

CMS 2008 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 2008 BSA Hospice Beneficiary PUF*” with information from 2008 Medicare hospice claims.¹ The *CMS 2008 BSA Hospice Beneficiary PUF* is a beneficiary-level file in which each record is a beneficiary who had at least one hospice claim from a random 5% sample of Medicare beneficiaries. 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 2008 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 2008 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 2008. The sample that is used for the *CMS 2008 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 2008 BSA Hospice Beneficiary PUF* and the 5% CMS research sample. It is also disjoint from other *CMS 2008 BSA PUFs* (i.e., CMS 2008 Inpatient Claims PUF, CMS 2008 DME Line Items PUF, and CMS 2008 PDE PUF) that have been released so far. 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 2008, 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 2.4 million beneficiaries. To create the *CMS 2008 BSA Hospice Beneficiary PUF*, all claims that belong to those 2.4 million beneficiaries are collected.

As part of the PUF preparation steps, some claims are excluded/suppressed from the *CMS 2008 BSA Hospice PUF*. The initial 5% sample of beneficiaries contains 2,392,893 beneficiaries. Out of the 2,392,893 beneficiaries, there are 53,071 beneficiaries with at least one hospice claim, and the remaining 2,339,822 beneficiaries do not have any hospice claims in 2008. A small number of beneficiaries, 535 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 2,255 beneficiaries are suppressed from the PUF. Table 1 below provides total Medicare payments for these suppressed beneficiaries.

Table 1: Suppression in CMS 2008 BSA Hospice Beneficiary PUF

Category	Formula	Medicare Payments ⁽²⁾	Number of Beneficiaries
Initial 5% Sample ⁽¹⁾	(a)	\$557,867,294	52,536
Suppressed	(b)	\$24,767,384	2,255
<i>CMS 2008 BSA HOSPICE PUF</i>	(c) =(a)-(b)	\$533,099,909	50,281

(1) A number of beneficiaries (535) 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 2008 BSA Hospice Beneficiary PUF* are as follows:

- i. It contains claims for a simple random sample of 5% of the 2008 beneficiary population. Out of approximately 2.4 million beneficiaries in the 5% sample, 53,071 had hospice claims.
- ii. It contains seven (7) analytic variables (in addition to a unique record key): 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.
- iv. Beneficiaries cannot be linked to any external data source by means of the beneficiary ID. The beneficiary ID is a cryptographic key specific to this PUF and not available

elsewhere. The *CMS 2008 BSA Hospice Beneficiary PUF* is sorted by this beneficiary ID to ensure that the relative positions of each beneficiary in the PUF and in the original source data are totally uncorrelated.

4. Analytic Variables of the PUF

CMS 2008 Hospice Beneficiary PUF contains eight (8) variables: A primary record (i.e., beneficiary) key indexing the beneficiaries 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 2008, 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 2008 CMS Hospice 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.

³ “Medicare Hospice Data Trends: 1998-2008 Tables” available at <http://www.cms.gov/center/hospice.asp>

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

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 2008 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 2008. The initial 5% sample consists of 52,536 beneficiaries after preliminary cleaning steps (see Table 1 above). The last column “PUF” refers to the 50,281 beneficiaries that remain in the PUF.

It is worth noting that, although approximately one million Medicare beneficiaries received hospice care benefits in 2008, the number of analogous cases for the “Population” column is 698,463 beneficiaries. This is because the count from the population consists only of beneficiaries with the same attributes to the ones in the 5% sample. For example, if a particular diagnosis code was not selected in the 5% sample but existed in the 100% of the population, the beneficiaries with that particular diagnosis are not included in the definition used in column titled “Population.” This fact, in turn, also explains the differences in the distributions between the columns “Population” and “Initial 5% Sample.”

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 2008 (left truncation) or when a beneficiary is still in hospice care at the end of 2008 (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 2008 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 2008 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 2008 (total of 3,772 beneficiaries); 2) beneficiaries that entered hospice in January of 2008 (total of 3,501 beneficiaries) and were discharged in 2008 (i.e., non-truncated); and 3) beneficiaries that entered hospice in any month in 2008 and were discharged in 2008 (i.e. non-truncated). The subgroup of beneficiaries that started receiving hospice care in January 2008 is included in this analysis because of the increased possibility of observing the entirety of claims for such individuals in the data in 2008. To isolate the effect of truncation for the beneficiaries in the first subgroup, beneficiaries who were still in hospice care at the end of 2008 were excluded to create the second subgroup. Third group includes the beneficiaries for whom the entirety of hospice claims were available in 2008 regardless of the month of admission.

As presented in Table 12, close to 33% of the beneficiaries in the *CMS 2008 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 2008 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. 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 2008 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 2008 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 2008 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 except 162.0
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	36.923	39.990	39.597
Female	63.077	60.010	60.403

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	3.212	5.255	4.676
65-69	5.621	7.252	6.802
70-74	8.198	9.494	9.264
75-79	13.177	14.080	14.139
80-84	20.295	19.556	19.922
85-89	22.931	21.277	21.662
90 or older	26.566	23.085	23.536

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	10.102	10.046	9.696
Debility, unspecified	13.088	9.236	9.397
Lung CA	11.399	8.948	9.043
Congestive Heart Failure	10.389	8.093	8.095
Non-infectious Respiratory Disease	7.978	6.576	6.557
Other	47.044	57.100	57.212

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]	73.268	68.848	68.909
1 [Yes]	26.732	31.152	31.091

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	28.801	27.570	27.840
8 – 30 days	26.107	26.843	26.644
31 – 90 days	17.977	20.437	20.061
91 to 180 days	11.513	11.809	11.837
181 or more days	15.603	13.341	13.617

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]	28.838	30.602	29.415
1 [Yes]	71.162	69.398	70.585

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	89.5	60.6	40.4	42	24.5	19	14
Debility, unspecified	86.4	87.9	57.9	41.9	39	27.0	20	15
Lung CA	43.6	42.9	38.6	30.0	18	15.0	15	14
Congestive Heart Failure	77.9	74.0	49.0	32.8	26	16.5	14	11
Non-infectious Respiratory Disease	88.5	86.9	59.4	41.2	38	22.0	17	12
Other	65.8	62.7	43.9	31.4	21	16.0	13	11
Total	71.2	68.2	47.5	33.5	24	17.0	15	12

(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 (50,281 beneficiaries)

(3) Beneficiaries that entered hospice in January 2008 (3,772 beneficiaries)

(4) Beneficiaries that entered hospice in January 2008 and were discharged in 2008 (3,501 beneficiaries)

(5) Beneficiaries that entered hospice in 2008 and were discharged in 2008 (33,740 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	14,065	13,336	9,230	6,451	6,889	4,726	3,618	2,836
Debility, unspecified	12,768	12,874	8,867	6,660	6,421	4,828	3,470	2,817
Lung CA	7,043	7,091	6,489	5,221	3,453	3,102	3,021	2,737
Congestive Heart Failure	11,177	10,515	7,254	5,232	4,405	3,076	2,497	2,302
Non-infectious Respiratory Disease	12,646	12,684	9,150	6,373	5,874	4,359	3,459	2,616
Other	9,907	9,575	7,045	5,384	4,107	3,422	2,929	2,611
Total	10,602	10,279	7,504	5,606	4,454	3,587	3,035	2,635

(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 (50,281 beneficiaries)

(3) Beneficiaries that entered hospice in January 2008 (3,772 beneficiaries)

(4) Beneficiaries that entered hospice in January 2008 and were discharged in 2008 (3,501 beneficiaries)

(5) Beneficiaries that entered hospice in 2008 and were discharged in 2008 (33,740 beneficiaries)

Table 12: Distribution of Beneficiaries by Truncation Indicator

Truncation Indicator	Population (%)	Initial 5% Sample (%)	PUF (%)
0 [No]	67.7	66.8	67.1
1 [Yes]	32.3	33.2	32.9

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

Table 13: Beneficiary Status before Suppression

Deceased at Discharge Indicator	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Total
Not deceased at Discharge	3,610	11,180 ⁽¹⁾	14,790
Deceased at Discharge	30,130	5,361	35,491
Total	33,740	16,541	50,281

(1) Out of the 11,180 beneficiaries, 9,347 of such beneficiaries were still in hospice care at the end of 2008 and 1,833 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	14,379	5,531	27.8
Female	19,361	11,010	36.6
Total	33,740	16,541	32.9

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	1,630	721	30.7
65-69	2,589	831	24.3
70-74	3,449	1,209	26.0
75-79	4,960	2,149	30.2
80-84	6,718	3,299	32.9
85-89	7,139	3,753	34.5
90 or older	7,255	4,579	38.7
Total	33,740	16,541	32.9

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	2,751	2,124	43.6
Debility, unspecified	2,782	1,943	41.1
Lung CA	3,591	956	21.0
Congestive Heart Failure	2,582	1,488	36.6
Non-infectious Respiratory Disease	1,985	1,312	39.8
Other	20,049	8,718	30.3
Total	33,740	16,541	32.9

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	12,950	1,048	7.5
8 – 30 days	10,915	2,482	18.5
31 – 90 days	6,334	3,753	37.2
91 to 180 days	2,539	3,413	57.3
181 or more days	1,002	5,845	85.4
Total	33,740	16,541	32.9

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	59	5	7.8
250	2,119	342	13.9
500	2,523	255	9.2
750	2,158	190	8.1
1,000	4,637	527	10.2
2,000	4,837	816	14.4
3,000	3,230	716	18.1
4,000	2,221	617	21.7

Medicare Payment (\$)	Number of Beneficiaries (Non-Truncated)	Number of Beneficiaries (Truncated)	Percentage of Beneficiaries (Truncated) (%)
5,000	1,735	532	23.5
6,000	1,352	500	27.0
7,000	1,166	503	30.1
8,000	890	464	34.3
9,000	752	479	38.9
10,000	1,809	1,186	39.6
15,000	1,684	1,632	49.2
20,000	954	1,291	57.5
25,000	1,331	2,885	68.4
50,000	280	3,567	92.7
75,000	3	34	91.9
Total	33,740	16,541	32.9

Table 19: Distribution of Number of Admissions

Number of admissions	Number of Beneficiaries	Frequency (%)
1	46,970	93.4
2	2,834	5.6
3	361	0.7
4	56	0.1
5	20	0.0
6 or more admissions	40	0.1
Total	50,281	100.0

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	1,207	327
8 – 30 days	16.2	3,243	200
31 – 90 days	55.9	8,609	154
91 to 180 days	130.4	18,784	144
181 or more days	287.9	40,035	139
All categories	71.2	10,602	149

(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	103
250	248
500	503
750	738
1,000	1,199
2,000	1,974
3,000	2,964
4,000	3,971
5,000	4,990
6,000	5,984
7,000	6,980
8,000	7,994
9,000	8,978
10,000	10,921
15,000	14,821
20,000	19,925
25,000	29,175
50,000	47,044
75,000	68,702

Table 22: Distribution of Female Beneficiaries by Number of Months of Part A Enrollment in 2008 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	78	124	152	295	379	416	540	1,984
2	69	117	154	213	317	426	534	1,830
3	83	111	169	246	372	484	595	2,060
4	78	106	176	233	350	403	534	1,880
5	73	125	138	232	377	442	452	1,839
6	77	107	167	215	341	404	490	1,801
7	66	110	129	224	350	382	449	1,710
8	66	99	156	218	338	384	454	1,715
9	68	117	150	224	335	393	457	1,744
10	57	133	150	223	328	394	477	1,762
11	57	109	163	215	350	384	540	1,818
12	336	399	636	1,212	2,011	2,411	3,204	10,209
Total	1,108	1,657	2,340	3,750	5,848	6,923	8,726	30,352

(1) Number of months enrolled in 2008.

Table 23: Distribution of Male Beneficiaries by Number of Months of Part A Enrollment in 2008 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	90	141	133	206	284	282	223	1,359
2	84	133	145	233	302	283	204	1,384
3	80	141	162	227	312	308	238	1,468
4	78	141	169	229	288	267	196	1,368
5	89	113	159	226	275	249	203	1,314
6	77	138	172	222	248	229	175	1,261
7	80	125	158	216	257	256	170	1,262
8	67	109	160	243	271	220	172	1,242
9	82	98	169	224	247	251	182	1,253
10	66	120	172	232	284	236	200	1,310
11	78	117	155	211	258	254	232	1,305
12	371	386	559	887	1,135	1,130	901	5,369
Total	1,242	1,762	2,313	3,356	4,161	3,965	3,096	19,895

(1) Number of months enrolled in 2008.