Department of Health and Human Services

# OFFICE OF INSPECTOR GENERAL

# Trends in the Assignment of Resource Utilization Groups by Skilled Nursing Facilities

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# EXECUTIVE SUMMARY

## PURPOSE

To examine changes in the proportion of Medicare beneficiaries assigned to each Resource Utilization Group in light of recent legislative changes to the prospective payment system for skilled nursing facilities.

## BACKGROUND

Congress mandated in Section 314 of the Benefits Improvement and Protection Act that the Office of Inspector General review the Medicare payment structure for services classified within the rehabilitation Resource Utilization Groups (RUGs) no later than October 1, 2001. In response, this inspection examines the trends in the proportion of Medicare residents assigned to each RUG to assess whether recent changes to the payment rates have created incentives for nursing facilities to admit certain patients.

The Balanced Budget Act of 1997 changed reimbursement for skilled nursing facilities from a cost-based to a prospective payment system (PPS). Under the prospective payment system, skilled nursing facilities are required to assign residents to 1 of 44 RUGs. In the Fall of 1999, Congress enacted the Balanced Budget Refinement Act (BBRA), which included a 4 percent across-the-board increase in payments to skilled nursing facilities for Fiscal Years 2001 and 2002 and a temporary 20 percent increase to 15 RUGs for patient conditions considered medically complex. The changes went into effect on October 1, 2000. In 2000, Congress further adjusted the payment rates under the Benefits Improvement and Protection Act, which became effective on April 1, 2001.

This inspection is based on an analysis of the Centers for Medicare and Medicaid Services' National Claims History File. We analyzed the admission RUG code for all residents by quarter from January 1999 to January 2001.

## FINDINGS

### No major changes in RUG assignment since the implementation of PPS

**Virtually no change in the proportion of residents assigned to the rehabilitation RUGs** There are seven RUG categories: special rehabilitation, extensive care, special care, clinically complex, cognitively impaired, behavior problems, and reduced physical functions. The proportion of Medicare residents assigned to the RUGs in the rehabilitation category has remained about the same since the implementation of PPS in January 1999. There have also been no large changes in the

proportion of Medicare residents assigned to any of the other categories during this time period. In the first quarter of 2001, about 78 percent of all Medicare residents were assigned to one of the rehabilitation RUGs at admission.

**Small shifts within the rehabilitation RUGs** Shifts have occurred in the proportion of residents assigned to the RUGs within the rehabilitation category since the implementation of PPS in January 1999. Medicare residents who require therapy are coded into one of five sub-categories depending upon the amount of therapy they need. These sub-categories are: ultra high, very high, high, medium, and low. The proportion of Medicare residents assigned to the high and medium therapy sub-categories increased slightly, while those assigned to the ultra high, very high, and low therapy sub-categories decreased slightly since the implementation of PPS.

The BBRA increased payment rates for three RUGs within the high and medium therapy sub-categories. The proportion of Medicare residents assigned to two of these RUGs increased slightly, while those assigned to the third RUG remained about the same since the implementation of PPS. At the same time, the proportion of residents in all of the RUGs in the ultra-high, very high, and low therapy sub-categories steadily decreased over the last 2 years. It is important to note that the trends in the proportion of residents assigned to all of these RUGs have not changed since the BBRA became effective.

**No changes in the other RUGs** The BBRA increased payment for all RUGs in the extensive care, special care, and clinically complex categories by 20 percent. Our analysis shows minimal changes in the proportion of residents coded in each of the RUGs in these categories since the implementation of PPS.

**Beneficiary characteristics remain the same** We found no substantial changes in the characteristics of Medicare beneficiaries who were admitted to SNFs since the implementation of PPS. Specifically, beneficiaries' age, sex, race, and reason for Medicare eligibility are the same in every quarter since January 1999.

## CONCLUSION

While we identified small changes in the affected rehabilitation RUGs, it appears that these trends began prior to the BBRA. We will continue to monitor the trends in the proportion of Medicare residents assigned to each of the RUGs as new data become available.

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# INTRODUCTION

## PURPOSE

To examine changes in the proportion of Medicare beneficiaries assigned to each Resource Utilization Group in light of recent legislative changes to the prospective payment system for skilled nursing facilities.

## BACKGROUND

Congress mandated in Section 314 of the Benefits Improvement and Protection Act (BIPA) that the Office of Inspector General (OIG) review the Medicare payment structure for services classified within the rehabilitation Resource Utilization Groups (RUGs) no later than October 1, 2001. In response, this inspection examines the trends in the proportion of residents assigned to each RUG to assess whether recent changes to the payment rates have created incentives for facilities to admit certain patients. This inspection is related to the OIG study entitled, *Medicare Beneficiary Access to Skilled Nursing Facilities 2001, OEI-02-01-00160*, which evaluates access to SNFs for Medicare beneficiaries based on interviews with hospital discharge planners and an analysis of Medicare data.

### Medicare Payments to SNFs

Medicare Part A helps to pay for SNF care when a beneficiary meets certain conditions. These conditions include a requirement of daily skilled nursing or rehabilitation services, a prior three consecutive day stay in a hospital, admission to a SNF within a short period of time after leaving the hospital, treatment for the same condition that was treated in the hospital, and a medical professional certifying the need for daily skilled nursing or rehabilitative care. The number of SNF days provided under Medicare is limited to 100 days per benefit period, with a co-payment required for days 21 through 100. After the Medicare 100 day SNF Part A benefit runs out, the Medicare Part B benefit continues to pay for physician services and other Part B covered services.

In order to control escalating nursing home costs, the Balanced Budget Act of 1997 changed SNF reimbursement from a cost-based to a prospective payment system. Beginning with the first cost reporting period after July 1, 1998, SNFs are paid through prospective, case-mix adjusted per diem payments that cover routine, ancillary, and capital-related costs, including most items and services for which payment was previously made under Medicare Part B. The per diem payment is based on Fiscal Year 1995 Part A & B costs adjusted using the SNF market basket index, the case-mix from resident assessments, and geographical wage variations. The market basket index

represents an inflation factor. The case-mix index takes into account that SNF residents require different levels of care.

To determine the case-mix, SNFs are required to classify residents into 1 of 44 Resource Utilization Groups (RUGs). (See Appendix A for a complete listing of the RUGs.) To do this, SNFs must fill out the Minimum Data Set 2.0 (MDS) assessment, a standardized set of clinical and functioning status measures. An interdisciplinary team from the nursing home completes the MDS for every resident by the $5^{th}$, $14^{th}$, $30^{th}$, $60^{th}$, and the $90^{th}$ days of their stay. Prior to PPS, the MDS had been used exclusively for care planning.

The RUGs are divided into seven major categories: special rehabilitation, extensive services, special care, clinically complex, impaired cognition, behavior problems, and reduced physical function. Each of the RUGs is associated with a payment rate that is based on a number of factors such as the need for therapy and the level of functioning measured in terms of the activities of daily living (ADL). Medicare typically reimburses SNFs for residents coded only in the first four categories.

Residents requiring physical or occupational therapy are assigned to a RUG in the special rehabilitation category. There are five special rehabilitation sub-categories: ultra-high, very high, high, medium and low. Each resident is classified in a sub-category depending on the number of therapy minutes required as indicated on the MDS in the last seven days. Each resident is then assigned to a specific RUG within these sub-categories depending on the level of self-performance and support needed with four ADLs: eating, bed mobility, toileting, and transfers. The score on the MDS for these four ADLs places the resident into a specific RUG. For example, a resident who requires 500 minutes of therapy and scores a 12 on the MDS for the ADLs would be assigned to RVB. (See Table 1.)

Table 1
**Special Rehabilitation Category**

| Sub-Category | Therapy Minutes Required in the Last 7 Days | Score on the MDS of Four ADLs for each RUG |
|---|---|---|
| Ultra-High | 720 minutes | RUC= 16 to 18<br>RUB= 9 to 15<br>RUA= 4 to 8 |
| Very-High | 500 minutes or more | RVC= 16 to 18<br>RVB= 9 to 15<br>RVA= 4 to 8 |
| High | 325 minutes or more | RHC= 16 to 18<br>RHB= 9 to 15<br>RHA= 4 to 8 |
| Medium | 150 minutes or more | RMC= 16 to 18<br>RMB= 9 to 15<br>RMA= 4 to 8 |
| Low | 45 minutes or more | RLB= 14 to 18<br>RLA= 4 to 13 |

## Recent Legislation

Since the passage of the BBA 1997, Congress has made several changes to PPS. In the Fall of 1999, Congress enacted the Balanced Budget Refinement Act (BBRA) in response to providers' concerns that reductions in payments were too severe. The BBRA included a 4 percent across-the-board increase in payments to SNFs for Fiscal Years 2001 and 2002 and a temporary 20 percent increase to 15 RUGs for patient conditions considered medically complex. These include all the RUGs in the clinically complex, special care, and extensive care categories as well as three RUGs in the special rehabilitation category (RMB, RHC, and RMC). In addition, several costly non-therapy ancillary services, including certain ambulance services, prostheses, and chemotherapy drugs, are excluded from the prospective payment system and paid for separately. The BBRA changes went into effect on October 1, 2000. (See Appendix B for an example of the changes in the payment rates under BBRA.)

In 2000, Congress further adjusted the payment rates under the Benefits Improvement and Protection Act (BIPA). The BIPA increased the inflation update to the full market basket in Fiscal Year 2001 and raised the nursing component of the RUGs by 16.6

percent in an effort to improve PPS nursing staff ratios. Additionally, the BBRA 20 percent increase to the three rehabilitation RUGs was spread across all 14 special rehabilitation RUGs as a 6.7 percent increase. The other RUGs affected in the BBRA maintained the 20 percent increase. These changes went into effect on April 1, 2001.

## METHODOLOGY

Using the Centers for Medicare and Medicaid Services' (CMS) National Claims History File, we examined data for Medicare beneficiaries who were admitted to SNFs between January 1, 1999 and March 31, 2001. We reviewed the RUG code generated from the MDS assessment conducted at admission that is on the UB92 claim. We analyzed the proportion of Medicare beneficiaries in each of the 44 RUG codes and in each of the 7 RUG categories by quarter beginning in January 1999. We specifically focused on changes in the special rehabilitation RUGs that may result from the BBRA legislation.

Second, we examined select characteristics of the Medicare beneficiaries in our analysis. Specifically, we analyzed the CMS enrollment data including beneficiaries' age, race, sex, and the reason for eligibility to assess whether changes in these characteristics are associated with trends in the RUGs. Note that another OIG inspection, *Medicare Beneficiary Access to Skilled Nursing Facilities 2001, OEI-02-01-00160,* addresses the clinical characteristics of beneficiaries admitted to SNFs. Included in that analysis is the proportion of Medicare beneficiaries discharged to SNFs and the length of hospital stays for these patients by key diagnosis related groups (DRGs).

### Limitations

The changes to the payment rates legislated in the BIPA will not be implemented until April 1, 2001. This analysis is therefore limited to the changes SNFs make as they anticipate the reforms made in the BIPA legislation.

The data in the most recent quarter, January to March 2001, are not as complete as the other data used in our analysis. These data may change based on additional and adjusted claims submitted over the next year.

This inspection was conducted in accordance with the **Quality Standards for Inspections** issued by the President's Council on Integrity an Efficiency.

# FINDINGS

## No major changes in RUG assignment since the implementation of PPS

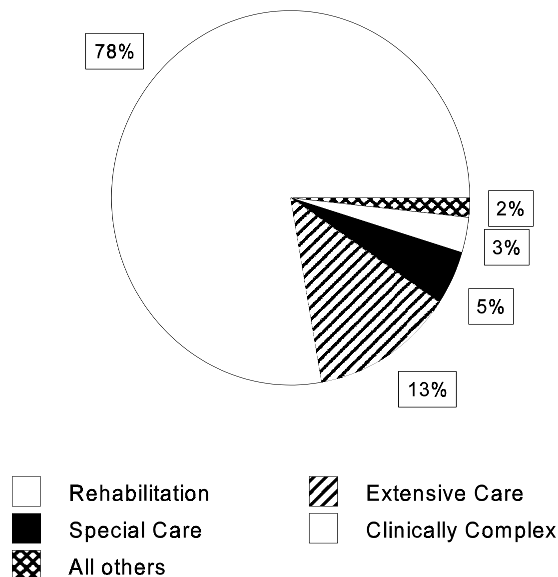
### Virtually no change in the proportion of residents assigned to the rehabilitation RUGs

The proportion of Medicare residents assigned to RUGs in the rehabilitation category has remained about the same since the implementation of PPS in January 1999. There also have been no large changes in the proportion of Medicare residents assigned to any of the other RUG categories during this time period. These categories include: extensive care, special care, clinically complex, cognitively impaired, behavior problems, and reduced physical functions. (See Appendix C.)

In the first quarter of 2001, about 78 percent of all Medicare residents were assigned to one of the rehabilitation RUGs at admission. Another 13 percent were assigned to RUGs in the extensive care category and 5 percent were in the special care category. (See Figure 1.)

Figure 1

**Proportion of Beneficiaries in Each RUG Category**




Source: National Claims History File

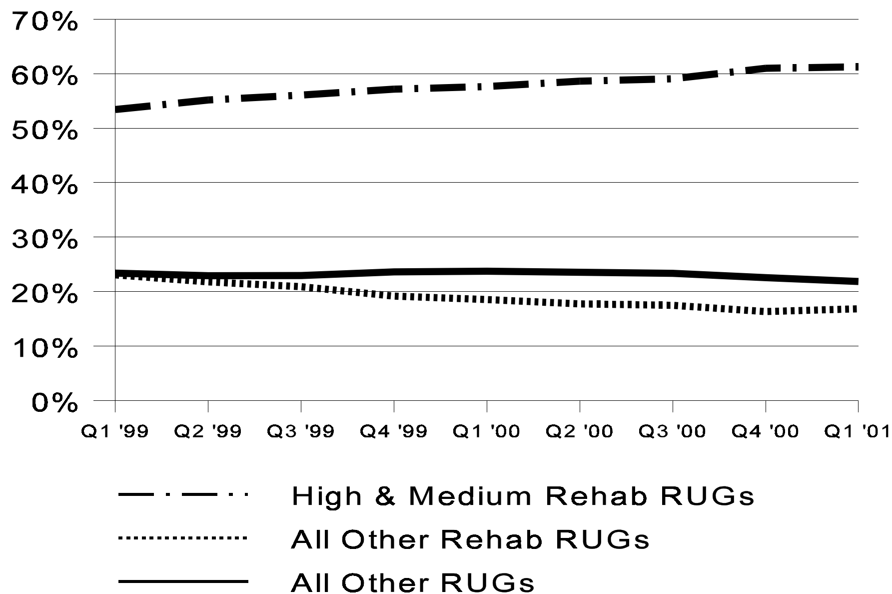
### Small shifts within the rehabilitation RUGs

Shifts have occurred in the proportion of residents assigned to the RUGs within the rehabilitation category since the implementation of PPS in January 1999. Medicare residents who require therapy are coded in one of five sub-categories in the rehabilitation category depending upon the amount of therapy they need. These sub-categories are: ultra high, very high, high, medium, and low.

The proportion of Medicare residents coded in the high and medium therapy sub-categories increased slightly in every quarter since the implementation of PPS. At the same time, the proportion of Medicare residents in the ultra high, very high, and low sub-categories decreased in almost every quarter since the implementation of PPS. As shown in Figure 2, the high and medium sub-categories increased from 53 percent to 61 percent over the last 2 years, whereas the other three therapy sub-categories decreased from 23 percent to 17 percent during this time period.

Figure 2

**Proportion of Medicare Residents in RUGs**




Source: National Claims History File

The Balanced Budget Refinement Act (BBRA) raised the payment rates for three RUGs within the high and medium therapy sub-categories: RHC, RMC, RMB. These changes may have created incentives for SNFs to put residents into these RUGs as opposed to other rehabilitation RUGs.

Our analysis shows that the proportion of Medicare residents assigned in the three RUGs affected by the BBRA increased or remained about the same since the implementation of PPS in January 1999. Specifically, the proportion of residents coded in RHC increased from 15 to 19 percent, those coded in RMB rose from 8 to 9 percent, and those coded in RMC remained about the same at 5 percent from 1999 to 2001. The proportion of residents in the other RUGs in the high and medium therapy sub-categories that were not affected by the BBRA followed similar patterns in that they increased or remained stable. At the same time, the proportion of residents assigned to all the remaining RUGs in the ultra-high, very high, and low therapy sub-categories steadily decreased over the last 2 years. It is important to note that the trends in the proportion of residents assigned to all of these RUGs have not changed since the BBRA became effective in October 2000. (See Appendix D.)

### No changes in the other RUGs

The BBRA increased payment for each of the RUGs in the extensive care, special care, and clinically complex categories equally by 20 percent. In doing so, the law did not create incentives for SNFs to assign residents to one RUG as opposed to another. Our analysis shows minimal changes in the proportion of residents coded in each of the RUGs in these categories since the implementation of PPS. Specifically, the proportion of residents in each of these RUGs fluctuated by less than one percentage point in every quarter in the last 2 years.

### Beneficiary characteristics remain the same

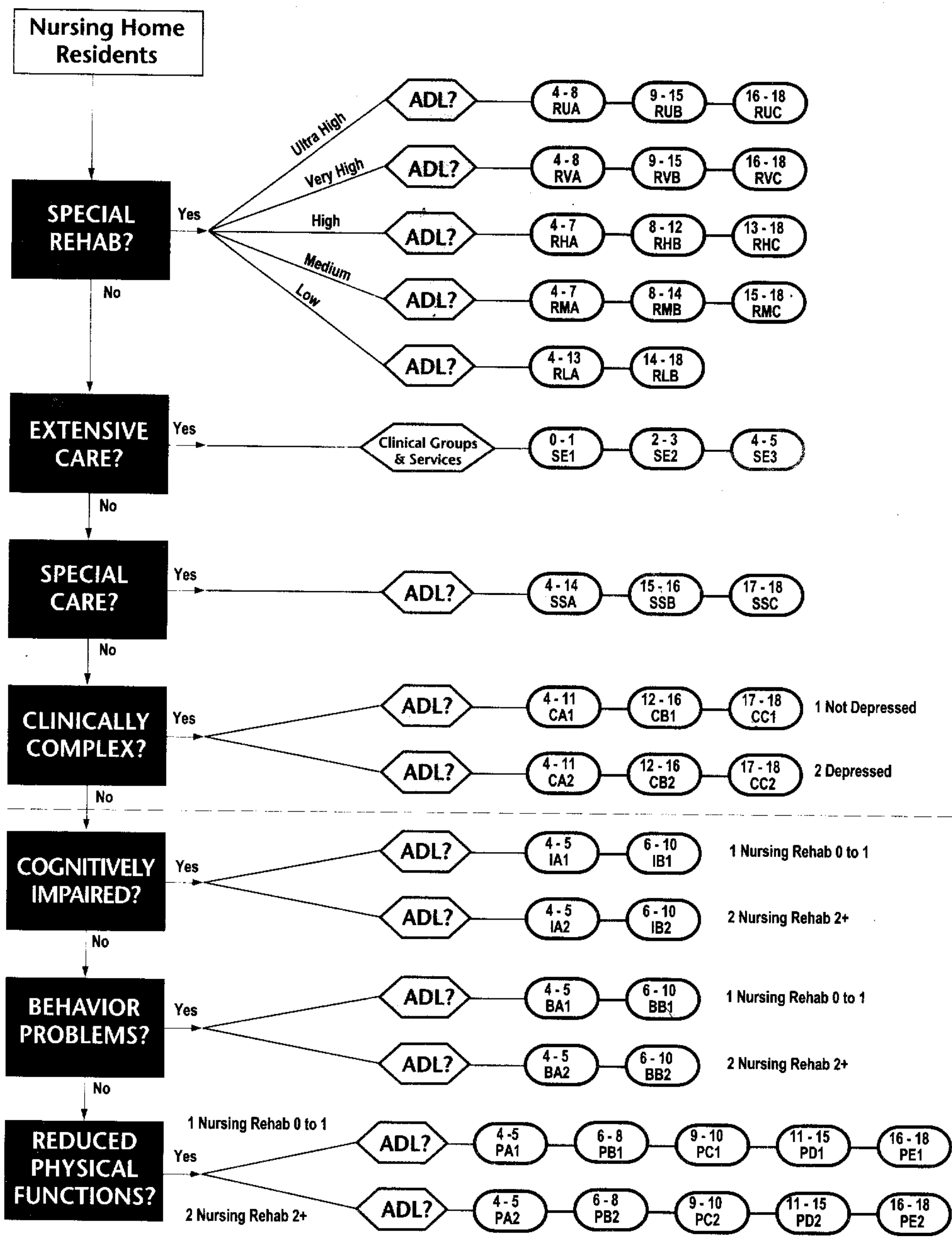
We found no substantial changes in the characteristics of Medicare beneficiaries who were admitted to SNFs since the implementation of PPS. Specifically, beneficiaries' age, sex, race, and reason for Medicare eligibility are the same in every quarter since January 1999. In the first quarter of 2001, the average age of SNF Medicare beneficiaries at admission was 80 years. About 66 percent of Medicare beneficiaries were female. Eighty-eight percent were white and nine percent were black. About 94 percent of beneficiaries were eligible for Medicare because of age without end stage renal disease.

# CONCLUSION

While we identified small changes in the affected rehabilitation RUGs, it appears that these trends began prior to the BBRA. We will continue to monitor the trends in the proportion of Medicare residents assigned to each of the RUGs as new data become available.

# APPENDIX A

## RUG-III Classification System



**APPENDIX B**

## Comparison of RUG Rates for Urban Skilled Nursing Facilities

| RUG | Original Payment* | Revised BBRA Payment** |
|---|---|---|
| RUC | $384.21 | $400.93 |
| RUB | $345.90 | $360.90 |
| RUA | $327.28 | $341.46 |
| RVC | $296.15 | $309.12 |
| RVB | $286.30 | $298.83 |
| RVA | $261.12 | $272.52 |
| RHC | $271.53 | $340.19 |
| RHB | $249.64 | $260.61 |
| RHA | $228.84 | $238.88 |
| RMC | $267.34 | $334.96 |
| RMB | $238.87 | $299.27 |
| RMA | $224.64 | $234.52 |
| RLB | $212.95 | $222.39 |
| RLA | $179.01 | $186.93 |
| SE3 | $252.91 | $317.02 |
| SE2 | $218.97 | $274.46 |
| SE1 | $194.88 | $244.26 |
| SSC | $190.50 | $238.78 |
| SSB | $181.74 | $227.80 |
| SSA | $177.36 | $222.30 |
| CC2 | $189.41 | $237.41 |
| CC1 | $175.18 | $219.56 |
| CB2 | $166.42 | $208.58 |
| CB1 | $158.75 | $198.97 |
| CA2 | $157.66 | $197.60 |
| CA1 | $148.90 | $186.62 |

*Published in the May 12, 1998 Federal Register
** Calculated from the revised SNF payment rates released by the CMS on April 1, 2001
http://www.hcfa.gov/medicare/snfppsuprate.htm

***Highlighting indicates RUGs that were increased by the Balanced Budget Refinement Act

## The Proportion of Medicare Residents in Each RUG Category at Admission by Quarter

| | CY 1999 | | | | CY2000 | | | | CY 2001 | Difference |
|---|---|---|---|---|---|---|---|---|---|---|
| RUG | QTR 1 | QTR 2 | QTR 3 | QTR 4 | QTR 1 | QTR 2 | QTR 3 | QTR 4 | QTR 1 | 1999-2001 |
| **Rehabilitation** | 76.5 | 77.0 | 77.0 | 76.3 | 76.2 | 76.4 | 76.6 | 77.3 | 78.1 | 1.6 |
| **Extensive Care** | 12.6 | 12.6 | 12.7 | 13.3 | 13.5 | 13.1 | 13.1 | 12.9 | 12.8 | .2 |
| **Special Care** | 5.6 | 5.4 | 5.4 | 5.3 | 5.2 | 5.3 | 5.2 | 4.9 | 4.7 | -.9 |
| **Clinically Complex** | 3.8 | 3.5 | 3.4 | 3.4 | 3.4 | 3.4 | 3.3 | 3.1 | 2.9 | -.9 |
| **Cognitively Impaired** | .3 | .3 | .3 | .4 | .4 | .4 | .4 | .4 | .4 | .1 |
| **Behavior Problems** | .04 | .04 | .1 | .1 | .1 | .1 | .1 | .1 | .1 | 0 |
| **Reduced Physical Functions** | 1.1 | 1.1 | 1.2 | 1.2 | 1.1 | 1.3 | 1.3 | 1.2 | 1.1 | -.1 |
| **Total** | **421,912** | **412,927** | **406,346** | **421,990** | **476,749** | **430,072** | **416,336** | **392,319** | **374,529** | |

## The Proportion of Medicare Residents in Each RUG at Admission by Quarter

| | CY 1999 | | | | CY 2000 | | | | CY 2001 | Difference |
|---|---|---|---|---|---|---|---|---|---|---|
| RUG | QTR 1 | QTR 2 | QTR 3 | QTR 4 | QTR 1 | QTR 2 | QTR 3 | QTR 4 | QTR 1 | 1999-2001 |
| RUA | 1.2 | 1.0 | 0.9 | 0.7 | 0.7 | 0.7 | 0.6 | 0.6 | 0.6 | -0.6 |
| RUB | 4.3 | 3.8 | 3.4 | 2.9 | 2.7 | 2.6 | 2.5 | 2.3 | 2.5 | -1.8 |
| RUC | 1.1 | 0.9 | 0.8 | 0.7 | 0.7 | 0.7 | 0.6 | 0.6 | 0.6 | -0.5 |
| RVA | 3.9 | 3.7 | 3.6 | 3.3 | 3.3 | 3.2 | 3.1 | 2.9 | 3.0 | -0.9 |
| RVB | 10.1 | 10.0 | 9.9 | 9.4 | 9.2 | 8.7 | 8.7 | 8.3 | 8.5 | -1.6 |
| RVC | 2.0 | 2.0 | 1.9 | 1.8 | 1.7 | 1.6 | 1.6 | 1.4 | 1.4 | -0.6 |
| RHA | 6.1 | 6.1 | 6.1 | 6.0 | 6.2 | 6.2 | 6.1 | 6.2 | 6.3 | 0.3 |
| RHB | 15.8 | 16.6 | 16.9 | 17.3 | 17.3 | 17.3 | 17.4 | 17.8 | 18.1 | 2.3 |
| RHC | 15.0 | 15.7 | 16.3 | 16.9 | 16.9 | 17.5 | 17.9 | 18.9 | 19.1 | 4.2 |
| RMA | 3.4 | 3.3 | 3.4 | 3.3 | 3.4 | 3.5 | 3.4 | 3.4 | 3.3 | 0.0 |
| RMB | 8.2 | 8.3 | 8.3 | 8.4 | 8.5 | 8.9 | 9.1 | 9.4 | 9.1 | 0.9 |
| RMC | 4.9 | 5.0 | 5.1 | 5.1 | 5.3 | 5.2 | 5.2 | 5.3 | 5.2 | 0.2 |
| RLA | 0.3 | 0.3 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | -0.2 |
| RLB | 0.2 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | -0.1 |

*Highlighting indicates RUGs that were increased by the Balanced Budget Refinement Act

**Cont'd**

| RUG | CY 1999 QTR 1 | QTR 2 | QTR 3 | QTR 4 | CY 2000 QTR 1 | QTR 2 | QTR 3 | QTR 4 | CY 2001 QTR 1 | Difference 1999-2001 |
|---|---|---|---|---|---|---|---|---|---|---|
| **SE1** | 0.4 | 0.4 | 0.4 | 0.5 | 0.4 | 0.5 | 0.4 | 0.4 | 0.4 | 0.0 |
| **SE2** | 6.7 | 6.7 | 6.8 | 7.1 | 7.2 | 7.0 | 7.0 | 6.9 | 6.8 | 0.2 |
| **SE3** | 5.5 | 5.5 | 5.4 | 5.8 | 5.9 | 5.6 | 5.7 | 5.5 | 5.6 | 0.0 |
| **SSA** | 3.6 | 3.6 | 3.6 | 3.6 | 3.5 | 3.7 | 3.6 | 3.4 | 3.4 | -0.3 |
| **SSB** | 1.2 | 1.1 | 1.1 | 1.1 | 1.1 | 1.0 | 1.0 | 0.9 | 0.8 | -0.3 |
| **SSC** | 0.8 | 0.7 | 0.7 | 0.7 | 0.7 | 0.6 | 0.7 | 0.6 | 0.5 | -0.3 |
| **CA1** | 1.7 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.4 | 1.4 | 1.3 | -0.4 |
| **CB1** | 1.1 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 0.9 | 0.8 | -0.2 |
| **CC1** | 0.4 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | -0.1 |
| **CA2** | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 0.2 | -0.1 |
| **CB2** | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | -0.1 |
| **IA1** | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.1 |
| **IB1** | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.0 |
| **IA2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **IB2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **BA1** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

*Highlighting indicates RUGs that were increased by the Balanced Budget Refinement Act

**Cont'd**

| RUG | CY 1999 QTR 1 | CY 1999 QTR 2 | CY 1999 QTR 3 | CY 1999 QTR 4 | CY 2000 QTR 1 | CY 2000 QTR 2 | CY 2000 QTR 3 | CY 2000 QTR 4 | CY 2001 QTR 1 | Difference 1999-2001 |
|---|---|---|---|---|---|---|---|---|---|---|
| **BB1** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **BA2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **BB2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **PA1** | 0.4 | 0.3 | 0.4 | 0.4 | 0.3 | 0.4 | 0.4 | 0.4 | 0.3 | -0.1 |
| **PB1** | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 |
| **PC1** | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 |
| **PD1** | 0.3 | 0.3 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.0 |
| **PE1** | 0.1 | 0.1 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.1 | 0.0 |
| **PA2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **PB2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **PC2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **PD2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **PE2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Other** | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 |
| **Total** | **421,912** | **412,927** | **406,346** | **421,990** | **476,749** | **430,072** | **416,336** | **392,319** | **374,529** | |