hospice in January 2010 and were discharged in 2010 (3,743 beneficiaries)
- (5) Beneficiaries that entered hospice in 2010 and were discharged in 2010 (37,621 beneficiaries)

Table 12: Distribution of Beneficiaries by Truncation Indicator

Truncation Indicator	Initial 5% Sample (%)	PUF (%)
0 [No]	66.025	66.068
1 [Yes]	33.975	33.932

Note: Percentages may not add up to 100% due to rounding

Table 13: Beneficiary Status after Suppression

Deceased at Discharge Indicator	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Total
Not deceased at Discharge	3,707	13,069 ⁽¹⁾	16,776
Deceased at Discharge	33,914	6,253	40,167
Total	37,621	19,322	56,943

(1) Out of the 13,069 beneficiaries, 11,017 of such beneficiaries were still in hospice care at the end of 2010 and 2,052 of such beneficiaries were discharged alive from hospice care.

Table 14: Distribution of Beneficiaries by Gender and Truncation

Gender	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Percentage of Beneficiaries (Truncated) (%)
	(a)	(b)	(c) = (b)/[(a)+(b)]
Male	16,161	6,621	29.062
Female	21,460	12,701	37.180
Total	37,621	19,322	33.932

Table 15: Distribution of Beneficiaries by Age and Truncation

Age	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Percentage of Beneficiaries (Truncated) (%)
	(a)	(b)	(c) = (b)/[(a)+(b)]
Under 65	2,033	932	31.433
65-69	2,924	1,020	25.862
70-74	3,761	1,414	27.324
75-79	5,161	2,246	30.323
80-84	7,205	3,610	33.380
85-89	8,114	4,506	35.705
90 or older	8,423	5,594	39.909
Total	37,621	19,322	33.932

Table 16: Distribution of Beneficiaries by Diagnosis Categories and Truncation

Terminal Diagnosis	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Percentage of Beneficiaries (Truncated) (%)
	(a)	(b)	(c) = (b)/[(a)+(b)]
Non-Alzheimer's Dementia	3,344	2,737	45.009
Debility, unspecified	3,699	2,763	42.758
Lung CA	3,604	1,069	22.876
Congestive Heart Failure	2,844	1,486	34.319
Non-infectious Respiratory Disease	2,160	1,517	41.256
Other	21,970	9,750	30.738
Total	37,621	19,322	33.932

Table 17: Distribution of Beneficiaries by Days of Service Categories and Truncation

Covered Days	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Percentage of Beneficiaries (Truncated) (%)
	(a)	(b)	(c) = (b)/[(a)+(b)]
1 – 7 days	14,136	1,375	8.865
8 – 30 days	12,192	2,977	19.626
31 – 90 days	7,285	4,446	37.900
91 to 180 days	2,912	3,941	57.508
181 or more days	1,096	6,583	85.727
Total	37,621	19,322	33.932

Table 18: Distribution of Beneficiaries by Medicare Payment and Truncation

Medicare Payment (\$)	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Percentage of Beneficiaries (Truncated) (%)
	(a)	(b)	(c) = (b)/[(a)+(b)]
0	66	11	14.286
250	2,105	408	16.236
500	2,434	334	12.066
750	2,454	282	10.307
1,000	4,882	599	10.929
2,000	5,130	953	15.667
3,000	3,563	806	18.448
4,000	2,671	744	21.786

Medicare Payment (\$)	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Percentage of Beneficiaries (Truncated) (%)
	(a)	(b)	(c) = (b)/[(a)+(b)]
5,000	1,964	635	24.432
6,000	1,637	603	26.920
7,000	1,295	572	30.367
8,000	1,113	531	32.299
9,000	882	503	36.318
10,000	2,074	1,323	38.946
15,000	2,189	1,908	46.571
20,000	1,158	1,506	56.532
25,000	1,636	3,384	67.410
50,000	362	4,076	91.843
75,000	6	144	96.000
Total	37,621	19,322	33.932

Table 19: Distribution of Number of Admissions

Number of admissions	Number of Beneficiaries	Frequency (%)
1	53,196	93.420
2	3,344	5.873
3	336	0.590
4	45	0.079
5	18	0.032
6 or more admissions	4	0.007
Total	56,943	100.000

Table 20: Mean Number of Covered Days and Mean Medicare Payment by Categories of Number of Covered Days

Days Categories	Mean Number of Covered Days	Mean Medicare Payment (\$)	Mean Medicare payment per day (\$)
	(a)	(b)	(c) = (b)/(a)
1 – 7 days	3.7	1,306	349
8 – 30 days	16.2	3,569	220
31 – 90 days	55.9	9,113	163
91 to 180 days	130.4	19,667	151
181 or more days	284.9	41,396	145
All categories	71.0	11,133	157

(1) All mean covered days and Medicare payments are computed using the actual number of days and actual Medicare payment amounts from the hospice claim file.

Table 21: Mean Medicare Payment by Rounded Payment Category

Rounded Medicare Payment (\$)	Mean Medicare Payment (\$)
0	85
250	250
500	501
750	737
1,000	1,207
2,000	1,972
3,000	2,971
4,000	3,984
5,000	4,988
6,000	5,987
7,000	6,988
8,000	7,989
9,000	8,983
10,000	10,956
15,000	14,823
20,000	19,876
25,000	29,126
50,000	47,879
75,000	67,445

Table 22: Distribution of Female Beneficiaries by Number of Months of Part A Enrollment in 2010 and Age of Beneficiary

Months of Part A Enrollment ⁽¹⁾	Under 65	65 - 69	70 - 74	75 - 79	80 - 84	85-89	90 and older	Total
1	101	123	175	261	406	508	605	2,179
2	87	118	155	215	340	419	557	1,891
3	93	144	196	286	384	473	622	2,198
4	86	144	153	222	345	463	574	1,987
5	85	124	168	246	378	487	609	2,097
6	80	150	165	242	346	458	572	2,013
7	91	119	160	242	334	447	506	1,899
8	73	129	168	237	363	468	577	2,015
9	82	114	142	260	369	426	570	1,963
10	80	136	173	235	366	522	608	2,120
11	89	114	147	215	369	484	582	2,000
12	436	488	776	1,250	2,138	2,811	3,900	11,799
Total	1,383	1,903	2,578	3,911	6,138	7,966	10,282	34,161

(1) Number of months enrolled in 2010.

Table 23: Distribution of Male Beneficiaries by Number of Months of Part A Enrollment in 2010 and Age of Beneficiary

Months of Part A Enrollment ⁽¹⁾	Under 65	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 and older	Total
1	132	134	196	227	314	309	226	1,538
2	107	152	161	215	287	259	218	1,399
3	103	147	179	243	326	310	264	1,572
4	101	133	190	246	311	315	239	1,535
5	99	151	157	265	283	297	235	1,487
6	87	141	165	229	296	290	210	1,418
7	100	159	175	212	316	304	212	1,478
8	105	144	171	256	283	271	228	1,458
9	107	117	169	235	277	319	223	1,447
10	84	135	188	255	313	313	241	1,529
11	87	129	176	223	343	266	260	1,484
12	470	499	670	890	1,328	1,401	1,179	6,437
Total	1,582	2,041	2,597	3,496	4,677	4,654	3,735	22,782

(1) Number of months enrolled in 2010.