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Report for Washington Managed Fee-for-Service (MFFS)

Final Demonstration Year 5 and Preliminary Demonstration Year 6 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative

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REPORT FOR WASHINGTON MANAGED FEE-FOR-SERVICE (MFFS) FINAL
DEMONSTRATION YEAR 5 AND PRELIMINARY DEMONSTRATION YEAR 6
MEDICARE SAVINGS ESTIMATES:
MEDICARE-MEDICAID FINANCIAL ALIGNMENT INITIATIVE

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Executive Summary

The Washington Health Homes Managed Fee-for-Service (MFFS) demonstration leverages Medicaid health homes to integrate care for full-benefit Medicare-Medicaid beneficiaries by targeting high-cost, high-risk dual eligible enrollees. The State's existing delivery systems for primary, acute, behavioral and long-term services and supports (LTSS) remain unchanged and health homes serve as the bridge for integrating care across these existing delivery systems. The demonstration service area originally included all but two counties (King and Snohomish) in the state and began enrollment on July 1, 2013. As of April 1, 2017, the demonstration was extended statewide and Demonstration Years 4 (DY4), 5 (DY5) and 6 (DY6) include beneficiaries from all counties.

This report includes an analysis of Medicare Parts A & B savings during the 24-month period from January 1, 2018 through December 31, 2019: final Medicare savings estimates for DY5 (January 1, 2018 through December 31, 2018) and preliminary Medicare savings estimates for DY6 (January 1, 2019 through December 31, 2019). Final Medicare savings estimates for DY1, DY2, DY3, and DY4 and preliminary Medicare savings estimates for DY5 appeared in previously released Washington Medicare savings reports.

The method used to perform the Medicare saving calculations in this report is referred to as the "actuarial method," to distinguish it from the multivariate regression-based method that has been used to estimate the impact of the demonstration on quality and cost outcomes in the annual demonstration evaluation reports. The actuarial method relies on assigning beneficiaries in both the intervention and comparison groups to cohorts and then constructing an eligibility timeline for each beneficiary to determine whether claims occurred during a period of demonstration eligibility. Medicare per member per month (PMPM) expenditures for eligible beneficiaries are tabulated from claims.

The basic approach to the savings calculation is to compare the trend of PMPM Medicare expenditures of those beneficiaries in the intervention group with the trend of the PMPM of those beneficiaries in the comparison group. This is achieved by comparing the actual PMPM of the intervention group beneficiaries with a target PMPM, which represents the baseline intervention group PMPM projected forward by the trend of the actual experience observed in the comparison group going from the baseline period to the Demonstration Year.

Results of the savings calculations are summarized below.

- Total Medicare savings in Demonstration Year 5 were calculated as \$55.1 million or 9.9 percent. An additional \$11.1 million in attributed savings (savings attributed to eligible months prior to the start of the most recent cohort) sums to a grand total final calculated Demonstration Year 5 Medicare savings amount of \$66.2 million.
- Preliminary total Medicare savings in Demonstration Year 6 were calculated as \$53.8 million or 9.8 percent. Including preliminary attributed Medicare savings estimates of \$5.5 million results in a grand total preliminary Demonstration Year 6 Medicare savings estimate of \$59.3 million.

- Per the previous Washington Medicare Savings reports,¹ total Demonstration Year 1 Medicare savings were calculated as \$34.9 million, total Demonstration Year 2 savings were calculated as \$30.2 million, total Demonstration Year 3 savings were calculated as \$46.6 million and total Demonstration Year 4 savings were calculated as \$56.0 million.
- The current estimate of grand total Demonstration Medicare savings for all cohorts through Demonstration Year 6 is \$293.0 million.

¹ Previous actuarial savings reports are available at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Washington>.

1. Introduction

The Washington Health Homes MFFS demonstration leverages Medicaid health homes, established under Section 2703 of the Affordable Care Act, to integrate care for full-benefit Medicare-Medicaid beneficiaries. Washington has targeted the demonstration to high-cost, high-risk Medicare-Medicaid enrollees based on the principle that focusing intensive care coordination on those with the greatest need provides the greatest potential for improved health outcomes and cost savings. The demonstration is organized around the principles of patient activation and engagement, and support for enrollees to take steps to improve their own health. In the course of integrating care for enrollees across primary care, long-term services and supports (LTSS), and behavioral health delivery systems, health home care coordinators are charged with conducting assessments and engaging enrollees to develop Health Action Plans (HAPs) and increase their self-management skills to achieve optimal physical and cognitive health.

The State's existing delivery systems for primary, acute, behavioral, and LTSS remain unchanged. Health homes serve as the bridge for integrating care across these existing delivery systems. Even though the Washington State MFFS demonstration provides services through the traditional fee-for-service Medicare and Medicaid programs and does not affect beneficiaries' choice of providers or limit availability of services, beneficiaries have the option to opt out of receiving health home services. Beneficiaries are auto-assigned to a health home to coordinate their services, and they may choose not to use or engage with that health home. Their Medicare and Medicaid services are not disrupted if they decide not to engage with the health home.

Washington used a competitive Request for Application process to select qualified health homes. Applicants were required to demonstrate a wide range of administrative capabilities, have experience in conducting care coordination, offer multiple vehicles for beneficiary access to supports, and present a network of diverse organizations that can serve enrollees with a range of needs. The organizations selected were Community Choice (a provider consortium); Northwest Regional Council (an Area Agency on Aging); Optum (a Mental Health Regional Support Network); and Southeast Washington Aging and Long Term Care (an Area Agency on Aging). Two managed care plans were also selected to be health homes, Community Health Plan of Washington and United Health Care Community Plan. The State prioritized beneficiary enrollment into the non-managed care health homes and as a result, as of July 2015, less than 5 percent, 4.7 percent, of all enrollees were in new managed care health homes.

During the 2015 Washington legislative session, State funding for the health home program was terminated, effective December 31, 2015. According to a joint statement released by the Washington Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) (DSHS and HCA, 2015), the legislature's decision to terminate funding was based on a lack of supporting information about whether the demonstration would meet its projected savings target amid a challenging budget climate. During the several months following the close of the legislative session in June 2015, the State suspended auto enrollment into the demonstration and began planning for termination. In late October 2015, new information became available about projected savings for the demonstration. As a result, the State changed course and decided to continue health home services through June 2016, to give the legislature

time to review savings projections. During the 2016 legislative session funding for health homes was reinstated.

Washington began enrollment on July 1, 2013. During the first three Demonstration Years, Washington enrolled beneficiaries in the demonstration in all but two counties in the State (King and Snohomish). Effective April 1, 2017, the demonstration began to serve King and Snohomish counties, extending the demonstration service area statewide. Demonstration Year 4 onward includes beneficiaries from all counties in the state.

This report provides a final Medicare Parts A & B savings analysis of the Washington managed fee-for-service (MFFS) demonstration for Demonstration Year 5 (January 1, 2018 through December 31, 2018) and a preliminary analysis of Medicare data for Demonstration Year 6 (January 1, 2019 through December 31, 2019) under the Medicare-Medicaid Financial Alignment Initiative. CMS previously released four Medicare savings reports ² by RTI entitled:

1. Final Demonstration Year 1 and Preliminary Demonstration Year 2 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative;
2. Final Demonstration Year 2 and Preliminary Demonstration Year 3 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative;
3. Final Demonstration Year 3 and Preliminary Demonstration Year 4 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative; and
4. Final Demonstration Year 4 and Preliminary Demonstration Year 5 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative.

This report provides *final* Medicare savings estimates for Demonstration Year 5 and *preliminary* Medicare savings estimates for Demonstration Year 6, the additional 12-month period spanning from January 1, 2019 through December 31, 2019. With this report, Demonstration Years 1, 2, 3, 4 and 5 experience and Medicare savings calculations are considered complete.³

The method used to perform the Medicare savings calculations in this report will be referred to as the “actuarial method,” to distinguish it from the multivariate regression-based method that is used to estimate the impact of the demonstration on quality and cost outcomes in the annual evaluation reports for the Washington demonstration. Because the actuarial method constructs cohorts of beneficiaries from the comparison group (as will be explained later), the actuarial savings calculation uses a subset of the comparison group that was constructed for the other descriptive and regression-based analyses that RTI performs as part of the evaluation. The Centers for Medicare & Medicaid Services (CMS) will use the results of the actuarial method to

² Previous actuarial savings reports are available at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Washington>.

³ Any reference to Demonstration Years 1, 2, 3 and 4 experience and savings included in this report is pulled directly from the previous report and does not incorporate any new information or calculations.

determine whether Washington is eligible for a performance payment under the MFFS Financial Alignment Model.

The Medicare results presented in this report should be viewed as final for Demonstration Year 5, but preliminary for Demonstration Year 6. The Demonstration Year 6 Medicare Parts A and B expenditure data includes 10 months of claims runout (i.e., through October 2020). Note that under the MFFS financial alignment model, Part D spending does not inform the amount of any performance payment to the State and is not included in this report. This final Medicare savings report for Demonstration Year 5 has been updated to include any retroactive adjustments to eligibility data and additional claims runout for beneficiaries in both the intervention and comparison groups since the publication of the preliminary results in the previous report.

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2. Data Sources for PMPM Cost Analysis

2.1 Eligibility Data

As a part of performing cost calculations on a per member per month (PMPM) basis, it was necessary to construct an eligibility timeline for each beneficiary to determine whether claims occurred during periods of eligibility for the demonstration. ARC used beneficiary eligibility information extracted from the appropriate tables on the Integrated Data Repository (IDR) in November 2020, to construct an analytic file that contains eligibility occurrences for:

- Part A and Part B coverage;
- primary payer status;
- eligibility occurrences for State/county codes of residence;
- date of death when applicable;
- Group Health Organization (GHO) enrollment (e.g., Medicare Advantage [MA] or the Program of All-Inclusive Care for the Elderly [PACE]); and
- periods of hospice coverage.

Specific eligibility criteria are described in Section 3.2. All of this information was used to construct a historical eligibility record for each beneficiary in all cohorts and for all Demonstration Years. Thus, these new eligibility data were used to produce the final estimate of Medicare savings for Demonstration Year 5 and preliminary Medicare savings estimates for Demonstration Year 6.

After creating the historical eligibility file, ARC determined the days on which a beneficiary was eligible for the demonstration. Claims were used to calculate the Medicare PMPM payments only if the beneficiary was eligible to participate in the demonstration on the admission date (for institutional claims) or service date (for all other types of service) on the claim. For future reports, retroactive changes will be applied so that the daily eligibility file for Demonstration Year 6 will include updated values for all months in Demonstration Year 6.

2.2 Claims Data

The source of Medicare Parts A and B claims data for this report was CMS's Chronic Condition Warehouse (CCW). For each of the beneficiary cohorts included in this report, the claims data employed in the analysis were extracted from the CCW and represent claims incurred from the start date of each cohort through December 31, 2019 and processed by CMS through October 2020. The paid claim amounts tabulated for this report do not include estimates of incurred-but-not-reported (IBNR) claims for medical services performed during all 24 months but not yet paid by the end of October 2020. We have assumed the claims runout is effectively 100 percent complete for Demonstration Year 5.

Medicare payments were separated into seven claim categories:

1. Inpatient
2. Skilled Nursing Facility (SNF)
3. Hospice
4. Outpatient
5. Home Health
6. Professional
7. Durable Medical Equipment (DME)

3. Basic Approach

The basic approach to the savings calculation is to compare the trend (as opposed to the level) of per member per month (PMPM) Medicare expenditures of those beneficiaries in the intervention group (i.e., the demonstration group) with the trend of the PMPM of those beneficiaries in the comparison group. This is done by comparing the actual PMPM of the individuals in the intervention group with a target PMPM, which is determined by projecting forward the PMPM of the intervention group in the baseline period to the Demonstration Year. The trend used for the projection is based on the actual experience observed in the comparison group during the baseline period and the Demonstration Year.

For Medicare, the PMPM amounts are calculated by dividing total Medicare Parts A and B expenditures by the number of member months of eligibility. Medicare-paid amounts do not include the amounts for deductibles, coinsurance, or balance billing. For hospital claims, the paid amount is reduced for Medicare Disproportionate Share (DSH) payments and Indirect Medical Education (IME) payments, because these payments are not directly related to the cost of care provided to individual beneficiaries.

3.1 Categories of Beneficiaries

The basic approach is refined by disaggregating the beneficiaries in the intervention and comparison groups by characteristics that affect their level of care and costs. The disaggregation is performed using three characteristics that result in 12 categories, or cells, of beneficiaries:

1. Basis of Medicare eligibility:
 - (i) Age (65+) or
 - (ii) Disability (<65)
2. Level of Long-Term Services and Supports (LTSS):
 - (i) Institution,
 - (ii) Home and Community-Based Services (HCBS), or
 - (iii) Community
3. Presence of Severe and Persistent Mental Illness (SPMI):
 - (i) Yes or
 - (ii) No.

It is important to note that beneficiaries are placed into categories according to their characteristics at the time that they are first assigned to a cohort, even if these characteristics subsequently change. This is done to ensure that the PMPMs in each category change only from the effects of the demonstration and not from the effects of changing the mix of individuals in the category. This will also capture the effect of the demonstration to potentially slow the progression of the use of LTSS. For example, during the demonstration, some of the beneficiaries originally placed in the community category may begin using HCBS or institutional services, which usually result in increased costs of care. If the transition rate of beneficiaries in the community category who move to categories requiring more intensive services during the demonstration is higher for the comparison group than for the intervention group, then the

PMPM of the comparison group would increase faster and the savings model would show demonstration savings.

3.2 Cohorts

The beneficiaries are also disaggregated according to when they become eligible for the demonstration. Beneficiaries are placed into cohorts based on when they first meet the eligibility requirements of the demonstration. Those who met the requirements for eligibility on July 1, 2013 are in Cohort 1. In order to (1) not include the experience of beneficiaries before they become eligible for the demonstration and (2) create closed groups, intervention group Cohort 1 beneficiaries were subdivided into six subgroups (Washington state rolled out eligibility by county over the course of 6 months) for those who first became eligible for the demonstration in each of the 6 months July through December 2013. These subgroups are designated as Cohort 1A through Cohort 1F, respectively. All subsequent cohorts are assigned as follows:

- Cohort 2: Those who met the requirements for eligibility on January 1, 2014 (and who are not in Cohort 1)
- Cohort 3: Those who met the requirements for eligibility on January 1, 2015 (and are not in Cohort 1 or Cohort 2)
- Cohort 4: Those who met the requirements for eligibility on January 1, 2016 (and are not in Cohorts 1, 2 or 3)
- Cohort 5A: Those who met the requirements for eligibility on January 1, 2017 (and are not in Cohorts 1, 2, 3 or 4)
- Cohort 5B: Those residing in King and Snohomish counties who met the requirements for eligibility on April 1, 2017
- Cohort 6A: Those who met the requirements for eligibility on January 1, 2018 residing in all counties other than King and Snohomish (and are not in Cohorts 1, 2, 3, 4 or 5A)
- Cohort 6B: Those residing in King and Snohomish counties who met the requirements for eligibility on January 1, 2018 (and are not in Cohort 5B)
- Cohort 7A: Those who met requirements for eligibility on January 1, 2019 residing in all counties other than King and Snohomish (and are not in Cohorts 1, 2, 3, 4, 5A or 6A)
- Cohort 7B: Those residing in King and Snohomish counties who met the requirements for eligibility on January 1, 2019 (and are not in Cohorts 5B or 6B)

Note that the demonstration extended to include King and Snohomish counties effective April 1, 2017, and as such Cohort 5A has experience for the entirety of Demonstration Year 4 (which spans January 2017 through December 2017) but Cohort 5B only has 9 months of

experience in Demonstration Year 4 (which spans April 2017 through December 2017). Beginning in Demonstration Year 5 (which spans January 2018 through December 2018) and for all subsequent Demonstration Years, the time periods of experience will be identical, but beneficiaries in King and Snohomish counties will continue to be kept in separate sub-cohorts and there was a separate comparison group constructed for these individuals.

Washington provided CMS with a file that flags the beneficiaries who have been determined to be eligible for the demonstration, including those having a score of 1.5 or greater on the Predictive Risk Intelligence System (PRISM).⁴ This eligibility flag is provided for months starting in July 2013, but not for the months in the baseline period. We performed some basic eligibility checks on the beneficiaries and excluded them from the savings calculation if, on the date that we place them in cohorts, they failed to meet any of the following criteria. We also excluded from the baseline period any month for which an eligible beneficiary does not meet these basic eligibility requirements

1. Are eligible for Medicaid
2. Reside in a demonstration county
3. Have not elected hospice care
4. Have both Medicare Part A and Part B coverage
5. Are not enrolled in a Group Health Organization
6. Do not have Medicare as a secondary payer
7. Have at least 90 days of experience during the baseline period
8. Are not in another CMS Medicare shared savings initiative.

For beneficiaries in the comparison group, we applied the same checks, except that residence was checked for the appropriate counties in the comparison states.

Each Metropolitan Statistical Area (MSA) consists of a group of counties. For each state, a non-MSA area was constructed from the counties that do not belong to an MSA. In addition, RTI simulated the PRISM score of each comparison group beneficiary for each quarter of the Demonstration Years. We checked that the comparison group beneficiaries had an RTI-generated simulated PRISM score of at least 1.5 in the first quarter of the demonstration for Cohort 1, in the third quarter of the demonstration for Cohort 2, in the seventh quarter of the demonstration for Cohort 3, in the 11th quarter of the demonstration for Cohort 4, in the 15th quarter of the demonstration for Cohort 5A and in the 16th quarter of the demonstration for Cohort 5B, in the 19th quarter of the demonstration for Cohorts 6A and 6B and in the 23rd quarter of the demonstration for Cohorts 7A and 7B.

⁴ The PRISM score is based on a proprietary algorithm developed by the state of Washington.

Special Note 1: RTI constructed the comparison group for the original demonstration area from selected Metropolitan Statistical Areas (MSAs) in three States—Georgia, Arkansas, and West Virginia—based on similarities between the demonstration and comparison areas. For the demonstration extension to King and Snohomish counties, RTI constructed the comparison group from selected MSAs in four states—Michigan, North Carolina, Virginia and West Virginia.⁵ The use of a separate comparison group for these two counties reflects how they are notably different in composition from other regions of Washington.

Special Note 2: During the early stages of the Demonstration Year 4 Medicare savings analysis, information was provided to CMS and the evaluation contractor that critically undermined the validity of the eligibility information reported for Arkansas, one of the comparison states, beginning in Demonstration Year 3. Upon further investigation, it became clear that including beneficiaries from Arkansas in the comparison group for purposes of the actuarial savings analysis for Demonstration Year 3 and onward was not a credible option and they were dropped after consultation with CMS. The paragraph below describes the relative distribution of the intervention and comparison group beneficiaries after the updates.

The intervention group and the comparison group had roughly the same distribution by basis of eligibility. Both groups had roughly 57–58 percent of individuals aged 65 or older. The distribution by prevalence of SPMI and facility status showed more variation. In the intervention group, there was 39 percent prevalence of SPMI compared with 45 percent in the comparison group. In the intervention group, 41 percent of members used HCBS, and 12 percent used facility-based LTSS, whereas the prevalence in the comparison group was 16 percent HCBS and 29 percent facility-based services. Such difference in the distribution by institutional status is addressed in the actuarial savings model in which the savings were calculated for each facility status category separately and weighted according to the intervention group distribution.

For each cohort after the first, some or all of the baseline experience includes months that are also Demonstration Year months for which the beneficiary could have also been eligible for the demonstration. These are the first few months of eligibility before the start of each new cohort, which occurs on January 1. According to the Final Demonstration Agreement, it was agreed to attribute the savings experience of the prior cohort to these months. Thus, for Demonstration Year 1, the savings percentage experienced by Cohort 1 was attributed to these few months of Cohort 2, and for Demonstration Years 2, 3, 4, and 5, the savings percentage experienced by Cohorts 2, 3, 4, 5A, 5B, 6A and 6B were attributed to these few months for Cohorts 3, 4, 5A, 6A, 6B, 7A and 7B, respectively. Cohorts 8A and 8B will consist of those who were eligible for the demonstration in January 2020 in the original demonstration area and who were not in Cohorts 1, 2, 3, 4, 5A, 6A or 7A and those who were eligible for the demonstration in January 2020 in King and Snohomish counties who were not in Cohorts 5B, 6B or 7B.

For this report, we have tabulated the eligible member months in Demonstration Year 6 (January 2019 through December 2019) of preliminary Cohorts 8A and 8B and attribute the PMPM savings achieved for Cohorts 7A and 7B, respectively, to these first few months of

⁵ A description of the comparison group selection methodology will be included in the Washington annual report.

eligibility of Cohorts 8A and 8B. As noted in Section 5.4 below, these preliminary attributions of savings can change significantly once additional data becomes available.

The reason for employing cohorts for the analysis is to create closed groups of beneficiaries (similarly in the intervention group and the comparison group) whose monthly expenditures (PMPM) can be tracked to determine the effects of the demonstration. If new entrants were allowed into these groups over time, the new entrants would change the PMPM of the groups for reasons unrelated to the effects of the demonstration, but instead related only to the change in the mix of the groups. If the mix of the groups were changing every month in terms of characteristics affecting costs such as age, gender, risk score, and area of residence, then adjustment factors would need to be introduced to take these monthly changes into account. The use of closed groups means that these characteristics are not changing significantly between the intervention and comparison groups and monthly adjustment factors are not needed.

When the idea of the cohorts was first conceived before the drafting of the preliminary report for demonstration year 1, Cohort 1 was to consist of all of those beneficiaries first identified as eligible for the demonstration in or before July 2013 without any sub-cohorts. However, from those beneficiaries who were dually eligible in July 2013, Washington determined their first month of eligibility for the demonstration in stages over the first 6 months of operations as the demonstration was being rolled out in different areas. That is, a beneficiary was not considered to be eligible for the demonstration for savings calculation purposes until the demonstration had been implemented in the beneficiary's geographic area. It is not possible to re-create this process of rolling entry for the comparison group. Thus, Cohort 1 for the comparison group consists of those beneficiaries who were both dually eligible in July 2013 and deemed eligible for the demonstration in July 2013 by RTI, which simulated the Washington PRISM criteria.

The baseline period for all cohorts is shown below:

- Cohort 1: July 1, 2011 through June 30, 2013.
- Cohort 2: January through December 2013.
- Cohort 3: January through December 2014.
- Cohort 4: January through December 2015.
- Cohort 5A: January through December 2016.
- Cohort 5B: April 2016 through March 2017.
- Cohort 6A: January through December 2017.
- Cohort 6B: January through December 2017.
- Cohort 7A: January through December 2018.

- Cohort 7B: January through December 2018.

The same beneficiaries are in the baseline and the Demonstration Years and an individual beneficiary must have 3 months of baseline experience before being included in a cohort for the savings calculation. This means that the beneficiary must have met the basic eligibility requirements for at least 3 months during the applicable baseline period. Because the savings calculation methodology relies on determining the trend in PMPM expenditures between the baseline period and the Demonstration Year, it is essential that each beneficiary have relevant experience in both of these periods.

3.3 Determining Member Months

Savings are determined by comparing intervention and comparison group PMPM Medicare expenditures. The first step in determining PMPM amounts is determining the number of member months that are used in the calculation for each beneficiary. For Cohort 1, member months are calculated for each beneficiary starting on July 1, 2013 (or the first day of demonstration eligibility for sub-cohorts) and accruing until one of the following dates or the end of the analytic period (i.e., the first day that is not included as a member month):

1. January 1, 2020.
2. The day after death.
3. The day after moving outside of the intervention area or comparison area.
4. The day of joining a Group Health Organization (GHO).
5. The day that Medicare is no longer the primary payer.
6. The day of loss of coverage for either Medicare Part A or Part B.
7. The day of loss of Medicaid eligibility.
8. For intervention beneficiaries, the day that Washington determines that the beneficiary is no longer eligible for the demonstration.
9. For Cohorts 1 and 2, January 1, 2015 if the beneficiary was a part of a Medicare shared savings program in 2015 but had not been a part of a shared savings program prior to 2015.
10. For Cohorts 1, 2 and 3, January 1, 2016 if the beneficiary was part of a Medicare shared savings program in 2016, but had not been part of a shared savings program prior to 2016.
11. For Cohorts 1, 2, 3 and 4, January 1, 2017 if the beneficiary was part of a Medicare shared savings program in 2017, but had not been part of a shared savings program prior to 2017.

12. For Cohorts 1, 2, 3, 4, 5A and 5B, January 1, 2018 if the beneficiary was part of a Medicare shared savings program in 2018, but had not been part of a shared savings program prior to 2018.
13. For Cohorts 1, 2, 3, 4, 5A, 5B, 6A and 6B, January 1, 2019 if the beneficiary was part of a Medicare shared savings program in 2019, but had not been part of a shared savings program prior to 2019.

When one of the above occurs during a month, a prorated number of member months are calculated, so that the number of member months contains fractions of whole months. For Cohorts 2, 3, 4, 5A, 6A, 6B, 7A and 7B, the member months are calculated beginning on January 1, 2014 through 2019 respectively, and accrue until one of the above termination events or the end of the analytic period. April 1, 2017 is the starting date applied for Cohort 5B. Also, if a beneficiary meets the demonstration eligibility criteria after being terminated previously, his or her experience would once again be included. Note that a beneficiary is not dropped from the analysis if his or her PRISM score falls below 1.5 or if the beneficiary elects hospice care. Thus, although having a PRISM score below 1.5 or being in hospice care prevents a beneficiary from becoming eligible for the demonstration, these events do not cause a beneficiary who is previously eligible from losing eligibility.

3.4 Calculation of PMPM

For Medicare, the PMPM expenditures for both the baseline period and the Demonstration Years are calculated separately for the intervention and comparison groups, each of the 12 categories of beneficiaries, each cohort, each type of service, and for each month of the Demonstration Year. For the intervention group, when aggregating across months, cells, types of service, or cohorts, expenditures and member months are simply tabulated and divided to obtain the aggregate PMPMs. For the comparison group, however, when aggregating across months, cells, type of service, or cohorts, expenditures are obtained by multiplying the PMPM of the corresponding comparison group by the member months (MM) of the intervention group, which represents the expenditures that the comparison group would have experienced if it had the same enrollment structure and distribution as the intervention group. Totals obtained in this way are referred to as “reweighted” in subsequent tables.

For each cohort, cell, type of service, and demonstration month, a “target” PMPM is obtained by multiplying the corresponding PMPM of the intervention group in the baseline period (all 24 months combined for Cohort 1 and all 12 months combined for subsequent cohorts) times the ratio of (1) the comparison group PMPM in the demonstration month and (2) the comparison group PMPM in the baseline period. The target represents the PMPM in the baseline period of the intervention group projected forward by the trend in the comparison group. The difference between this target PMPM and the actual PMPM in the intervention group in a Demonstration Year reflects the impact of the demonstration.

3.5 AGA and Outlier Adjustments

Adjustments to the target PMPMs are needed to reflect Federal and State policies and market forces that affect the costs in the comparison States differently from those in the

demonstration State and to ensure that calculated savings result only from the demonstration and not from differences in these other factors. For Medicare expenditures, the only necessary adjustment is applying an Average Geographic Adjustment (AGA) factor.⁶ The AGA factor reflects varying FFS cost trends in each county over time compared with the costs of the entire nation. The target PMPMs are adjusted so that the comparison group trend is what it would be if the AGA factors in the comparison States had changed by the same percentage as the change in the demonstration State between the baseline period and the Demonstration Year.

Another adjustment is calculated for both the intervention and the comparison PMPMs to account for outliers. Average health care expenditures (as represented by the PMPMs) for a group of beneficiaries can be significantly affected by a few very high-cost beneficiaries. Although it is possible to save by managing the care of such high-cost beneficiaries in the intervention group, this savings cannot be measured unless there are corresponding and similar high-cost beneficiaries in the comparison group. The outlier adjustment process begins by combining the intervention and comparison group beneficiaries and ranking them by their annual Medicare expenditures. A threshold amount is set at the 99th percentile of these annual beneficiary-level costs. The expenditures for any individual that exceed this threshold amount are winsorized to the threshold amount. The costs above the threshold are subtracted from the total costs, and the PMPMs are recalculated by excluding the amounts above the threshold.

⁶ Other adjustments will have to be made to the Medicaid expenditures, e.g., to account for differences in Medicaid coverage between comparison and intervention states.

4. Analysis of Cohorts

As described above, the purpose of closed cohorts is to ensure that the trend in per member per month (PMPM) results from changes in spending on beneficiaries initially placed in each category, not from new higher or lower cost beneficiaries joining the cohort over time. Although no new entrants are allowed into each cohort after it is created, there will be some terminations, and these will affect the mix of beneficiaries slightly. We have calculated the number and rates of termination for each cohort to determine whether these rates are sufficiently small and similar between the intervention and comparison groups so as to not materially affect the analysis.

Cohort 1 consists of 13,975 Medicare-Medicaid enrollees in the intervention group and 23,234 Medicare-Medicaid enrollees in the comparison group. After 78 months of operations, there were 4,126 eligible intervention group members and 3,820 eligible comparison group members as of December 31, 2019. The monthly attrition rates for the intervention and comparison groups were 1.62 percent and 2.25 percent, respectively. The most common reason for attrition was death and the monthly death rate for the intervention group was 0.76 percent, which was lower than the monthly death rate of 1.03 percent for the comparison group. The intervention group also experienced a lower rate of attrition due to a beneficiary moving out of area or participating in a shared savings program (SSP). However, the intervention group experienced higher monthly rates of demonstration eligibility attrition (0.43 percent vs. 0.19 percent⁷) from (1) loss of dual eligibility (i.e., loss of Medicare or Medicaid eligibility) and (2) when Washington indicated that the beneficiary was no longer eligible.

Cohort 1 for the intervention group was divided into six subgroups denoted by 1A through 1F. The six subgroups consist of those beneficiaries that Washington first identified as being eligible for the demonstration at the start of each of the 6 months from July 2013 through December 2013. The following table of overall monthly attrition rates shows the number of beneficiaries in each subgroup, the monthly death rate, and the total monthly attrition rate for each subgroup.

Table 1
Cohort 1 composition

Subgroup	Number of beneficiaries	Monthly death rate	Total monthly attrition rate
1A	2,215	0.97%	1.70%
1B	3,845	0.62%	1.51%
1C	388	0.75%	1.84%
1D	6,013	0.80%	1.64%
1E	726	0.69%	1.65%
1F	788	0.58%	1.60%
Total	13,975		

⁷ Note that eligibility for the intervention group is determined using Washington provided eligibility criteria including PRISM score. Eligibility for the comparison group is based on the application of Washington eligibility criteria to a comparison group which includes an RTI simulated PRISM score.

Reasons for ineligibility are summarized in Table 1.A–Table 1.J. Table 1.A summarizes the reasons for ineligibility for members of Cohort 1 who became ineligible during the first 78 months of demonstration operations. Table 1.B summarizes the reasons for ineligibility for members of Cohort 2 who became ineligible during their 72 months of demonstration operations. Tables 1.C–J summarize the reasons for ineligibility for members of Cohorts 3, 4, 5A, 5B, 6A/B and 7A/B who became ineligible during their 60, 48, 36, 33, 24 and 12 months of demonstration operations, respectively. Cohort 2 consists of 694 Medicare-Medicaid enrollees in the intervention group and 4,356 Medicare-Medicaid enrollees in the comparison group. After 72 months, there were 188 eligible intervention group members and 769 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.02 percent and 2.41 percent, respectively.

Cohort 3 consists of 5,648 Medicare-Medicaid enrollees in the intervention group and 6,456 Medicare-Medicaid enrollees in the comparison group. After 60 months of operations, there were 1,806 eligible intervention group members and 1,313 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 1.95 percent and 2.60 percent, respectively.

Cohort 4 consists of 5,833 Medicare-Medicaid enrollees in the intervention group and 7,237 Medicare-Medicaid enrollees in the comparison group. After 48 months of operations, there were 1,991 eligible intervention group members and 1,853 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.30 percent and 2.75 percent, respectively.

Cohort 5A consists of 6,173 Medicare-Medicaid enrollees in the intervention group and 5,476 Medicare-Medicaid enrollees in the comparison group. After 36 months of operations, there were 2,622 eligible intervention group members and 1,685 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.46 percent and 3.22 percent, respectively.

Cohort 5B consists of 5,938 Medicare-Medicaid enrollees in the intervention group and 20,475 Medicare-Medicaid enrollees in the comparison group. After 33 months of operations, there were 2,719 eligible intervention group members and 5,724 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.40 percent and 3.92 percent, respectively.

Cohort 6A consists of 4,872 Medicare-Medicaid enrollees in the intervention group and 4,782 Medicare-Medicaid enrollees in the comparison group. After 24 months of operations, there were 2,497 eligible intervention group members and 1,870 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.80 percent and 3.99 percent, respectively.

Cohort 6B consists of 3,321 Medicare-Medicaid enrollees in the intervention group and 5,388 Medicare-Medicaid enrollees in the comparison group. After 24 months of operations, there were 1,765 eligible intervention group members and 1,944 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.62 percent and 4.33 percent, respectively.

Cohort 7A consists of 4,427 Medicare-Medicaid enrollees in the intervention group and 3,443 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 3,045 eligible intervention group members and 2,303 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 3.19 percent and 3.44 percent, respectively.

Cohort 7B consists of 2,125 Medicare-Medicaid enrollees in the intervention group and 3,722 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 1,433 eligible intervention group members and 2,484 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 3.32 percent and 3.42 percent, respectively.

Table 1.A
Reasons for ineligibility for Cohort 1

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	4,603	0.76%	8,942	1.03%
Loss of Part A or B	52	0.01%	85	0.01%
GHO enrollment	1,674	0.28%	2,778	0.32%
Medicare secondary payer	239	0.04%	370	0.04%
Moved out of service area	416	0.07%	933	0.11%
Participation in SSP	237	0.04%	4,699	0.54%
Loss of eligibility	2,628	0.43%	1,607	0.19%
All ineligibles ⁸	9,849	1.62%	19,414	2.25%
Beneficiaries as of 7/1/2013	13,975		23,234	
Beneficiaries as of 12/31/2019	4,126		3,820	
Total member months	608,549.74		864,372.94	

GHO = Group Health Organization.

⁸ For Cohorts 1, 2, 3, 4 and 5 we included attrition experience from Demonstration Years 1, 2, 3 and 4 in the count of events, the total member months of exposure and the calculation of the monthly attrition rate in order to show a full picture of the demonstration attrition to date. Because the Demonstration Years 1, 2, 3 and 4 experience was finalized, it was not re-run, but the total beneficiary counts for first day eligible and eligible as of 12/31/2019 reflect most recent run. This can lead to small discrepancies whereby beneficiaries remaining do not equal starting total beneficiaries minus all ineligibles due to retroactive eligibility changes.

Table 1.B
Reasons for ineligibility for Cohort 2

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	178	0.71%	1,410	0.95%
Loss of Part A or B	5	0.02%	16	0.01%
GHO enrollment	82	0.33%	522	0.35%
Medicare secondary payer	14	0.06%	67	0.04%
Moved out of service area	32	0.13%	220	0.15%
Participation in SSP	18	0.07%	916	0.61%
Loss of eligibility	177	0.71%	436	0.29%
All ineligibles	506	2.02%	3,587	2.41%
Beneficiaries as of 1/1/2014	694		4,356	
Beneficiaries as of 12/31/2019	188		769	
Total member months	25,048.54		149,124.79	

Table 1.C
Reasons for ineligibility for Cohort 3

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	1,318	0.67%	1,982	1.00%
Loss of Part A or B	13	0.01%	32	0.02%
GHO enrollment	733	0.37%	691	0.35%
Medicare secondary payer	95	0.05%	93	0.05%
Moved out of service area	175	0.09%	279	0.14%
Participation in SSP	79	0.04%	1,480	0.75%
Loss of eligibility	1,429	0.72%	586	0.30%
All ineligibles	3,842	1.95%	5,143	2.60%
Beneficiaries as of 1/1/2015	5,648		6,456	
Beneficiaries as of 12/31/2019	1,806		1,313	
Total member months	197,272.41		197,792.90	

Table 1.D
Reasons for ineligibility for Cohort 4

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	1,153	0.69%	1,976	1.01%
Loss of Part A or B	25	0.01%	23	0.01%
GHO enrollment	836	0.50%	897	0.46%
Medicare secondary payer	89	0.05%	88	0.04%
Moved out of service area	197	0.12%	268	0.14%
Participation in SSP	106	0.06%	1,478	0.76%
Loss of eligibility	1,436	0.86%	654	0.33%
All ineligibles	3,842	2.30%	5,384	2.75%
Beneficiaries as of 1/1/2016	5,833		7,237	
Beneficiaries as of 12/31/2019	1,991		1,853	
Total member months	166,731.44		195,675.61	

Table 1.E
Reasons for ineligibility for Cohort 5A

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	915	0.63%	1,330	1.13%
Loss of Part A or B	19	0.01%	20	0.02%
GHO enrollment	794	0.55%	776	0.66%
Medicare secondary payer	81	0.06%	46	0.04%
Moved out of service area	144	0.10%	130	0.11%
Participation in SSP	94	0.07%	999	0.85%
Loss of eligibility	1,504	1.04%	490	0.42%
All ineligibles	3,551	2.46%	3,791	3.22%
Beneficiaries as of 1/1/2017	6,173		5,476	
Beneficiaries as of 12/31/2019	2,622		1,685	
Total member months	144,450.27		117,572.92	

Table 1.F
Reasons for ineligibility for Cohort 5B

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	986	0.74%	3,794	1.01%
Loss of Part A or B	19	0.01%	57	0.02%
GHO enrollment	976	0.73%	3,161	0.84%
Medicare secondary payer	72	0.05%	220	0.06%
Moved out of service area	193	0.14%	618	0.16%
Participation in SSP	56	0.04%	5,424	1.44%
Loss of eligibility	917	0.68%	1,477	0.39%
All ineligibles	3,219	2.40%	14,751	3.92%
Beneficiaries as of 4/1/2017	5,938		20,475	
Beneficiaries as of 12/31/2019	2,719		5,724	
Total member months	133,998.09		375,896.43	

Table 1.G
Reasons for ineligibility for Cohort 6A

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	589	0.69%	876	1.20%
Loss of Part A or B	7	0.01%	10	0.01%
GHO enrollment	538	0.63%	575	0.79%
Medicare secondary payer	54	0.06%	34	0.05%
Moved out of service area	153	0.18%	106	0.15%
Participation in SSP	29	0.03%	835	1.14%
Loss of eligibility	1,005	1.19%	476	0.65%
All ineligibles	2,375	2.80%	2,912	3.99%
Beneficiaries as of 1/1/2018	4,872		4,782	
Beneficiaries as of 12/31/2019	2,497		1,870	
Total member months	84,782.24		73,049.43	

**Table 1.H
Reasons for ineligibility for Cohort 6B**

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	404	0.68%	957	1.20%
Loss of Part A or B	8	0.01%	20	0.03%
GHO enrollment	448	0.75%	941	1.18%
Medicare secondary payer	32	0.05%	47	0.06%
Moved out of service area	106	0.18%	132	0.17%
Participation in SSP	11	0.02%	851	1.07%
Loss of eligibility	547	0.92%	496	0.62%
All ineligibles	1,556	2.62%	3,444	4.33%
Beneficiaries as of 1/1/2018	3,321		5,388	
Beneficiaries as of 12/31/2019	1,765		1,944	
Total member months	59,469.77		79,494.93	

**Table 1.I
Reasons for ineligibility for Cohort 7A⁹**

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	375	0.87%	440	1.33%
Loss of Part A or B	8	0.02%	14	0.04%
GHO enrollment	299	0.69%	358	1.08%
Medicare secondary payer	22	0.05%	18	0.05%
Moved out of service area	71	0.16%	61	0.18%
Loss of eligibility	607	1.40%	249	0.75%
All ineligibles	1,382	3.19%	1,140	3.44%
Beneficiaries as of 1/1/2019	4,427		3,443	
Beneficiaries as of 12/31/2019	3,045		2,303	
Total member months	43,336.23		33,187.56	

⁹ Note that “Participation in a SSP” is never a possible reason for attrition for the most recently added cohort because it is based on prior year’s status.

Table 1.J
Reasons for ineligibility for Cohort 7B

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	149	0.72%	455	1.26%
Loss of Part A or B	6	0.03%	8	0.02%
GHO enrollment	194	0.93%	407	1.12%
Medicare secondary payer	9	0.04%	27	0.07%
Moved out of service area	61	0.29%	85	0.23%
Loss of eligibility	273	1.31%	256	0.71%
All ineligibles	692	3.32%	1,238	3.42%
Beneficiaries as of 1/1/2019	2,125		3,722	
Beneficiaries as of 12/31/2019	1,433		2,484	
Total member months	20,821.27		36,182.04	

5. Results of PMPM Cost Analysis

5.1 Medicare Savings before Adjustments

The savings are determined by comparing the rate of growth in expenditures between the intervention group (WA) and the comparison group (the comparison states) as measured by the average monthly costs per beneficiary, i.e., the per member per month (PMPM) costs. We begin this calculation by tabulating the PMPM costs for the comparison group in both the baseline period and the Demonstration Years as shown in Tables 2A-J. These tables show the incurred claims, member months, and per member per month (PMPM) costs for Cohort 1 (Table 2.A), Cohort 2 (Table 2.B), Cohort 3 (Table 2.C), Cohort 4 (Table 2.D), Cohort 5A (Table 2.E), Cohort 5B (Table 2.F), Cohort 6A (Table 2.G), Cohort 6B (Table 2.H), Cohort 7A (Table 2.I) and Cohort 7B (Table 2.J) for the baseline period and for Demonstration Years 5 and 6 by category of beneficiary.

- For comparison group Cohort 1, the PMPM increases by 15.0 percent from \$1,600 during the baseline period to \$1,840 during Demonstration Year 5 and by 21.9 percent to \$1,951 during Demonstration Year 6.
- For comparison group Cohort 2, the PMPM decreases by 9.6 percent from \$1,607 to \$1,453 during Demonstration Year 5 and increases by 3.8 percent to \$1,669 during Demonstration Year 6.
- For comparison group Cohort 3, the PMPM decreases by 9.5 percent from \$1,674 to \$1,515 during Demonstration Year 5 and by 11.6 percent to \$1,480 during Demonstration Year 6.
- For comparison group Cohort 4, the PMPM decreases by 11.5 percent from \$1,738 to \$1,534 during Demonstration Year 5 and by 6.9 percent to \$1,618 during Demonstration Year 6.
- For comparison group Cohort 5A, the PMPM decreases by 8.4 percent from \$1,813 to \$1,660 during Demonstration Year 5 and by 8.4 percent to \$1,660 during Demonstration Year 6.
- For comparison group Cohort 5B, the PMPM increases by 3.7 percent from \$1,582 to \$1,641 during Demonstration Year 5 and by 8.4 percent to \$1,715 during Demonstration Year 6.
- For comparison group Cohort 6A, the PMPM decreases by 6.0 percent from \$2,001 to \$1,880 during Demonstration Year 5 and by 5.4 percent to \$1,893 during Demonstration Year 6.
- For comparison group Cohort 6B, the PMPM decreases by 9.2 percent from \$1,779 to \$1,615 during Demonstration Year 5 and by 8.0 percent to \$1,637 during Demonstration Year 6.

- For comparison group 7A, the PMPM decreases by 12.8 percent from \$2,155 to \$1,879 during Demonstration Year 6.
- For comparison group 7B, the PMPM decreases by 9.4 percent from \$1,923 to \$1,742 during Demonstration Year 6.

Note: Cohorts 7A and 7B have no experience during Demonstration Year 5.

One significant difference between Cohorts 1 and 5B as compared to Cohorts 2, 3, 4, 5A, 6A, 6B, 7A and 7B is that Cohorts 1 and 5B represent a cross-section of demonstration-eligible beneficiaries, whereas Cohorts 2, 3, 4, 5A, 6A, 6B, 7A and 7B represent newly demonstration-eligible beneficiaries. In other words, Cohorts 1 and 5B beneficiaries could have first met the requirements for demonstration eligibility at any time during the past (perhaps years ago), whereas Cohorts 2, 3, 4, 5A, 6A, 6B, 7A and 7B beneficiaries first met the requirements for demonstration eligibility more recently (otherwise they would have been included in the corresponding previous cohorts depending on where they reside).

Prior to comparison with the intervention group, as will be shown in subsequent tables, the PMPMs in each cell (i.e., the cohort, the specific category of beneficiary, and month) are reweighted by the number of member months in the intervention group. The resulting totals represent the costs that would have occurred in the comparison group if it had the same number and distribution of beneficiaries as the intervention group.

The re-weighted PMPM costs are then further adjusted for two reasons before savings are calculated: (1) to reflect the difference in the trend in the Average Geographic Adjustment factor between Washington and the comparison States, and (2) to include an adjustment for the trimming of outlier costs above the 99th percentile of annual costs of total paid claims (Washington and comparison states combined).

Table 2.A.1 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 5,
by category of beneficiary: Cohort 1

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B) ^a
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	495,181.0	\$792,439,622	\$1,600.30	78,141.1	\$143,783,704	\$1,840.05	1.14982
Facility, age 65+, with SPMI	32,115.2	\$66,311,502	\$2,064.80	3,447.3	\$6,401,789	\$1,857.02	0.89937
Facility, age 65+, no SPMI	80,858.8	\$139,945,392	\$1,730.74	5,239.0	\$7,646,958	\$1,459.62	0.84335
HCBS, age 65+, with SPMI	10,838.8	\$20,539,243	\$1,894.97	1,670.3	\$3,878,491	\$2,322.06	1.22538
HCBS, age 65+, no SPMI	51,925.0	\$84,282,667	\$1,623.16	6,156.8	\$14,382,882	\$2,336.08	1.43922
Community, age 65+, with SPMI	12,587.9	\$16,488,055	\$1,309.84	2,657.3	\$4,791,368	\$1,803.09	1.37657
Community, age 65+, no SPMI	92,332.0	\$108,551,869	\$1,175.67	14,856.6	\$26,738,474	\$1,799.78	1.53085
Facility, age <65, with SPMI	10,531.3	\$26,564,713	\$2,522.45	2,153.6	\$3,612,706	\$1,677.53	0.66504
Facility, age <65, no SPMI	12,082.5	\$28,804,414	\$2,383.97	2,013.6	\$3,112,819	\$1,545.89	0.64845
HCBS, age <65, with SPMI	18,074.4	\$30,515,893	\$1,688.35	3,520.1	\$5,803,110	\$1,648.58	0.97645
HCBS, age <65, no SPMI	28,593.8	\$55,535,580	\$1,942.22	5,633.6	\$12,347,849	\$2,191.83	1.12852
Community, age <65, with SPMI	58,269.0	\$76,748,751	\$1,317.15	13,005.1	\$18,921,608	\$1,454.94	1.10462
Community, age <65, no SPMI	86,972.3	\$138,151,543	\$1,588.45	17,787.8	\$36,145,649	\$2,032.05	1.27926

^a Demonstration Period PMPM divided by Baseline Period PMPM.

Table 2.A.2 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 1

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	495,181.0	\$792,439,622	\$1,600.30	51,787.7	\$101,047,501	\$1,951.19	1.21926
Facility, age 65+, with SPMI	32,115.2	\$66,311,502	\$2,064.80	2,138.5	\$4,229,042	\$1,977.59	0.95776
Facility, age 65+, no SPMI	80,858.8	\$139,945,392	\$1,730.74	3,206.9	\$5,242,919	\$1,634.86	0.94461
HCBS, age 65+, with SPMI	10,838.8	\$20,539,243	\$1,894.97	1,131.2	\$2,798,568	\$2,473.91	1.30551
HCBS, age 65+, no SPMI	51,925.0	\$84,282,667	\$1,623.16	3,749.6	\$8,641,565	\$2,304.64	1.41985
Community, age 65+, with SPMI	12,587.9	\$16,488,055	\$1,309.84	1,660.9	\$3,451,813	\$2,078.33	1.58671
Community, age 65+, no SPMI	92,332.0	\$108,551,869	\$1,175.67	9,620.4	\$17,443,394	\$1,813.17	1.54224
Facility, age <65, with SPMI	10,531.3	\$26,564,713	\$2,522.45	1,603.5	\$2,915,224	\$1,817.99	0.72072
Facility, age <65, no SPMI	12,082.5	\$28,804,414	\$2,383.97	1,404.6	\$2,500,710	\$1,780.40	0.74682
HCBS, age <65, with SPMI	18,074.4	\$30,515,893	\$1,688.35	2,526.7	\$4,750,335	\$1,880.06	1.11355
HCBS, age <65, no SPMI	28,593.8	\$55,535,580	\$1,942.22	3,529.1	\$9,292,671	\$2,633.12	1.35573
Community, age <65, with SPMI	58,269.0	\$76,748,751	\$1,317.15	8,582.5	\$13,650,307	\$1,590.48	1.20752
Community, age <65, no SPMI	86,972.3	\$138,151,543	\$1,588.45	12,633.7	\$26,130,952	\$2,068.35	1.30212

Table 2.B.1 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 5,
by category of beneficiary: Cohort 2

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	42,008.3	\$67,515,192	\$1,607.19	16,165.3	\$23,480,080	\$1,452.50	0.90375
Facility, age 65+, with SPMI	2,059.8	\$5,419,492	\$2,631.14	516.7	\$919,506	\$1,779.69	0.67640
Facility, age 65+, no SPMI	6,716.7	\$14,724,625	\$2,192.23	1,364.5	\$1,918,720	\$1,406.15	0.64143
HCBS, age 65+, with SPMI	613.4	\$1,053,551	\$1,717.67	311.8	\$599,798	\$1,923.82	1.12002
HCBS, age 65+, no SPMI	3,544.0	\$5,267,521	\$1,486.32	1,159.3	\$2,440,731	\$2,105.29	1.41644
Community, age 65+, with SPMI	1,074.8	\$1,446,270	\$1,345.67	402.8	\$670,352	\$1,664.20	1.23671
Community, age 65+, no SPMI	9,976.7	\$13,004,722	\$1,303.52	3,903.8	\$5,166,341	\$1,323.42	1.01527
Facility, age <65, with SPMI	668.8	\$2,180,795	\$3,260.87	254.4	\$398,018	\$1,564.57	0.47980
Facility, age <65, no SPMI	794.5	\$2,553,958	\$3,214.35	386.0	\$825,594	\$2,138.84	0.66541
HCBS, age <65, with SPMI	1,076.6	\$1,473,625	\$1,368.80	459.6	\$481,015	\$1,046.49	0.76453
HCBS, age <65, no SPMI	1,902.1	\$2,801,867	\$1,473.05	938.5	\$1,567,832	\$1,670.60	1.13411
Community, age <65, with SPMI	5,313.9	\$6,380,978	\$1,200.82	2,749.6	\$2,814,659	\$1,023.65	0.85246
Community, age <65, no SPMI	8,267.2	\$11,207,788	\$1,355.69	3,718.3	\$5,677,515	\$1,526.92	1.12630

Table 2.B.2 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 2

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	42,008.3	\$67,515,192	\$1,607.19	10,472.4	\$17,473,432	\$1,668.53	1.03817
Facility, age 65+, with SPMI	2,059.8	\$5,419,492	\$2,631.14	391.7	\$567,917	\$1,449.74	0.55099
Facility, age 65+, no SPMI	6,716.7	\$14,724,625	\$2,192.23	701.5	\$1,010,870	\$1,440.97	0.65731
HCBS, age 65+, with SPMI	613.4	\$1,053,551	\$1,717.67	179.0	\$438,187	\$2,448.41	1.42542
HCBS, age 65+, no SPMI	3,544.0	\$5,267,521	\$1,486.32	686.9	\$1,981,835	\$2,885.22	1.94118
Community, age 65+, with SPMI	1,074.8	\$1,446,270	\$1,345.67	253.3	\$401,568	\$1,585.19	1.17799
Community, age 65+, no SPMI	9,976.7	\$13,004,722	\$1,303.52	2,353.7	\$3,908,905	\$1,660.72	1.27403
Facility, age <65, with SPMI	668.8	\$2,180,795	\$3,260.87	174.9	\$474,910	\$2,716.06	0.83292
Facility, age <65, no SPMI	794.5	\$2,553,958	\$3,214.35	297.3	\$662,514	\$2,228.52	0.69330
HCBS, age <65, with SPMI	1,076.6	\$1,473,625	\$1,368.80	358.5	\$320,643	\$894.50	0.65350
HCBS, age <65, no SPMI	1,902.1	\$2,801,867	\$1,473.05	657.4	\$846,797	\$1,288.10	0.87444
Community, age <65, with SPMI	5,313.9	\$6,380,978	\$1,200.82	1,928.5	\$2,355,117	\$1,221.21	1.01699
Community, age <65, no SPMI	8,267.2	\$11,207,788	\$1,355.69	2,489.7	\$4,504,170	\$1,809.13	1.33447

Table 2.C.1 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 5,
by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	65,614.5	\$109,816,298	\$1,673.66	28,838.1	\$43,694,525	\$1,515.17	0.90530
Facility, age 65+, with SPMI	4,878.2	\$11,042,653	\$2,263.65	1,687.4	\$2,762,208	\$1,636.97	0.72315
Facility, age 65+, no SPMI	12,137.4	\$26,728,998	\$2,202.20	3,435.0	\$5,506,670	\$1,603.10	0.72795
HCBS, age 65+, with SPMI	1,111.6	\$1,593,577	\$1,433.58	500.6	\$752,992	\$1,504.22	1.04927
HCBS, age 65+, no SPMI	4,599.1	\$7,305,283	\$1,588.42	1,883.3	\$3,807,348	\$2,021.63	1.27273
Community, age 65+, with SPMI	2,510.0	\$3,725,198	\$1,484.15	1,140.5	\$1,254,696	\$1,100.17	0.74128
Community, age 65+, no SPMI	12,485.8	\$16,640,967	\$1,332.79	5,491.3	\$8,029,320	\$1,462.20	1.09709
Facility, age <65, with SPMI	1,125.0	\$3,949,081	\$3,510.30	422.5	\$771,915	\$1,827.01	0.52047
Facility, age <65, no SPMI	1,435.9	\$4,985,720	\$3,472.12	572.1	\$991,576	\$1,733.25	0.49919
HCBS, age <65, with SPMI	2,068.1	\$2,424,892	\$1,172.54	1,316.5	\$1,393,966	\$1,058.84	0.90303
HCBS, age <65, no SPMI	2,938.7	\$3,982,170	\$1,355.08	1,855.8	\$3,214,494	\$1,732.15	1.27826
Community, age <65, with SPMI	10,202.2	\$11,555,501	\$1,132.64	5,402.5	\$6,151,887	\$1,138.72	1.00537
Community, age <65, no SPMI	10,122.4	\$15,882,259	\$1,569.02	5,130.7	\$9,057,453	\$1,765.34	1.12513

Table 2.C.2 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	65,614.5	\$109,816,298	\$1,673.66	18,093.6	\$26,771,826	\$1,479.63	0.88407
Facility, age 65+, with SPMI	4,878.2	\$11,042,653	\$2,263.65	947.6	\$1,381,385	\$1,457.75	0.64398
Facility, age 65+, no SPMI	12,137.4	\$26,728,998	\$2,202.20	2,006.8	\$2,994,093	\$1,492.00	0.67751
HCBS, age 65+, with SPMI	1,111.6	\$1,593,577	\$1,433.58	444.2	\$714,806	\$1,609.02	1.12238
HCBS, age 65+, no SPMI	4,599.1	\$7,305,283	\$1,588.42	1,051.5	\$2,638,138	\$2,508.83	1.57944
Community, age 65+, with SPMI	2,510.0	\$3,725,198	\$1,484.15	773.8	\$1,061,115	\$1,371.33	0.92398
Community, age 65+, no SPMI	12,485.8	\$16,640,967	\$1,332.79	3,371.3	\$5,630,312	\$1,670.09	1.25307
Facility, age <65, with SPMI	1,125.0	\$3,949,081	\$3,510.30	269.5	\$221,865	\$823.30	0.23454
Facility, age <65, no SPMI	1,435.9	\$4,985,720	\$3,472.12	399.1	\$561,476	\$1,406.86	0.40519
HCBS, age <65, with SPMI	2,068.1	\$2,424,892	\$1,172.54	1,017.5	\$905,734	\$890.13	0.75915
HCBS, age <65, no SPMI	2,938.7	\$3,982,170	\$1,355.08	1,095.3	\$2,073,810	\$1,893.42	1.39727
Community, age <65, with SPMI	10,202.2	\$11,555,501	\$1,132.64	3,575.9	\$3,322,732	\$929.21	0.82039
Community, age <65, no SPMI	10,122.4	\$15,882,259	\$1,569.02	3,141.1	\$5,266,359	\$1,676.61	1.06858

Table 2.D.1 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 5,
by category of beneficiary: Cohort 4

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	74,886.5	\$130,154,124	\$1,738.02	40,169.6	\$61,820,318	\$1,538.98	0.88548
Facility, age 65+, with SPMI	8,799.9	\$23,177,043	\$2,633.77	3,703.7	\$6,591,776	\$1,779.78	0.67575
Facility, age 65+, no SPMI	10,464.5	\$21,506,946	\$2,055.23	4,403.1	\$5,866,599	\$1,332.36	0.64828
HCBS, age 65+, with SPMI	2,013.0	\$3,798,610	\$1,887.04	1,062.9	\$1,887,375	\$1,775.67	0.94098
HCBS, age 65+, no SPMI	4,656.9	\$6,769,043	\$1,453.55	2,327.6	\$5,036,615	\$2,163.91	1.48871
Community, age 65+, with SPMI	3,872.4	\$6,423,922	\$1,658.90	2,296.8	\$3,502,708	\$1,525.02	0.91930
Community, age 65+, no SPMI	13,747.0	\$17,606,796	\$1,280.78	7,897.7	\$11,631,105	\$1,472.72	1.14986
Facility, age <65, with SPMI	2,039.5	\$7,820,424	\$3,834.53	1,037.9	\$2,722,845	\$2,623.39	0.68415
Facility, age <65, no SPMI	1,184.9	\$4,054,838	\$3,422.18	653.9	\$1,549,556	\$2,369.60	0.69243
HCBS, age <65, with SPMI	2,214.7	\$2,946,358	\$1,330.34	1,277.9	\$1,996,312	\$1,562.19	1.17428
HCBS, age <65, no SPMI	2,526.6	\$3,932,951	\$1,556.63	1,558.0	\$2,740,205	\$1,758.85	1.12990
Community, age <65, with SPMI	11,399.1	\$13,242,226	\$1,161.69	6,984.2	\$7,014,999	\$1,004.41	0.86462
Community, age <65, no SPMI	11,968.0	\$18,874,966	\$1,577.12	6,965.9	\$11,280,223	\$1,619.35	1.02678

Table 2.D.2 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 4

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	74,886.5	\$130,154,124	\$1,738.02	25,246.2	\$40,851,436	\$1,618.12	0.93102
Facility, age 65+, with SPMI	8,799.9	\$23,177,043	\$2,633.77	2,271.0	\$4,359,511	\$1,919.68	0.72887
Facility, age 65+, no SPMI	10,464.5	\$21,506,946	\$2,055.23	2,502.6	\$4,281,225	\$1,710.73	0.83238
HCBS, age 65+, with SPMI	2,013.0	\$3,798,610	\$1,887.04	618.1	\$1,096,697	\$1,774.18	0.94019
HCBS, age 65+, no SPMI	4,656.9	\$6,769,043	\$1,453.55	1,417.5	\$2,867,309	\$2,022.84	1.39165
Community, age 65+, with SPMI	3,872.4	\$6,423,922	\$1,658.90	1,475.4	\$2,186,413	\$1,481.88	0.89329
Community, age 65+, no SPMI	13,747.0	\$17,606,796	\$1,280.78	5,051.3	\$7,293,040	\$1,443.79	1.12727
Facility, age <65, with SPMI	2,039.5	\$7,820,424	\$3,834.53	611.3	\$1,320,639	\$2,160.27	0.56337
Facility, age <65, no SPMI	1,184.9	\$4,054,838	\$3,422.18	416.0	\$622,169	\$1,495.44	0.43698
HCBS, age <65, with SPMI	2,214.7	\$2,946,358	\$1,330.34	773.8	\$1,503,583	\$1,943.05	1.46057
HCBS, age <65, no SPMI	2,526.6	\$3,932,951	\$1,556.63	1,067.8	\$1,932,741	\$1,809.96	1.16274
Community, age <65, with SPMI	11,399.1	\$13,242,226	\$1,161.69	4,580.9	\$5,142,210	\$1,122.53	0.96629
Community, age <65, no SPMI	11,968.0	\$18,874,966	\$1,577.12	4,460.3	\$8,245,899	\$1,848.72	1.17221

Table 2.E.1 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 5,
by category of beneficiary: Cohort 5A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	55,234.5	\$100,113,666	\$1,812.52	37,832.1	\$62,786,817	\$1,659.62	0.91564
Facility, age 65+, with SPMI	9,699.9	\$22,110,254	\$2,279.44	6,140.4	\$11,411,282	\$1,858.40	0.81529
Facility, age 65+, no SPMI	5,768.6	\$12,028,564	\$2,085.19	3,660.4	\$7,101,490	\$1,940.10	0.93042
HCBS, age 65+, with SPMI	1,794.4	\$3,717,937	\$2,071.96	1,491.2	\$3,806,331	\$2,552.55	1.23195
HCBS, age 65+, no SPMI	2,470.4	\$3,972,554	\$1,608.09	1,807.3	\$3,493,418	\$1,933.00	1.20205
Community, age 65+, with SPMI	4,508.5	\$7,350,151	\$1,630.30	3,425.0	\$4,776,484	\$1,394.59	0.85542
Community, age 65+, no SPMI	8,094.0	\$9,210,465	\$1,137.94	5,483.8	\$5,675,531	\$1,034.97	0.90951
Facility, age <65, with SPMI	2,106.1	\$7,470,590	\$3,547.09	1,287.1	\$4,509,328	\$3,503.55	0.98772
Facility, age <65, no SPMI	957.5	\$3,328,035	\$3,475.88	697.8	\$2,269,242	\$3,251.94	0.93557
HCBS, age <65, with SPMI	2,203.2	\$3,920,524	\$1,779.45	1,653.8	\$2,957,901	\$1,788.51	1.00509
HCBS, age <65, no SPMI	1,620.6	\$2,444,637	\$1,508.51	1,275.1	\$2,131,329	\$1,671.47	1.10803
Community, age <65, with SPMI	9,316.4	\$12,525,536	\$1,344.46	6,341.9	\$7,051,303	\$1,111.86	0.82699
Community, age <65, no SPMI	6,695.1	\$12,034,419	\$1,797.49	4,568.4	\$7,603,178	\$1,664.31	0.92591

Table 2.E.2 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 5A

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	55,234.5	\$100,113,666	\$1,812.52	23,152.5	\$38,432,394	\$1,659.97	0.91583
Facility, age 65+, with SPMI	9,699.9	\$22,110,254	\$2,279.44	3,822.0	\$6,295,289	\$1,647.13	0.72260
Facility, age 65+, no SPMI	5,768.6	\$12,028,564	\$2,085.19	1,996.8	\$3,924,235	\$1,965.25	0.94248
HCBS, age 65+, with SPMI	1,794.4	\$3,717,937	\$2,071.96	837.2	\$2,668,129	\$3,186.90	1.53811
HCBS, age 65+, no SPMI	2,470.4	\$3,972,554	\$1,608.09	1,134.2	\$2,347,401	\$2,069.73	1.28707
Community, age 65+, with SPMI	4,508.5	\$7,350,151	\$1,630.30	2,098.3	\$2,802,113	\$1,335.45	0.81915
Community, age 65+, no SPMI	8,094.0	\$9,210,465	\$1,137.94	3,477.0	\$4,023,811	\$1,157.25	1.01697
Facility, age <65, with SPMI	2,106.1	\$7,470,590	\$3,547.09	763.3	\$2,102,459	\$2,754.53	0.77656
Facility, age <65, no SPMI	957.5	\$3,328,035	\$3,475.88	442.3	\$1,075,103	\$2,430.61	0.69928
HCBS, age <65, with SPMI	2,203.2	\$3,920,524	\$1,779.45	935.5	\$1,970,951	\$2,106.73	1.18392
HCBS, age <65, no SPMI	1,620.6	\$2,444,637	\$1,508.51	886.2	\$1,068,829	\$1,206.09	0.79952
Community, age <65, with SPMI	9,316.4	\$12,525,536	\$1,344.46	3,800.3	\$4,296,180	\$1,130.47	0.84083
Community, age <65, no SPMI	6,695.1	\$12,034,419	\$1,797.49	2,959.4	\$5,857,895	\$1,979.45	1.10123

Table 2.F.1 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 5,
by category of beneficiary: Cohort 5B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	210,281.7	\$332,690,142	\$1,582.12	128,192.8	\$210,346,049	\$1,640.86	1.03713
Facility, age 65+, with SPMI	24,578.5	\$46,576,524	\$1,895.01	15,828.2	\$28,161,579	\$1,779.20	0.93889
Facility, age 65+, no SPMI	10,335.3	\$17,577,714	\$1,700.74	6,431.7	\$9,934,210	\$1,544.57	0.90817
HCBS, age 65+, with SPMI	5,802.8	\$12,529,769	\$2,159.27	3,779.8	\$8,742,909	\$2,313.06	1.07122
HCBS, age 65+, no SPMI	6,670.5	\$11,370,351	\$1,704.57	4,335.2	\$10,533,482	\$2,429.78	1.42545
Community, age 65+, with SPMI	26,146.3	\$42,479,059	\$1,624.67	15,653.1	\$27,327,384	\$1,745.81	1.07457
Community, age 65+, no SPMI	34,850.4	\$41,713,161	\$1,196.92	18,741.1	\$27,753,779	\$1,480.91	1.23726
Facility, age <65, with SPMI	5,902.3	\$15,354,462	\$2,601.42	4,255.9	\$9,684,871	\$2,275.62	0.87476
Facility, age <65, no SPMI	2,785.0	\$4,054,836	\$1,455.96	2,045.9	\$2,625,993	\$1,283.55	0.88159
HCBS, age <65, with SPMI	7,250.9	\$12,543,076	\$1,729.86	5,030.2	\$8,668,860	\$1,723.36	0.99624
HCBS, age <65, no SPMI	4,331.2	\$7,234,071	\$1,670.21	3,147.8	\$5,807,689	\$1,844.97	1.10463
Community, age <65, with SPMI	57,206.1	\$81,825,914	\$1,430.37	34,920.5	\$47,415,851	\$1,357.82	0.94928
Community, age <65, no SPMI	24,422.3	\$39,431,205	\$1,614.56	14,023.4	\$23,689,443	\$1,689.28	1.04628

Table 2.F.2 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 5B

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	210,281.7	\$332,690,142	\$1,582.12	80,098.8	\$137,402,034	\$1,715.41	1.08425
Facility, age 65+, with SPMI	24,578.5	\$46,576,524	\$1,895.01	9,529.4	\$17,729,497	\$1,860.51	0.98180
Facility, age 65+, no SPMI	10,335.3	\$17,577,714	\$1,700.74	3,712.8	\$5,935,343	\$1,598.63	0.93996
HCBS, age 65+, with SPMI	5,802.8	\$12,529,769	\$2,159.27	2,054.0	\$5,343,086	\$2,601.30	1.20471
HCBS, age 65+, no SPMI	6,670.5	\$11,370,351	\$1,704.57	2,333.7	\$5,071,222	\$2,173.01	1.27481
Community, age 65+, with SPMI	26,146.3	\$42,479,059	\$1,624.67	10,065.6	\$18,997,879	\$1,887.40	1.16171
Community, age 65+, no SPMI	34,850.4	\$41,713,161	\$1,196.92	11,428.0	\$18,342,460	\$1,605.05	1.34098
Facility, age <65, with SPMI	5,902.3	\$15,354,462	\$2,601.42	3,221.8	\$6,406,354	\$1,988.45	0.76437
Facility, age <65, no SPMI	2,785.0	\$4,054,836	\$1,455.96	1,544.5	\$1,850,130	\$1,197.90	0.82276
HCBS, age <65, with SPMI	7,250.9	\$12,543,076	\$1,729.86	3,085.6	\$6,098,371	\$1,976.40	1.14252
HCBS, age <65, no SPMI	4,331.2	\$7,234,071	\$1,670.21	1,918.0	\$4,330,472	\$2,257.75	1.35177
Community, age <65, with SPMI	57,206.1	\$81,825,914	\$1,430.37	22,679.2	\$32,668,728	\$1,440.47	1.00706
Community, age <65, no SPMI	24,422.3	\$39,431,205	\$1,614.56	8,526.2	\$14,628,490	\$1,715.71	1.06265

Table 2.G.1 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 5,
by category of beneficiary: Cohort 6A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	48,146.2	\$96,337,228	\$2,000.93	47,388.4	\$89,091,211	\$1,880.02	0.93957
Facility, age 65+, with SPMI	9,767.7	\$23,702,945	\$2,426.66	9,627.6	\$19,563,479	\$2,032.01	0.83737
Facility, age 65+, no SPMI	4,958.5	\$9,755,842	\$1,967.49	5,105.9	\$8,164,877	\$1,599.11	0.81277
HCBS, age 65+, with SPMI	1,685.3	\$3,551,857	\$2,107.56	1,724.2	\$4,341,212	\$2,517.83	1.19466
HCBS, age 65+, no SPMI	1,716.9	\$3,400,100	\$1,980.33	1,750.2	\$3,828,130	\$2,187.20	1.10446
Community, age 65+, with SPMI	4,220.9	\$8,520,127	\$2,018.58	4,097.2	\$7,043,649	\$1,719.15	0.85167
Community, age 65+, no SPMI	7,106.5	\$10,648,158	\$1,498.38	6,843.2	\$11,154,738	\$1,630.04	1.08787
Facility, age <65, with SPMI	2,027.2	\$6,011,790	\$2,965.53	2,142.3	\$5,960,956	\$2,782.48	0.93827
Facility, age <65, no SPMI	611.2	\$1,798,045	\$2,941.86	612.4	\$1,378,975	\$2,251.79	0.76543
HCBS, age <65, with SPMI	1,302.7	\$2,856,009	\$2,192.44	1,370.3	\$3,264,444	\$2,382.27	1.08658
HCBS, age <65, no SPMI	1,275.8	\$2,021,794	\$1,584.75	1,331.2	\$2,042,358	\$1,534.19	0.96810
Community, age <65, with SPMI	7,915.5	\$14,247,500	\$1,799.94	7,382.4	\$11,798,313	\$1,598.16	0.88790
Community, age <65, no SPMI	5,558.0	\$9,823,061	\$1,767.36	5,401.5	\$10,550,080	\$1,953.19	1.10515

Table 2.G.2 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 6A

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	48,146.2	\$96,337,228	\$2,000.93	25,661.0	\$48,572,919	\$1,892.87	0.94599
Facility, age 65+, with SPMI	9,767.7	\$23,702,945	\$2,426.66	5,064.6	\$10,356,445	\$2,044.87	0.84267
Facility, age 65+, no SPMI	4,958.5	\$9,755,842	\$1,967.49	2,570.9	\$4,508,575	\$1,753.71	0.89134
HCBS, age 65+, with SPMI	1,685.3	\$3,551,857	\$2,107.56	923.2	\$2,309,687	\$2,501.87	1.18709
HCBS, age 65+, no SPMI	1,716.9	\$3,400,100	\$1,980.33	971.1	\$2,192,769	\$2,258.05	1.14024
Community, age 65+, with SPMI	4,220.9	\$8,520,127	\$2,018.58	2,113.3	\$3,949,296	\$1,868.82	0.92581
Community, age 65+, no SPMI	7,106.5	\$10,648,158	\$1,498.38	4,093.1	\$6,177,762	\$1,509.30	1.00729
Facility, age <65, with SPMI	2,027.2	\$6,011,790	\$2,965.53	1,108.6	\$3,084,151	\$2,781.94	0.93809
Facility, age <65, no SPMI	611.2	\$1,798,045	\$2,941.86	306.1	\$700,711	\$2,289.40	0.77821
HCBS, age <65, with SPMI	1,302.7	\$2,856,009	\$2,192.44	741.4	\$1,327,551	\$1,790.51	0.81667
HCBS, age <65, no SPMI	1,275.8	\$2,021,794	\$1,584.75	720.0	\$1,248,765	\$1,734.49	1.09449
Community, age <65, with SPMI	7,915.5	\$14,247,500	\$1,799.94	4,066.1	\$5,983,615	\$1,471.60	0.81758
Community, age <65, no SPMI	5,558.0	\$9,823,061	\$1,767.36	2,982.7	\$6,733,591	\$2,257.57	1.27737

Table 2.H.1 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 5,
by category of beneficiary: Cohort 6B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	54,424.9	\$96,838,525	\$1,779.31	52,323.2	\$84,514,118	\$1,615.23	0.90779
Facility, age 65+, with SPMI	7,406.7	\$17,936,369	\$2,421.63	7,470.2	\$13,725,210	\$1,837.33	0.75872
Facility, age 65+, no SPMI	3,502.1	\$7,628,312	\$2,178.22	3,494.1	\$5,172,118	\$1,480.24	0.67956
HCBS, age 65+, with SPMI	1,523.2	\$3,546,533	\$2,328.39	1,501.4	\$4,049,752	\$2,697.41	1.15848
HCBS, age 65+, no SPMI	1,913.0	\$3,585,759	\$1,874.42	1,812.4	\$3,846,909	\$2,122.57	1.13239
Community, age 65+, with SPMI	6,899.0	\$12,403,562	\$1,797.87	6,658.9	\$11,446,703	\$1,719.01	0.95614
Community, age 65+, no SPMI	9,172.2	\$11,800,787	\$1,286.59	8,429.7	\$10,239,983	\$1,214.75	0.94416
Facility, age <65, with SPMI	1,437.1	\$5,049,052	\$3,513.48	1,484.9	\$3,761,538	\$2,533.11	0.72097
Facility, age <65, no SPMI	717.0	\$1,285,178	\$1,792.44	735.8	\$850,327	\$1,155.67	0.64475
HCBS, age <65, with SPMI	1,514.3	\$2,766,356	\$1,826.87	1,526.8	\$2,712,848	\$1,776.81	0.97260
HCBS, age <65, no SPMI	1,151.1	\$1,445,239	\$1,255.57	1,123.9	\$1,384,967	\$1,232.33	0.98149
Community, age <65, with SPMI	12,960.2	\$19,697,076	\$1,519.81	12,368.9	\$17,347,691	\$1,402.53	0.92283
Community, age <65, no SPMI	6,229.1	\$9,694,302	\$1,556.29	5,716.3	\$9,976,072	\$1,745.21	1.12139

Table 2.H.2 MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 6B

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	54,424.9	\$96,838,525	\$1,779.31	27,171.7	\$44,492,257	\$1,637.45	0.92027
Facility, age 65+, with SPMI	7,406.7	\$17,936,369	\$2,421.63	3,988.8	\$7,327,882	\$1,837.11	0.75862
Facility, age 65+, no SPMI	3,502.1	\$7,628,312	\$2,178.22	1,910.7	\$3,072,955	\$1,608.29	0.73835
HCBS, age 65+, with SPMI	1,523.2	\$3,546,533	\$2,328.39	568.3	\$1,565,350	\$2,754.36	1.18294
HCBS, age 65+, no SPMI	1,913.0	\$3,585,759	\$1,874.42	800.6	\$1,515,256	\$1,892.60	1.00970
Community, age 65+, with SPMI	6,899.0	\$12,403,562	\$1,797.87	3,651.1	\$7,785,505	\$2,132.39	1.18606
Community, age 65+, no SPMI	9,172.2	\$11,800,787	\$1,286.59	4,149.0	\$5,095,664	\$1,228.16	0.95459
Facility, age <65, with SPMI	1,437.1	\$5,049,052	\$3,513.48	965.2	\$2,863,737	\$2,966.97	0.84445
Facility, age <65, no SPMI	717.0	\$1,285,178	\$1,792.44	563.7	\$629,815	\$1,117.19	0.62328
HCBS, age <65, with SPMI	1,514.3	\$2,766,356	\$1,826.87	781.5	\$1,296,224	\$1,658.74	0.90797
HCBS, age <65, no SPMI	1,151.1	\$1,445,239	\$1,255.57	531.1	\$686,759	\$1,293.02	1.02983
Community, age <65, with SPMI	12,960.2	\$19,697,076	\$1,519.81	6,573.9	\$8,556,004	\$1,301.51	0.85636
Community, age <65, no SPMI	6,229.1	\$9,694,302	\$1,556.29	2,687.7	\$4,097,105	\$1,524.38	0.97950

Table 2.I MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 7A

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	34,209.1	\$73,733,739	\$2,155.38	33,187.6	\$62,371,319	\$1,879.36	0.87194
Facility, age 65+, with SPMI	6,953.9	\$18,019,761	\$2,591.33	7,083.8	\$13,952,455	\$1,969.63	0.76009
Facility, age 65+, no SPMI	4,049.1	\$10,651,927	\$2,630.67	4,166.4	\$9,029,564	\$2,167.21	0.82382
HCBS, age 65+, with SPMI	1,377.9	\$2,856,622	\$2,073.21	1,417.6	\$3,838,016	\$2,707.33	1.30587
HCBS, age 65+, no SPMI	1,425.0	\$2,110,953	\$1,481.37	1,437.0	\$2,906,872	\$2,022.89	1.36555
Community, age 65+, with SPMI	2,748.4	\$4,602,266	\$1,674.53	2,570.8	\$4,012,735	\$1,560.87	0.93213
Community, age 65+, no SPMI	5,030.6	\$7,834,777	\$1,557.42	4,610.3	\$5,654,176	\$1,226.41	0.78746
Facility, age <65, with SPMI	1,085.2	\$4,612,561	\$4,250.32	1,072.8	\$3,102,157	\$2,891.69	0.68035
Facility, age <65, no SPMI	524.2	\$1,950,666	\$3,721.04	548.6	\$1,669,829	\$3,044.07	0.81807
HCBS, age <65, with SPMI	1,227.1	\$3,314,576	\$2,701.09	1,185.8	\$2,410,064	\$2,032.49	0.75247
HCBS, age <65, no SPMI	874.8	\$1,799,957	\$2,057.65	911.2	\$1,731,095	\$1,899.80	0.92329
Community, age <65, with SPMI	5,041.2	\$8,136,402	\$1,613.98	4,403.1	\$6,372,143	\$1,447.19	0.89666
Community, age <65, no SPMI	3,871.7	\$7,843,270	\$2,025.80	3,780.1	\$7,692,212	\$2,034.92	1.00450

Table 2.J MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 6,
by category of beneficiary: Cohort 7B

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Total	38,695.1	\$74,399,516	\$1,922.71	36,182.0	\$63,011,330	\$1,741.51	0.90576
Facility, age 65+, with SPMI	6,470.0	\$14,577,875	\$2,253.16	6,305.4	\$11,783,334	\$1,868.77	0.82940
Facility, age 65+, no SPMI	2,884.3	\$7,207,326	\$2,498.78	2,713.5	\$4,910,808	\$1,809.78	0.72426
HCBS, age 65+, with SPMI	1,144.7	\$2,632,808	\$2,300.05	1,057.3	\$2,409,370	\$2,278.76	0.99075
HCBS, age 65+, no SPMI	1,161.8	\$2,281,127	\$1,963.41	1,104.9	\$2,354,906	\$2,131.32	1.08552
Community, age 65+, with SPMI	4,873.3	\$9,397,098	\$1,928.29	4,503.0	\$8,786,439	\$1,951.23	1.01190
Community, age 65+, no SPMI	5,877.2	\$8,911,281	\$1,516.25	5,444.4	\$8,000,863	\$1,469.55	0.96920
Facility, age <65, with SPMI	1,348.7	\$4,751,869	\$3,523.42	1,282.2	\$3,291,811	\$2,567.24	0.72862
Facility, age <65, no SPMI	573.0	\$1,008,315	\$1,759.71	556.3	\$445,638	\$801.03	0.45521
HCBS, age <65, with SPMI	806.7	\$1,648,239	\$2,043.19	770.4	\$1,953,984	\$2,536.26	1.24132
HCBS, age <65, no SPMI	820.0	\$904,370	\$1,102.93	793.8	\$949,085	\$1,195.64	1.08405
Community, age <65, with SPMI	8,763.3	\$14,550,456	\$1,660.38	8,029.5	\$10,309,952	\$1,284.01	0.77333
Community, age <65, no SPMI	3,972.2	\$6,528,752	\$1,643.61	3,621.2	\$7,815,140	\$2,158.14	1.31305

Table 2.K
Comparison group summary (all cohorts)

Cohort	Baseline period			Demonstration Year 5			Cost trend (demo year 4/ baseline period)	Demonstration Year 6			Cost trend (demo year 5/ baseline period)
	Number of eligible months	Medicare incurred claims	PMPM	Number of eligible months	Medicare incurred claims	PMPM		Number of eligible months	Medicare incurred claims	PMPM	
Cohort 1	495,181.0	\$792,439,622	\$1,600.30	78,141.1	\$143,783,704	\$1,840.05	1.14982	51,787.7	\$101,047,501	\$1,951.19	1.21926
Cohort 2	42,008.3	\$67,515,192	\$1,607.19	16,165.3	\$23,480,080	\$1,452.50	0.90375	10,472.4	\$17,473,432	\$1,668.53	1.03817
Cohort 3	65,614.5	\$109,816,298	\$1,673.66	28,838.1	\$43,694,525	\$1,515.17	0.90530	18,093.6	\$26,771,826	\$1,479.63	0.88407
Cohort 4	74,886.5	\$130,154,124	\$1,738.02	40,169.6	\$61,820,318	\$1,538.98	0.88548	25,246.2	\$40,851,436	\$1,618.12	0.93102
Cohort 5A	55,234.5	\$100,113,666	\$1,812.52	37,832.1	\$62,786,817	\$1,659.62	0.91564	23,152.5	\$38,432,394	\$1,659.97	0.91583
Cohort 5B	210,281.7	\$332,690,142	\$1,582.12	128,192.8	\$210,346,049	\$1,640.86	1.03713	80,098.8	\$137,402,034	\$1,715.41	1.08425
Cohort 6A	48,146.2	\$96,337,228	\$2,000.93	47,388.4	\$89,091,211	\$1,880.02	0.93957	25,661.0	\$48,572,919	\$1,892.87	0.94599
Cohort 6B	54,424.9	\$96,838,525	\$1,779.31	52,323.2	\$84,514,118	\$1,615.23	0.90779	27,171.7	\$44,492,257	\$1,637.45	0.92027
Cohort 7A	34,209.1	\$73,733,739	\$2,155.38	0.0	\$0	\$0.00	0.00000	33,187.6	\$62,371,319	\$1,879.36	0.87194
Cohort 7B	38,695.1	\$74,399,516	\$1,922.71	0.0	\$0	\$0.00	0.00000	36,182.0	\$63,011,330	\$1,741.51	0.90576

Tables 3.A–3.P show the development of the trend rates from the baseline period to the Demonstration Year for the re-weighted comparison group and the intervention group by category of beneficiary. The re-weighting was done month by month by cohort and category of beneficiary. Thus, the comparison group PMPMs in Tables 3.A–3.P do not match exactly the PMPMs in Table 2 by category, because the PMPMs in Table 2 are weighted by the member months in the comparison group while the PMPMs in Table 3 are weighted by the member months in the intervention group. For example, in Table 2, the Cohort 1 baseline PMPM for the category “Facility, Age 65+, with SPMI” is \$2,064.80. But in Table 3.G it is \$2,057.93. This is because in Tables 3.A–3.P, the weighted average PMPM across all months in the baseline period is based on the eligible months of the particular cohort of the intervention group beneficiaries and not that of the comparison group beneficiaries, even though the PMPM in any specific month is the same.

Tables 3.A show the results for the entire Cohort 1 for Demonstration Years 5 and 6 separately. Table 3.A.1 shows that, for Demonstration Year 5, the PMPM for the comparison group increased by 22.2 percent from the baseline period, whereas that of the intervention group increased by only 19.6 percent, a difference of 2.6 percentage points. Similarly, Table 3.A.2 shows that, for Demonstration Year 6, the PMPM for the comparison group increased by 31.4 percent from the baseline period, whereas that of the intervention group increased by 21.6 percent, a difference of 9.8 percentage points.

Tables 3.H show the results for Cohort 2. From the baseline period to Demonstration Year 5, the PMPM for the comparison group decreased by 11.9 percent and the PMPM for the intervention group decreased by 17.3 percent, a difference of 5.4 percentage points. From the baseline period to Demonstration Year 6, the PMPM for the comparison group decreased by 1.6 percent whereas the PMPM for the intervention group decreased by 22.1 percent, a difference of 20.5 percentage points.

Tables 3.I show the results for Cohort 3. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 4.1 percent, and the PMPM for the intervention group decreased by 1.7 percent, a difference of 5.8 percentage points. From the baseline period to Demonstration Year 6, the PMPM for the comparison group increased by 8.8 percent and the PMPM for the intervention group increased by 3.8 percent, a difference of 5.0 percentage points.

Table 3.J shows the results for Cohort 4. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 4.7 percent, while the PMPM for the intervention group decreased by 2.7 percent, a difference of 7.4 percentage points. From the baseline period to Demonstration Year 6, the PMPM for the comparison group increased by 8.4 percent, while the intervention group decreased by 1.9 percent, a difference of 10.3 percentage points.

Table 3.K shows the results for Cohort 5A. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 0.1 percent, while the PMPM for the intervention group decreased by 12.0 percent, a difference of 12.1 percentage points. From the baseline period to Demonstration Year 6, the PMPM for the comparison group increased by 7.1

percent, while the PMPM for the intervention group decreased by 4.6 percent, a difference of 11.7 percentage points.

Table 3.L shows the results for Cohort 5B. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 11.2 percent, while the PMPM for the intervention group increased by 1.1 percent, a difference of 10.1 percentage points. From the baseline period to Demonstration Year 6, the PMPM for the comparison group increased by 17.5 percent, while the PMPM for the intervention group increased by 9.4 percent, a difference of 8.1 percentage points.

Table 3.M shows the results for Cohort 6A. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 0.8 percent, while the PMPM for the intervention group decreased by 17.6 percent, a difference of 18.4 percentage points. From the baseline period to Demonstration Year 6, the PMPM for the comparison group decreased by 0.7 percent, while the PMPM for the intervention group decreased by 19.5 percent, a difference of 18.8 percentage points.

Table 3.N shows the results for Cohort 6B. From the baseline period to Demonstration Year 5, the PMPM for the comparison group decreased by 0.6 percent, while the PMPM for the intervention group decreased by 12.0 percent, a difference of 11.4 percentage points. From the baseline period to Demonstration Year 6, the PMPM for the comparison group decreased by 0.2 percent, while the PMPM for the intervention group decreased by 8.2 percent, a difference of 8.0 percentage points.

Table 3.O shows the results for Cohort 7A. From the baseline period to Demonstration Year 6, the PMPM for the comparison group decreased by 3.8 percent, while the PMPM for the intervention group decreased by 8.8 percent, a difference of 5.0 percentage points. Table 3.P shows the results for Cohort 7B. From the baseline period to Demonstration Year 5, the PMPM for the comparison group decreased by 2.4 percent, while the PMPM for the intervention group decreased by 15.1 percent, a difference of 12.7 percentage points.

Tables 4.A and 4.B summarize the results of Tables 3.A–3.P by cohort and demonstration year. For Cohort 1, sub-cohorts 1A (the first cohort) and 1D (the largest cohort) show the greatest difference in trends in the direction of Medicare savings. Cohorts 1B, 1C, 1E, and 1F all show negative Medicare savings. Cohort 2 shows slight Medicare savings, but the small size of the cohort means the savings is less substantial. Cohort 3 shows moderate Medicare savings, and Cohorts 4, 5A, 5B, 6A, 6B, 7A and 7B all show more substantial Medicare savings. The wide variation in the trends by cohort highlights the variability of health care costs. The aggregate experience of all cohorts combined should be considered more reliable than that of the individual cohorts or sub-cohorts.

Table 3.A.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1 Total

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	300,541.1	\$478,511,235	\$1,592.17	65,777.2	\$127,974,708	\$1,945.58	1.222
Facility, age 65+, with SPMI	8,034.5	\$16,534,542	\$2,057.93	810.9	\$1,506,770	\$1,858.17	0.903
Facility, age 65+, no SPMI	20,695.7	\$35,690,181	\$1,724.52	1,641.4	\$2,394,059	\$1,458.56	0.846
HCBS, age 65+, with SPMI	12,692.4	\$24,055,314	\$1,895.25	2,566.6	\$5,957,081	\$2,321.04	1.225
HCBS, age 65+, no SPMI	57,590.4	\$93,564,252	\$1,624.65	10,033.5	\$23,442,342	\$2,336.42	1.438
Community, age 65+, with SPMI	7,196.4	\$9,442,825	\$1,312.15	1,527.1	\$2,745,123	\$1,797.66	1.370
Community, age 65+, no SPMI	54,777.7	\$64,461,342	\$1,176.78	10,850.4	\$19,525,011	\$1,799.47	1.529
Facility, age <65, with SPMI	2,328.6	\$5,874,283	\$2,522.69	513.0	\$860,241	\$1,677.00	0.665
Facility, age <65, no SPMI	2,819.8	\$6,751,321	\$2,394.22	624.3	\$967,255	\$1,549.27	0.647
HCBS, age <65, with SPMI	21,022.7	\$35,496,599	\$1,688.49	6,541.6	\$10,794,468	\$1,650.13	0.977
HCBS, age <65, no SPMI	40,606.4	\$78,915,525	\$1,943.43	11,758.5	\$25,779,457	\$2,192.42	1.128
Community, age <65, with SPMI	29,285.3	\$38,589,730	\$1,317.72	7,663.8	\$11,150,939	\$1,455.02	1.104
Community, age <65, no SPMI	43,491.1	\$69,135,320	\$1,589.64	11,246.3	\$22,851,962	\$2,031.95	1.278
Intervention group	300,541.1	\$484,510,829	\$1,612.13	65,777.2	\$126,814,776	\$1,927.94	1.196
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	810.9	\$751,629	\$926.92	0.424
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	1,641.4	\$1,942,205	\$1,183.28	0.626
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	2,566.6	\$4,426,587	\$1,724.72	0.911
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	10,033.5	\$21,046,938	\$2,097.68	1.339
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	1,527.1	\$2,348,106	\$1,537.67	1.118
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	10,850.4	\$21,675,251	\$1,997.64	1.640
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	513.0	\$970,121	\$1,891.21	0.552
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	624.3	\$1,196,726	\$1,916.82	0.453
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	6,541.6	\$10,902,955	\$1,666.71	0.998
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	11,758.5	\$25,398,572	\$2,160.02	1.209
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	7,663.8	\$12,513,752	\$1,632.84	1.269
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	11,246.3	\$23,641,933	\$2,102.19	1.276

Table 3.A.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 1 Total

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	300,541.1	\$478,511,235	\$1,592.17	54,347.9	\$113,701,931	\$2,092.11	1.314
Facility, age 65+, with SPMI	8,034.5	\$16,534,542	\$2,057.93	512.4	\$1,007,386	\$1,966.00	0.955
Facility, age 65+, no SPMI	20,695.7	\$35,690,181	\$1,724.52	1,058.1	\$1,728,660	\$1,633.80	0.947
HCBS, age 65+, with SPMI	12,692.4	\$24,055,314	\$1,895.25	2,124.5	\$5,273,925	\$2,482.45	1.310
HCBS, age 65+, no SPMI	57,590.4	\$93,564,252	\$1,624.65	7,752.7	\$17,914,332	\$2,310.73	1.422
Community, age 65+, with SPMI	7,196.4	\$9,442,825	\$1,312.15	1,236.2	\$2,574,387	\$2,082.58	1.587
Community, age 65+, no SPMI	54,777.7	\$64,461,342	\$1,176.78	8,780.7	\$15,913,723	\$1,812.34	1.540
Facility, age <65, with SPMI	2,328.6	\$5,874,283	\$2,522.69	414.6	\$753,953	\$1,818.59	0.721
Facility, age <65, no SPMI	2,819.8	\$6,751,321	\$2,394.22	547.2	\$973,539	\$1,779.24	0.743
HCBS, age <65, with SPMI	21,022.7	\$35,496,599	\$1,688.49	5,618.4	\$10,547,542	\$1,877.33	1.112
HCBS, age <65, no SPMI	40,606.4	\$78,915,525	\$1,943.43	10,232.1	\$26,894,219	\$2,628.41	1.352
Community, age <65, with SPMI	29,285.3	\$38,589,730	\$1,317.72	6,473.0	\$10,290,897	\$1,589.82	1.207
Community, age <65, no SPMI	43,491.1	\$69,135,320	\$1,589.64	9,598.1	\$19,829,368	\$2,065.96	1.300
Intervention group	300,541.1	\$484,510,829	\$1,612.13	54,347.9	\$106,534,101	\$1,960.23	1.216
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	512.4	\$703,008	\$1,371.98	0.627
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	1,058.1	\$1,539,692	\$1,455.20	0.769
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	2,124.5	\$4,180,888	\$1,967.95	1.040
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	7,752.7	\$16,294,628	\$2,101.81	1.341
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	1,236.2	\$1,634,157	\$1,321.97	0.961
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	8,780.7	\$16,458,870	\$1,874.43	1.539
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	414.6	\$520,263	\$1,254.91	0.366
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	547.2	\$1,145,150	\$2,092.88	0.495
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	5,618.4	\$9,664,878	\$1,720.23	1.030
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	10,232.1	\$20,827,624	\$2,035.51	1.140
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	6,473.0	\$11,585,737	\$1,789.86	1.391
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	9,598.1	\$21,979,206	\$2,289.95	1.390

Table 3.B.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group,
baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	48,488.0	\$78,754,198	\$1,624.20	9,903.2	\$19,681,818	\$1,987.42	1.224
Facility, age 65+, with SPMI	1,352.5	\$2,783,905	\$2,058.35	107.2	\$198,923	\$1,856.30	0.902
Facility, age 65+, no SPMI	2,903.2	\$4,986,268	\$1,717.53	149.3	\$217,930	\$1,459.90	0.850
HCBS, age 65+, with SPMI	2,269.5	\$4,300,359	\$1,894.85	417.5	\$966,721	\$2,315.77	1.222
HCBS, age 65+, no SPMI	10,415.6	\$16,922,467	\$1,624.72	1,623.0	\$3,793,491	\$2,337.27	1.439
Community, age 65+, with SPMI	1,044.6	\$1,366,976	\$1,308.56	201.2	\$360,321	\$1,790.74	1.368
Community, age 65+, no SPMI	8,618.5	\$10,152,870	\$1,178.03	1,542.0	\$2,774,227	\$1,799.14	1.527
Facility, age <65, with SPMI	479.0	\$1,208,097	\$2,521.97	70.0	\$117,262	\$1,675.17	0.664
Facility, age <65, no SPMI	596.9	\$1,420,117	\$2,379.14	151.0	\$233,248	\$1,544.69	0.649
HCBS, age <65, with SPMI	3,601.9	\$6,081,141	\$1,688.33	990.0	\$1,635,504	\$1,652.00	0.978
HCBS, age <65, no SPMI	8,245.1	\$16,023,110	\$1,943.35	2,282.0	\$5,003,327	\$2,192.54	1.128
Community, age <65, with SPMI	2,682.4	\$3,530,797	\$1,316.26	750.0	\$1,089,906	\$1,453.17	1.104
Community, age <65, no SPMI	6,278.7	\$9,978,092	\$1,589.20	1,620.1	\$3,290,958	\$2,031.36	1.278
Intervention group	48,488.0	\$128,622,626	\$2,652.67	9,903.2	\$26,728,247	\$2,698.95	1.017
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	107.2	\$195,928	\$1,828.34	0.551
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	149.3	\$170,410	\$1,141.57	0.461
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	417.5	\$1,166,954	\$2,795.42	0.963
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	1,623.0	\$4,236,451	\$2,610.19	1.092
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	201.2	\$477,871	\$2,374.95	1.148
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	1,542.0	\$4,137,170	\$2,683.04	1.263
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	70.0	\$47,764	\$682.34	0.129
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	151.0	\$222,571	\$1,473.98	0.309
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	990.0	\$2,167,999	\$2,189.87	0.788
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	2,282.0	\$6,632,155	\$2,906.31	1.080
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	750.0	\$2,428,337	\$3,237.69	1.324
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	1,620.1	\$4,844,638	\$2,990.38	0.901

Table 3.B.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group,
baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 1A

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	48,488.0	\$78,754,198	\$1,624.20	7,920.6	\$17,109,366	\$2,160.11	1.330
Facility, age 65+, with SPMI	1,352.5	\$2,783,905	\$2,058.35	47.1	\$92,670	\$1,968.55	0.956
Facility, age 65+, no SPMI	2,903.2	\$4,986,268	\$1,717.53	87.0	\$142,328	\$1,636.14	0.953
HCBS, age 65+, with SPMI	2,269.5	\$4,300,359	\$1,894.85	344.2	\$856,859	\$2,489.30	1.314
HCBS, age 65+, no SPMI	10,415.6	\$16,922,467	\$1,624.72	1,249.9	\$2,889,589	\$2,311.87	1.423
Community, age 65+, with SPMI	1,044.6	\$1,366,976	\$1,308.56	189.7	\$395,736	\$2,085.75	1.594
Community, age 65+, no SPMI	8,618.5	\$10,152,870	\$1,178.03	1,138.1	\$2,065,723	\$1,814.99	1.541
Facility, age <65, with SPMI	479.0	\$1,208,097	\$2,521.97	50.0	\$90,899	\$1,817.98	0.721
Facility, age <65, no SPMI	596.9	\$1,420,117	\$2,379.14	135.4	\$240,896	\$1,778.94	0.748
HCBS, age <65, with SPMI	3,601.9	\$6,081,141	\$1,688.33	789.4	\$1,481,531	\$1,876.78	1.112
HCBS, age <65, no SPMI	8,245.1	\$16,023,110	\$1,943.35	1,955.4	\$5,138,013	\$2,627.64	1.352
Community, age <65, with SPMI	2,682.4	\$3,530,797	\$1,316.26	590.1	\$938,059	\$1,589.76	1.208
Community, age <65, no SPMI	6,278.7	\$9,978,092	\$1,589.20	1,344.3	\$2,777,062	\$2,065.83	1.300
Intervention group	48,488.0	\$128,622,626	\$2,652.67	7,920.6	\$20,531,587	\$2,592.18	0.977
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	47.1	\$97,718	\$2,075.77	0.625
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	87.0	\$119,539	\$1,374.16	0.555
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	344.2	\$713,838	\$2,073.81	0.714
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	1,249.9	\$3,235,783	\$2,588.85	1.084
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	189.7	\$199,633	\$1,052.18	0.509
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	1,138.1	\$3,030,685	\$2,662.83	1.254
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	50.0	\$46,559	\$931.19	0.175
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	135.4	\$456,541	\$3,371.42	0.708
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	789.4	\$1,838,495	\$2,328.97	0.838
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	1,955.4	\$4,651,479	\$2,378.82	0.884
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	590.1	\$1,754,649	\$2,973.66	1.216
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	1,344.3	\$4,386,668	\$3,263.20	0.983

Table 3.C.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	83,567.1	\$131,605,106	\$1,574.84	19,132.6	\$37,050,672	\$1,936.52	1.230
Facility, age 65+, with SPMI	2,625.5	\$5,399,392	\$2,056.49	311.0	\$578,022	\$1,858.52	0.904
Facility, age 65+, no SPMI	5,728.2	\$9,863,362	\$1,721.89	423.2	\$619,566	\$1,463.89	0.850
HCBS, age 65+, with SPMI	3,563.5	\$6,749,830	\$1,894.18	839.1	\$1,944,443	\$2,317.26	1.223
HCBS, age 65+, no SPMI	15,666.1	\$25,409,746	\$1,621.96	3,031.9	\$7,083,059	\$2,336.17	1.440
Community, age 65+, with SPMI	2,079.3	\$2,725,280	\$1,310.68	454.8	\$820,385	\$1,803.87	1.376
Community, age 65+, no SPMI	16,756.0	\$19,691,126	\$1,175.17	3,484.9	\$6,271,090	\$1,799.50	1.531
Facility, age <65, with SPMI	707.2	\$1,783,893	\$2,522.57	224.2	\$375,373	\$1,674.57	0.664
Facility, age <65, no SPMI	436.0	\$1,056,112	\$2,422.27	101.7	\$158,002	\$1,554.33	0.642
HCBS, age <65, with SPMI	6,710.7	\$11,329,713	\$1,688.31	2,245.2	\$3,702,982	\$1,649.32	0.977
HCBS, age <65, no SPMI	9,528.3	\$18,510,143	\$1,942.64	2,983.5	\$6,542,150	\$2,192.80	1.129
Community, age <65, with SPMI	8,555.1	\$11,262,998	\$1,316.53	2,209.2	\$3,215,946	\$1,455.71	1.106
Community, age <65, no SPMI	11,211.2	\$17,823,513	\$1,589.79	2,824.0	\$5,739,654	\$2,032.46	1.278
Intervention group	83,567.1	\$108,476,913	\$1,298.08	19,132.6	\$33,855,821	\$1,769.54	1.363
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	311.0	\$249,631	\$802.64	0.507
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	423.2	\$604,928	\$1,429.30	0.846
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	839.1	\$1,089,176	\$1,298.01	0.919
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	3,031.9	\$5,443,082	\$1,795.27	1.524
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	454.8	\$620,048	\$1,363.37	1.196
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	3,484.9	\$6,113,818	\$1,754.37	1.807
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	224.2	\$431,463	\$1,924.79	0.593
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	101.7	\$196,993	\$1,937.91	0.519
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	2,245.2	\$3,836,034	\$1,708.58	1.233
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	2,983.5	\$6,709,874	\$2,249.02	1.511
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	2,209.2	\$3,006,653	\$1,360.97	1.224
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	2,824.0	\$5,554,122	\$1,966.76	1.414

Table 3.C.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 1B

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	83,567.1	\$131,605,106	\$1,574.84	15,489.8	\$32,115,928	\$2,073.36	1.317
Facility, age 65+, with SPMI	2,625.5	\$5,399,392	\$2,056.49	237.5	\$468,535	\$1,972.96	0.959
Facility, age 65+, no SPMI	5,728.2	\$9,863,362	\$1,721.89	253.1	\$413,990	\$1,635.44	0.950
HCBS, age 65+, with SPMI	3,563.5	\$6,749,830	\$1,894.18	716.5	\$1,777,029	\$2,480.21	1.309
HCBS, age 65+, no SPMI	15,666.1	\$25,409,746	\$1,621.96	2,363.0	\$5,462,816	\$2,311.80	1.425
Community, age 65+, with SPMI	2,079.3	\$2,725,280	\$1,310.68	344.7	\$717,025	\$2,080.28	1.587
Community, age 65+, no SPMI	16,756.0	\$19,691,126	\$1,175.17	2,895.6	\$5,247,441	\$1,812.22	1.542
Facility, age <65, with SPMI	707.2	\$1,783,893	\$2,522.57	192.0	\$349,733	\$1,821.52	0.722
Facility, age <65, no SPMI	436.0	\$1,056,112	\$2,422.27	106.0	\$189,318	\$1,786.02	0.737
HCBS, age <65, with SPMI	6,710.7	\$11,329,713	\$1,688.31	1,901.5	\$3,572,314	\$1,878.73	1.113
HCBS, age <65, no SPMI	9,528.3	\$18,510,143	\$1,942.64	2,447.5	\$6,438,993	\$2,630.87	1.354
Community, age <65, with SPMI	8,555.1	\$11,262,998	\$1,316.53	1,794.9	\$2,855,386	\$1,590.80	1.208
Community, age <65, no SPMI	11,211.2	\$17,823,513	\$1,589.79	2,237.5	\$4,623,348	\$2,066.27	1.300
Intervention group	83,567.1	\$108,476,913	\$1,298.08	15,489.8	\$27,517,708	\$1,776.51	1.369
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	237.5	\$301,796	\$1,270.83	0.803
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	253.1	\$474,145	\$1,873.08	1.108
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	716.5	\$1,435,116	\$2,003.00	1.418
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	2,363.0	\$4,014,808	\$1,699.02	1.442
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	344.7	\$513,424	\$1,489.58	1.307
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	2,895.6	\$4,682,706	\$1,617.19	1.665
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	192.0	\$304,182	\$1,584.28	0.488
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	106.0	\$137,106	\$1,293.45	0.346
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	1,901.5	\$3,172,992	\$1,668.72	1.204
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	2,447.5	\$5,263,844	\$2,150.73	1.445
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	1,794.9	\$2,678,249	\$1,492.11	1.342
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	2,237.5	\$4,539,340	\$2,028.72	1.459

Table 3.D.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1C

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	7,946.8	\$12,115,020	\$1,524.51	1,567.5	\$3,009,601	\$1,919.99	1.259
Facility, age 65+, with SPMI	78.0	\$162,290	\$2,080.64	12.0	\$22,254	\$1,854.52	0.891
Facility, age 65+, no SPMI	509.6	\$883,213	\$1,733.25	36.0	\$52,211	\$1,450.31	0.837
HCBS, age 65+, with SPMI	415.4	\$787,714	\$1,896.19	95.0	\$220,430	\$2,320.31	1.224
HCBS, age 65+, no SPMI	1,567.7	\$2,541,768	\$1,621.34	248.8	\$580,776	\$2,334.38	1.440
Community, age 65+, with SPMI	286.6	\$380,569	\$1,327.67	98.2	\$176,173	\$1,793.55	1.351
Community, age 65+, no SPMI	2,225.3	\$2,627,533	\$1,180.74	295.1	\$530,903	\$1,798.98	1.524
Facility, age <65, with SPMI	55.0	\$139,181	\$2,530.57	11.0	\$18,392	\$1,671.98	0.661
Facility, age <65, no SPMI	21.0	\$55,877	\$2,660.81	23.0	\$35,614	\$1,548.44	0.582
HCBS, age <65, with SPMI	422.7	\$715,949	\$1,693.58	168.0	\$276,771	\$1,647.45	0.973
HCBS, age <65, no SPMI	710.1	\$1,381,750	\$1,945.94	183.0	\$400,149	\$2,186.60	1.124
Community, age <65, with SPMI	731.4	\$963,007	\$1,316.70	192.7	\$279,877	\$1,452.57	1.103
Community, age <65, no SPMI	924.0	\$1,476,169	\$1,597.59	204.7	\$416,052	\$2,032.50	1.272
Intervention group	7,946.8	\$7,898,710	\$993.94	1,567.5	\$2,776,143	\$1,771.05	1.782
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	12.0	\$4,964	\$413.69	0.170
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	36.0	\$62,266	\$1,729.60	1.071
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	95.0	\$95,810	\$1,008.53	1.031
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	248.8	\$361,839	\$1,454.38	1.606
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	98.2	\$112,550	\$1,145.83	0.759
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	295.1	\$536,837	\$1,819.09	2.393
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	11.0	\$43,416	\$3,946.87	0.900
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	23.0	\$46,630	\$2,027.39	0.202
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	168.0	\$60,852	\$362.22	0.490
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	183.0	\$463,155	\$2,530.90	2.874
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	192.7	\$211,300	\$1,096.65	1.317
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	204.7	\$776,524	\$3,793.47	3.742

Table 3.D.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 1C

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	7,946.8	\$12,115,020	\$1,524.51	1,227.0	\$2,532,040	\$2,063.55	1.354
Facility, age 65+, with SPMI	78.0	\$162,290	\$2,080.64	13.0	\$25,360	\$1,950.77	0.938
Facility, age 65+, no SPMI	509.6	\$883,213	\$1,733.25	16.4	\$27,087	\$1,653.50	0.954
HCBS, age 65+, with SPMI	415.4	\$787,714	\$1,896.19	72.7	\$181,203	\$2,493.62	1.315
HCBS, age 65+, no SPMI	1,567.7	\$2,541,768	\$1,621.34	186.5	\$428,625	\$2,297.66	1.417
Community, age 65+, with SPMI	286.6	\$380,569	\$1,327.67	81.7	\$170,402	\$2,086.28	1.571
Community, age 65+, no SPMI	2,225.3	\$2,627,533	\$1,180.74	189.2	\$344,008	\$1,818.60	1.540
Facility, age <65, with SPMI	55.0	\$139,181	\$2,530.57	0.0	\$0	\$0.00	0.000
Facility, age <65, no SPMI	21.0	\$55,877	\$2,660.81	24.0	\$42,823	\$1,784.27	0.671
HCBS, age <65, with SPMI	422.7	\$715,949	\$1,693.58	129.1	\$242,570	\$1,879.45	1.110
HCBS, age <65, no SPMI	710.1	\$1,381,750	\$1,945.94	155.4	\$408,229	\$2,627.72	1.350
Community, age <65, with SPMI	731.4	\$963,007	\$1,316.70	168.0	\$266,879	\$1,588.57	1.206
Community, age <65, no SPMI	924.0	\$1,476,169	\$1,597.59	191.2	\$394,855	\$2,065.40	1.293
Intervention group	7,946.8	\$7,898,710	\$993.94	1,227.0	\$1,631,819	\$1,329.89	1.338
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	13.0	\$15,737	\$1,210.57	0.497
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	16.4	\$59,545	\$3,634.96	2.251
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	72.7	\$177,794	\$2,446.71	2.501
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	186.5	\$200,839	\$1,076.61	1.189
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	81.7	\$101,887	\$1,247.43	0.827
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	189.2	\$200,426	\$1,059.55	1.394
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	0.0	\$0	\$0.00	0.000
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	24.0	\$32,968	\$1,373.67	0.137
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	129.1	\$74,312	\$575.77	0.778
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	155.4	\$264,362	\$1,701.67	1.933
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	168.0	\$95,487	\$568.38	0.683
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	191.2	\$408,461	\$2,136.57	2.108

Table 3.E.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1D

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	129,399.2	\$207,882,769	\$1,606.52	27,937.6	\$54,313,191	\$1,944.09	1.210
Facility, age 65+, with SPMI	3,449.1	\$7,099,156	\$2,058.27	320.5	\$595,012	\$1,856.39	0.902
Facility, age 65+, no SPMI	9,573.0	\$16,530,797	\$1,726.81	843.3	\$1,228,095	\$1,456.31	0.843
HCBS, age 65+, with SPMI	5,666.9	\$10,738,746	\$1,895.01	1,032.9	\$2,397,235	\$2,320.89	1.225
HCBS, age 65+, no SPMI	24,215.1	\$39,358,354	\$1,625.36	4,182.9	\$9,772,298	\$2,336.26	1.437
Community, age 65+, with SPMI	2,995.7	\$3,929,249	\$1,311.61	638.4	\$1,147,124	\$1,796.91	1.370
Community, age 65+, no SPMI	19,735.0	\$23,217,237	\$1,176.45	3,934.4	\$7,080,533	\$1,799.66	1.530
Facility, age <65, with SPMI	850.9	\$2,145,788	\$2,521.68	131.9	\$220,821	\$1,674.58	0.664
Facility, age <65, no SPMI	1,455.9	\$3,482,455	\$2,391.90	276.7	\$427,808	\$1,546.23	0.646
HCBS, age <65, with SPMI	8,850.4	\$14,942,652	\$1,688.37	2,617.7	\$4,319,807	\$1,650.21	0.977
HCBS, age <65, no SPMI	18,671.7	\$36,297,579	\$1,943.99	5,204.0	\$11,409,814	\$2,192.49	1.128
Community, age <65, with SPMI	13,939.8	\$18,378,011	\$1,318.39	3,592.2	\$5,224,928	\$1,454.54	1.103
Community, age <65, no SPMI	19,995.6	\$31,762,746	\$1,588.48	5,162.8	\$10,489,717	\$2,031.79	1.279
Intervention group	129,399.2	\$219,493,469	\$1,696.25	27,937.6	\$53,895,988	\$1,929.16	1.137
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	320.5	\$256,407	\$799.97	0.341
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	843.3	\$956,884	\$1,134.70	0.556
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	1,032.9	\$1,624,459	\$1,572.72	0.782
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	4,182.9	\$9,139,984	\$2,185.10	1.286
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	638.4	\$864,650	\$1,354.43	0.934
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	3,934.4	\$8,550,337	\$2,173.24	1.606
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	131.9	\$347,886	\$2,638.16	0.806
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	276.7	\$667,302	\$2,411.84	0.506
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	2,617.7	\$4,459,675	\$1,703.64	1.036
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	5,204.0	\$10,374,677	\$1,993.58	1.097
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	3,592.2	\$5,959,875	\$1,659.14	1.250
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	5,162.8	\$10,693,852	\$2,071.33	1.313

Table 3.E.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 1D

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	129,399.2	\$207,882,769	\$1,606.52	23,762.1	\$49,767,772	\$2,094.42	1.304
Facility, age 65+, with SPMI	3,449.1	\$7,099,156	\$2,058.27	193.9	\$380,070	\$1,960.32	0.952
Facility, age 65+, no SPMI	9,573.0	\$16,530,797	\$1,726.81	587.7	\$958,689	\$1,631.13	0.945
HCBS, age 65+, with SPMI	5,666.9	\$10,738,746	\$1,895.01	871.7	\$2,163,535	\$2,481.85	1.310
HCBS, age 65+, no SPMI	24,215.1	\$39,358,354	\$1,625.36	3,276.5	\$7,573,894	\$2,311.57	1.422
Community, age 65+, with SPMI	2,995.7	\$3,929,249	\$1,311.61	490.1	\$1,019,255	\$2,079.83	1.586
Community, age 65+, no SPMI	19,735.0	\$23,217,237	\$1,176.45	3,244.7	\$5,875,268	\$1,810.71	1.539
Facility, age <65, with SPMI	850.9	\$2,145,788	\$2,521.68	113.0	\$205,134	\$1,815.34	0.720
Facility, age <65, no SPMI	1,455.9	\$3,482,455	\$2,391.90	212.8	\$376,773	\$1,770.96	0.740
HCBS, age <65, with SPMI	8,850.4	\$14,942,652	\$1,688.37	2,349.9	\$4,410,312	\$1,876.84	1.112
HCBS, age <65, no SPMI	18,671.7	\$36,297,579	\$1,943.99	4,705.6	\$12,361,340	\$2,626.97	1.351
Community, age <65, with SPMI	13,939.8	\$18,378,011	\$1,318.39	3,141.2	\$4,993,825	\$1,589.78	1.206
Community, age <65, no SPMI	19,995.6	\$31,762,746	\$1,588.48	4,575.1	\$9,449,677	\$2,065.47	1.300
Intervention group	129,399.2	\$219,493,469	\$1,696.25	23,762.1	\$48,321,790	\$2,033.57	1.199
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	193.9	\$281,965	\$1,454.32	0.620
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	587.7	\$763,258	\$1,298.62	0.637
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	871.7	\$1,518,609	\$1,742.04	0.866
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	3,276.5	\$7,593,790	\$2,317.64	1.364
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	490.1	\$666,692	\$1,360.41	0.938
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	3,244.7	\$6,648,826	\$2,049.12	1.515
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	113.0	\$93,587	\$828.20	0.253
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	212.8	\$463,163	\$2,177.02	0.457
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	2,349.9	\$4,235,996	\$1,802.66	1.096
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	4,705.6	\$9,293,100	\$1,974.92	1.087
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	3,141.2	\$6,205,077	\$1,975.39	1.488
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	4,575.1	\$10,557,728	\$2,307.67	1.462

Table 3.F.1 MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	15,153.3	\$23,465,894	\$1,548.56	3,353.5	\$6,380,605	\$1,902.67	1.229
Facility, age 65+, with SPMI	279.0	\$573,525	\$2,055.64	29.0	\$54,340	\$1,873.78	0.912
Facility, age 65+, no SPMI	1,143.7	\$1,980,257	\$1,731.43	102.7	\$149,534	\$1,456.64	0.841
HCBS, age 65+, with SPMI	297.0	\$563,184	\$1,896.24	36.2	\$86,905	\$2,398.98	1.265
HCBS, age 65+, no SPMI	3,090.8	\$5,031,005	\$1,627.75	508.4	\$1,187,737	\$2,336.38	1.435
Community, age 65+, with SPMI	352.0	\$462,917	\$1,315.11	52.5	\$94,343	\$1,795.36	1.365
Community, age 65+, no SPMI	3,588.7	\$4,220,750	\$1,176.13	697.7	\$1,255,303	\$1,799.29	1.530
Facility, age <65, with SPMI	137.2	\$347,384	\$2,531.06	39.9	\$67,930	\$1,700.99	0.672
Facility, age <65, no SPMI	211.0	\$502,282	\$2,380.48	44.0	\$68,570	\$1,558.41	0.655
HCBS, age <65, with SPMI	755.0	\$1,273,188	\$1,686.34	297.0	\$489,936	\$1,649.61	0.978
HCBS, age <65, no SPMI	1,481.9	\$2,878,416	\$1,942.35	484.3	\$1,061,811	\$2,192.58	1.129
Community, age <65, with SPMI	1,654.5	\$2,183,008	\$1,319.43	510.7	\$744,960	\$1,458.59	1.105
Community, age <65, no SPMI	2,162.5	\$3,449,978	\$1,595.37	551.1	\$1,119,237	\$2,030.93	1.273
Intervention group	15,153.3	\$10,288,068	\$678.93	3,353.5	\$4,817,178	\$1,436.46	2.116
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	29.0	\$20,355	\$701.89	0.574
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	102.7	\$52,371	\$510.15	0.593
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	36.2	\$37,431	\$1,033.26	1.513
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	508.4	\$924,333	\$1,818.24	2.250
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	52.5	\$148,593	\$2,827.74	3.666
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	697.7	\$1,030,537	\$1,477.12	2.763
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	39.9	\$77,084	\$1,930.21	4.568
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	44.0	\$61,442	\$1,396.40	1.131
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	297.0	\$206,738	\$696.09	1.195
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	484.3	\$740,452	\$1,528.99	2.667
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	510.7	\$498,239	\$975.53	1.404
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	551.1	\$1,019,605	\$1,850.14	3.042

Table 3.F.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	15,153.3	\$23,465,894	\$1,548.56	2,716.7	\$5,494,124	\$2,022.34	1.306
Facility, age 65+, with SPMI	279.0	\$573,525	\$2,055.64	7.0	\$13,237	\$1,899.80	0.924
Facility, age 65+, no SPMI	1,143.7	\$1,980,257	\$1,731.43	65.0	\$105,990	\$1,631.43	0.942
HCBS, age 65+, with SPMI	297.0	\$563,184	\$1,896.24	20.0	\$50,481	\$2,524.05	1.331
HCBS, age 65+, no SPMI	3,090.8	\$5,031,005	\$1,627.75	337.7	\$777,422	\$2,302.04	1.414
Community, age 65+, with SPMI	352.0	\$462,917	\$1,315.11	59.0	\$123,684	\$2,096.34	1.594
Community, age 65+, no SPMI	3,588.7	\$4,220,750	\$1,176.13	560.6	\$1,015,889	\$1,812.02	1.541
Facility, age <65, with SPMI	137.2	\$347,384	\$2,531.06	24.6	\$44,786	\$1,821.99	0.720
Facility, age <65, no SPMI	211.0	\$502,282	\$2,380.48	36.0	\$64,234	\$1,784.27	0.750
HCBS, age <65, with SPMI	755.0	\$1,273,188	\$1,686.34	264.0	\$495,887	\$1,878.36	1.114
HCBS, age <65, no SPMI	1,481.9	\$2,878,416	\$1,942.35	417.0	\$1,098,364	\$2,633.66	1.356
Community, age <65, with SPMI	1,654.5	\$2,183,008	\$1,319.43	437.5	\$694,980	\$1,588.49	1.204
Community, age <65, no SPMI	2,162.5	\$3,449,978	\$1,595.37	488.3	\$1,009,170	\$2,066.75	1.295
Intervention group	15,153.3	\$10,288,068	\$678.93	2,716.7	\$4,161,054	\$1,531.65	2.256
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	7.0	\$1,392	\$199.77	0.163
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	65.0	\$28,911	\$445.00	0.517
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	20.0	\$82,144	\$4,107.21	6.015
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	337.7	\$726,402	\$2,150.96	2.662
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	59.0	\$81,535	\$1,381.95	1.792
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	560.6	\$933,746	\$1,665.50	3.115
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	24.6	\$54,570	\$2,220.03	5.254
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	36.0	\$12,409	\$344.70	0.279
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	264.0	\$147,761	\$559.70	0.961
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	417.0	\$822,774	\$1,972.85	3.442
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	437.5	\$357,143	\$816.31	1.174
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	488.3	\$912,268	\$1,868.29	3.072

Table 3.G.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	15,986.6	\$24,688,247	\$1,544.31	3,882.8	\$7,538,821	\$1,941.57	1.257
Facility, age 65+, with SPMI	250.4	\$516,275	\$2,061.64	31.2	\$58,219	\$1,866.37	0.905
Facility, age 65+, no SPMI	838.0	\$1,446,285	\$1,725.88	86.9	\$126,723	\$1,457.88	0.845
HCBS, age 65+, with SPMI	480.2	\$915,481	\$1,906.48	145.9	\$341,348	\$2,340.13	1.227
HCBS, age 65+, no SPMI	2,635.0	\$4,300,912	\$1,632.22	438.5	\$1,024,980	\$2,337.62	1.432
Community, age 65+, with SPMI	438.1	\$577,833	\$1,318.94	81.9	\$146,777	\$1,792.46	1.359
Community, age 65+, no SPMI	3,854.1	\$4,551,826	\$1,181.02	896.4	\$1,612,955	\$1,799.31	1.524
Facility, age <65, with SPMI	99.2	\$249,940	\$2,519.72	36.0	\$60,464	\$1,679.55	0.667
Facility, age <65, no SPMI	99.0	\$234,480	\$2,368.48	28.0	\$44,013	\$1,571.89	0.664
HCBS, age <65, with SPMI	682.0	\$1,153,956	\$1,691.97	223.7	\$369,469	\$1,651.79	0.976
HCBS, age <65, no SPMI	1,969.2	\$3,824,528	\$1,942.14	621.7	\$1,362,207	\$2,191.09	1.128
Community, age <65, with SPMI	1,722.2	\$2,271,910	\$1,319.22	409.0	\$595,322	\$1,455.55	1.103
Community, age <65, no SPMI	2,919.1	\$4,644,822	\$1,591.19	883.7	\$1,796,345	\$2,032.77	1.278
Intervention group	15,986.6	\$9,731,043	\$608.70	3,882.8	\$4,741,399	\$1,221.12	2.006
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	31.2	\$24,345	\$780.44	0.629
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	86.9	\$95,347	\$1,096.92	0.978
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	145.9	\$412,757	\$2,829.69	3.523
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	438.5	\$941,250	\$2,146.66	3.107
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	81.9	\$124,395	\$1,519.12	2.112
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	896.4	\$1,306,552	\$1,457.51	3.051
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	36.0	\$22,508	\$625.24	1.134
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	28.0	\$1,788	\$63.85	0.145
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	223.7	\$171,656	\$767.43	1.057
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	621.7	\$478,260	\$769.27	2.016
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	409.0	\$409,348	\$1,000.85	1.283
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	883.7	\$753,193	\$852.32	1.740

Table 3.G.2 MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	15,986.6	\$24,688,247	\$1,544.31	3,231.7	\$6,682,701	\$2,067.88	1.339
Facility, age 65+, with SPMI	250.4	\$516,275	\$2,061.64	14.0	\$27,513	\$1,965.25	0.953
Facility, age 65+, no SPMI	838.0	\$1,446,285	\$1,725.88	48.8	\$80,577	\$1,649.76	0.956
HCBS, age 65+, with SPMI	480.2	\$915,481	\$1,906.48	99.4	\$244,817	\$2,463.54	1.292
HCBS, age 65+, no SPMI	2,635.0	\$4,300,912	\$1,632.22	339.0	\$781,986	\$2,306.74	1.413
Community, age 65+, with SPMI	438.1	\$577,833	\$1,318.94	71.0	\$148,284	\$2,088.51	1.583
Community, age 65+, no SPMI	3,854.1	\$4,551,826	\$1,181.02	752.5	\$1,365,394	\$1,814.49	1.536
Facility, age <65, with SPMI	99.2	\$249,940	\$2,519.72	35.0	\$63,402	\$1,811.49	0.719
Facility, age <65, no SPMI	99.0	\$234,480	\$2,368.48	33.0	\$59,496	\$1,802.89	0.761
HCBS, age <65, with SPMI	682.0	\$1,153,956	\$1,691.97	184.6	\$344,928	\$1,868.57	1.104
HCBS, age <65, no SPMI	1,969.2	\$3,824,528	\$1,942.14	551.3	\$1,449,281	\$2,628.69	1.354
Community, age <65, with SPMI	1,722.2	\$2,271,910	\$1,319.22	341.3	\$541,768	\$1,587.52	1.203
Community, age <65, no SPMI	2,919.1	\$4,644,822	\$1,591.19	761.8	\$1,575,255	\$2,067.90	1.300
Intervention group	15,986.6	\$9,731,043	\$608.70	3,231.7	\$4,370,142	\$1,352.29	2.222
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	14.0	\$4,400	\$314.29	0.253
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	48.8	\$94,294	\$1,930.61	1.721
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	99.4	\$253,387	\$2,549.77	3.175
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	339.0	\$523,006	\$1,542.79	2.233
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	71.0	\$70,987	\$999.82	1.390
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	752.5	\$962,481	\$1,279.06	2.678
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	35.0	\$21,365	\$610.42	1.107
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	33.0	\$42,963	\$1,301.92	2.949
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	184.6	\$195,322	\$1,058.11	1.458
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	551.3	\$532,064	\$965.05	2.529
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	341.3	\$495,131	\$1,450.86	1.860
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	761.8	\$1,174,742	\$1,542.13	3.149

Table 3.H.1 MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 2

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	4,220.4	\$7,342,975	\$1,739.88	2,826.7	\$4,333,084	\$1,532.91	0.881
Facility, age 65+, with SPMI	69.3	\$194,922	\$2,811.37	29.2	\$51,121	\$1,753.06	0.624
Facility, age 65+, no SPMI	224.1	\$559,070	\$2,494.36	106.7	\$150,051	\$1,406.76	0.564
HCBS, age 65+, with SPMI	143.3	\$268,777	\$1,875.10	110.0	\$211,033	\$1,918.48	1.023
HCBS, age 65+, no SPMI	667.3	\$1,128,010	\$1,690.47	380.6	\$804,041	\$2,112.51	1.250
Community, age 65+, with SPMI	112.9	\$181,213	\$1,605.69	69.2	\$114,450	\$1,652.77	1.029
Community, age 65+, no SPMI	715.1	\$1,136,725	\$1,589.61	512.5	\$682,983	\$1,332.65	0.838
Facility, age <65, with SPMI	48.6	\$188,821	\$3,883.32	36.0	\$56,217	\$1,561.59	0.402
Facility, age <65, no SPMI	49.0	\$186,028	\$3,796.49	12.0	\$25,362	\$2,113.50	0.557
HCBS, age <65, with SPMI	258.8	\$412,435	\$1,593.54	195.1	\$203,944	\$1,045.17	0.656
HCBS, age <65, no SPMI	572.9	\$962,097	\$1,679.28	474.8	\$787,158	\$1,657.86	0.987
Community, age <65, with SPMI	329.2	\$441,888	\$1,342.48	255.4	\$262,200	\$1,026.62	0.765
Community, age <65, no SPMI	1,029.8	\$1,682,991	\$1,634.24	645.2	\$984,525	\$1,525.93	0.934
Intervention group	4,220.4	\$9,945,769	\$2,356.60	2,826.7	\$5,512,243	\$1,950.06	0.827
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	29.2	\$42,654	\$1,462.69	0.231
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	106.7	\$193,624	\$1,815.26	0.340
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	110.0	\$87,162	\$792.38	0.442
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	380.6	\$906,715	\$2,382.28	1.029
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	69.2	\$189,597	\$2,737.96	1.068
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	512.5	\$710,391	\$1,386.14	0.683
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	36.0	\$8,340	\$231.67	0.102
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	12.0	\$6,011	\$500.91	0.054
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	195.1	\$398,101	\$2,040.20	0.705
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	474.8	\$1,053,466	\$2,218.75	0.978
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	255.4	\$259,087	\$1,014.43	0.495
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	645.2	\$1,657,094	\$2,568.35	1.781

Table 3.H.2 MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 2

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	4,220.4	\$7,342,975	\$1,739.88	2,414.2	\$4,135,064	\$1,712.79	0.984
Facility, age 65+, with SPMI	69.3	\$194,922	\$2,811.37	24.0	\$35,145	\$1,464.39	0.521
Facility, age 65+, no SPMI	224.1	\$559,070	\$2,494.36	61.5	\$86,058	\$1,400.42	0.561
HCBS, age 65+, with SPMI	143.3	\$268,777	\$1,875.10	110.3	\$267,699	\$2,427.93	1.295
HCBS, age 65+, no SPMI	667.3	\$1,128,010	\$1,690.47	266.0	\$764,835	\$2,875.67	1.701
Community, age 65+, with SPMI	112.9	\$181,213	\$1,605.69	55.3	\$85,636	\$1,547.63	0.964
Community, age 65+, no SPMI	715.1	\$1,136,725	\$1,589.61	496.2	\$824,735	\$1,662.25	1.046
Facility, age <65, with SPMI	48.6	\$188,821	\$3,883.32	36.0	\$99,154	\$2,754.29	0.709
Facility, age <65, no SPMI	49.0	\$186,028	\$3,796.49	12.0	\$26,378	\$2,198.14	0.579
HCBS, age <65, with SPMI	258.8	\$412,435	\$1,593.54	154.3	\$136,475	\$884.29	0.555
HCBS, age <65, no SPMI	572.9	\$962,097	\$1,679.28	464.0	\$596,231	\$1,284.98	0.765
Community, age <65, with SPMI	329.2	\$441,888	\$1,342.48	203.7	\$250,663	\$1,230.75	0.917
Community, age <65, no SPMI	1,029.8	\$1,682,991	\$1,634.24	531.1	\$962,055	\$1,811.57	1.109
Intervention group	4,220.4	\$9,945,769	\$2,356.60	2,414.2	\$4,430,479	\$1,835.15	0.779
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	24.0	\$51,917	\$2,163.21	0.342
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	61.5	\$58,697	\$955.17	0.179
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	110.3	\$222,884	\$2,021.48	1.128
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	266.0	\$251,202	\$944.48	0.408
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	55.3	\$179,641	\$3,246.53	1.266
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	496.2	\$627,092	\$1,263.90	0.623
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	36.0	\$16,016	\$444.89	0.196
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	12.0	\$8,003	\$666.90	0.073
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	154.3	\$255,803	\$1,657.47	0.573
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	464.0	\$1,001,559	\$2,158.53	0.951
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	203.7	\$496,630	\$2,438.45	1.190
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	531.1	\$1,261,036	\$2,374.56	1.647

Table 3.I.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	61,200.6	\$93,045,998	\$1,520.35	29,370.2	\$46,476,966	\$1,582.45	1.041
Facility, age 65+, with SPMI	1,249.3	\$2,839,727	\$2,273.12	425.0	\$696,399	\$1,638.47	0.721
Facility, age 65+, no SPMI	4,252.8	\$9,447,994	\$2,221.61	960.5	\$1,537,945	\$1,601.27	0.721
HCBS, age 65+, with SPMI	2,628.5	\$3,772,984	\$1,435.39	1,265.9	\$1,903,260	\$1,503.51	1.047
HCBS, age 65+, no SPMI	11,866.5	\$18,638,532	\$1,570.68	4,930.5	\$10,003,831	\$2,028.97	1.292
Community, age 65+, with SPMI	1,951.3	\$2,888,862	\$1,480.46	1,078.0	\$1,184,861	\$1,099.18	0.742
Community, age 65+, no SPMI	11,506.7	\$15,358,114	\$1,334.72	5,749.9	\$8,407,545	\$1,462.20	1.096
Facility, age <65, with SPMI	423.5	\$1,488,014	\$3,513.99	233.3	\$425,684	\$1,824.50	0.519
Facility, age <65, no SPMI	696.3	\$2,415,969	\$3,469.81	440.5	\$759,655	\$1,724.47	0.497
HCBS, age <65, with SPMI	3,460.0	\$4,039,095	\$1,167.38	2,278.6	\$2,415,222	\$1,059.97	0.908
HCBS, age <65, no SPMI	6,699.9	\$9,106,677	\$1,359.22	4,265.8	\$7,379,279	\$1,729.87	1.273
Community, age <65, with SPMI	6,565.4	\$7,436,908	\$1,132.75	3,026.8	\$3,444,857	\$1,138.11	1.005
Community, age <65, no SPMI	9,900.5	\$15,613,122	\$1,577.00	4,715.4	\$8,318,428	\$1,764.09	1.119
Intervention group	61,200.6	\$103,440,434	\$1,690.19	29,370.2	\$48,816,683	\$1,662.12	0.983
Facility, age 65+, with SPMI	1,249.3	\$3,181,407	\$2,546.62	425.0	\$683,278	\$1,607.60	0.631
Facility, age 65+, no SPMI	4,252.8	\$9,034,621	\$2,124.41	960.5	\$1,384,646	\$1,441.66	0.679
HCBS, age 65+, with SPMI	2,628.5	\$5,191,095	\$1,974.89	1,265.9	\$2,151,044	\$1,699.25	0.860
HCBS, age 65+, no SPMI	11,866.5	\$21,031,541	\$1,772.34	4,930.5	\$8,914,752	\$1,808.09	1.020
Community, age 65+, with SPMI	1,951.3	\$2,712,797	\$1,390.23	1,078.0	\$1,662,632	\$1,542.40	1.109
Community, age 65+, no SPMI	11,506.7	\$14,881,472	\$1,293.29	5,749.9	\$8,592,037	\$1,494.29	1.155
Facility, age <65, with SPMI	423.5	\$1,956,037	\$4,619.24	233.3	\$534,526	\$2,290.99	0.496
Facility, age <65, no SPMI	696.3	\$3,042,252	\$4,369.28	440.5	\$807,498	\$1,833.07	0.420
HCBS, age <65, with SPMI	3,460.0	\$6,775,101	\$1,958.15	2,278.6	\$4,153,225	\$1,822.73	0.931
HCBS, age <65, no SPMI	6,699.9	\$12,516,956	\$1,868.23	4,265.8	\$8,373,762	\$1,962.99	1.051
Community, age <65, with SPMI	6,565.4	\$8,598,440	\$1,309.66	3,026.8	\$4,229,253	\$1,397.26	1.067
Community, age <65, no SPMI	9,900.5	\$14,518,716	\$1,466.46	4,715.4	\$7,330,031	\$1,554.48	1.060

Table 3.I.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	61,200.6	\$93,045,998	\$1,520.35	23,794.6	\$39,365,826	\$1,654.40	1.088
Facility, age 65+, with SPMI	1,249.3	\$2,839,727	\$2,273.12	308.5	\$449,965	\$1,458.65	0.642
Facility, age 65+, no SPMI	4,252.8	\$9,447,994	\$2,221.61	701.3	\$1,049,505	\$1,496.56	0.674
HCBS, age 65+, with SPMI	2,628.5	\$3,772,984	\$1,435.39	867.9	\$1,384,549	\$1,595.28	1.111
HCBS, age 65+, no SPMI	11,866.5	\$18,638,532	\$1,570.68	3,703.3	\$9,266,699	\$2,502.30	1.593
Community, age 65+, with SPMI	1,951.3	\$2,888,862	\$1,480.46	899.8	\$1,236,677	\$1,374.46	0.928
Community, age 65+, no SPMI	11,506.7	\$15,358,114	\$1,334.72	4,574.8	\$7,631,329	\$1,668.12	1.250
Facility, age <65, with SPMI	423.5	\$1,488,014	\$3,513.99	204.4	\$166,362	\$814.08	0.232
Facility, age <65, no SPMI	696.3	\$2,415,969	\$3,469.81	384.9	\$539,230	\$1,401.10	0.404
HCBS, age <65, with SPMI	3,460.0	\$4,039,095	\$1,167.38	2,047.1	\$1,821,061	\$889.60	0.762
HCBS, age <65, no SPMI	6,699.9	\$9,106,677	\$1,359.22	3,659.6	\$6,929,783	\$1,893.58	1.393
Community, age <65, with SPMI	6,565.4	\$7,436,908	\$1,132.75	2,565.8	\$2,381,517	\$928.17	0.819
Community, age <65, no SPMI	9,900.5	\$15,613,122	\$1,577.00	3,877.4	\$6,509,150	\$1,678.73	1.065
Intervention group	61,200.6	\$103,440,434	\$1,690.19	23,794.6	\$41,733,736	\$1,753.91	1.038
Facility, age 65+, with SPMI	1,249.3	\$3,181,407	\$2,546.62	308.5	\$466,920	\$1,513.61	0.594
Facility, age 65+, no SPMI	4,252.8	\$9,034,621	\$2,124.41	701.3	\$724,093	\$1,032.53	0.486
HCBS, age 65+, with SPMI	2,628.5	\$5,191,095	\$1,974.89	867.9	\$1,635,317	\$1,884.22	0.954
HCBS, age 65+, no SPMI	11,866.5	\$21,031,541	\$1,772.34	3,703.3	\$6,297,264	\$1,700.46	0.959
Community, age 65+, with SPMI	1,951.3	\$2,712,797	\$1,390.23	899.8	\$1,360,814	\$1,512.42	1.088
Community, age 65+, no SPMI	11,506.7	\$14,881,472	\$1,293.29	4,574.8	\$8,370,316	\$1,829.66	1.415
Facility, age <65, with SPMI	423.5	\$1,956,037	\$4,619.24	204.4	\$241,651	\$1,182.51	0.256
Facility, age <65, no SPMI	696.3	\$3,042,252	\$4,369.28	384.9	\$791,011	\$2,055.32	0.470
HCBS, age <65, with SPMI	3,460.0	\$6,775,101	\$1,958.15	2,047.1	\$3,230,984	\$1,578.35	0.806
HCBS, age <65, no SPMI	6,699.9	\$12,516,956	\$1,868.23	3,659.6	\$7,246,956	\$1,980.25	1.060
Community, age <65, with SPMI	6,565.4	\$8,598,440	\$1,309.66	2,565.8	\$3,696,567	\$1,440.70	1.100
Community, age <65, no SPMI	9,900.5	\$14,518,716	\$1,466.46	3,877.4	\$7,671,844	\$1,978.59	1.349

Table 3.J.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 4

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	62,395.6	\$96,865,182	\$1,552.44	33,927.6	\$55,152,829	\$1,625.60	1.047
Facility, age 65+, with SPMI	2,453.0	\$6,453,449	\$2,630.84	1,064.6	\$1,893,334	\$1,778.50	0.676
Facility, age 65+, no SPMI	2,527.9	\$5,282,819	\$2,089.78	897.6	\$1,195,311	\$1,331.63	0.637
HCBS, age 65+, with SPMI	4,306.6	\$8,037,334	\$1,866.30	2,480.7	\$4,388,850	\$1,769.20	0.948
HCBS, age 65+, no SPMI	9,921.7	\$14,424,152	\$1,453.79	5,030.0	\$10,892,929	\$2,165.58	1.490
Community, age 65+, with SPMI	2,937.0	\$4,882,376	\$1,662.39	1,701.5	\$2,596,608	\$1,526.07	0.918
Community, age 65+, no SPMI	13,051.3	\$16,756,974	\$1,283.93	6,793.9	\$10,006,834	\$1,472.92	1.147
Facility, age <65, with SPMI	701.0	\$2,687,764	\$3,834.18	265.8	\$700,102	\$2,633.91	0.687
Facility, age <65, no SPMI	435.0	\$1,496,911	\$3,441.17	219.2	\$518,349	\$2,365.26	0.687
HCBS, age <65, with SPMI	4,420.2	\$5,880,332	\$1,330.34	3,007.7	\$4,685,357	\$1,557.80	1.171
HCBS, age <65, no SPMI	5,763.7	\$9,009,151	\$1,563.09	4,015.9	\$7,062,859	\$1,758.73	1.125
Community, age <65, with SPMI	7,698.0	\$8,968,160	\$1,165.00	4,011.8	\$4,029,741	\$1,004.47	0.862
Community, age <65, no SPMI	8,180.2	\$12,985,760	\$1,587.47	4,439.0	\$7,182,556	\$1,618.08	1.019
Intervention group	62,395.6	\$108,719,430	\$1,742.42	33,927.6	\$57,515,586	\$1,695.25	0.973
Facility, age 65+, with SPMI	2,453.0	\$8,183,909	\$3,336.29	1,064.6	\$1,437,899	\$1,350.69	0.405
Facility, age 65+, no SPMI	2,527.9	\$5,640,529	\$2,231.28	897.6	\$1,223,046	\$1,362.52	0.611
HCBS, age 65+, with SPMI	4,306.6	\$10,380,911	\$2,410.48	2,480.7	\$4,688,183	\$1,889.86	0.784
HCBS, age 65+, no SPMI	9,921.7	\$16,659,970	\$1,679.14	5,030.0	\$9,068,596	\$1,802.89	1.074
Community, age 65+, with SPMI	2,937.0	\$5,604,559	\$1,908.28	1,701.5	\$3,456,741	\$2,031.58	1.065
Community, age 65+, no SPMI	13,051.3	\$15,923,824	\$1,220.09	6,793.9	\$9,857,681	\$1,450.97	1.189
Facility, age <65, with SPMI	701.0	\$3,135,378	\$4,472.72	265.8	\$772,010	\$2,904.44	0.649
Facility, age <65, no SPMI	435.0	\$1,415,092	\$3,253.09	219.2	\$366,363	\$1,671.74	0.514
HCBS, age <65, with SPMI	4,420.2	\$7,918,350	\$1,791.41	3,007.7	\$5,502,863	\$1,829.61	1.021
HCBS, age <65, no SPMI	5,763.7	\$10,787,145	\$1,871.58	4,015.9	\$7,907,205	\$1,968.99	1.052
Community, age <65, with SPMI	7,698.0	\$11,310,650	\$1,469.29	4,011.8	\$4,879,191	\$1,216.20	0.828
Community, age <65, no SPMI	8,180.2	\$11,759,112	\$1,437.51	4,439.0	\$8,355,808	\$1,882.38	1.309

Table 3.J.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 4

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	62,395.6	\$96,865,182	\$1,552.44	26,423.4	\$44,473,985	\$1,683.13	1.084
Facility, age 65+, with SPMI	2,453.0	\$6,453,449	\$2,630.84	787.9	\$1,508,150	\$1,914.06	0.728
Facility, age 65+, no SPMI	2,527.9	\$5,282,819	\$2,089.78	593.6	\$1,007,973	\$1,698.02	0.813
HCBS, age 65+, with SPMI	4,306.6	\$8,037,334	\$1,866.30	1,826.4	\$3,195,459	\$1,749.56	0.937
HCBS, age 65+, no SPMI	9,921.7	\$14,424,152	\$1,453.79	3,773.8	\$7,627,075	\$2,021.07	1.390
Community, age 65+, with SPMI	2,937.0	\$4,882,376	\$1,662.39	1,332.2	\$1,972,317	\$1,480.46	0.891
Community, age 65+, no SPMI	13,051.3	\$16,756,974	\$1,283.93	5,190.9	\$7,484,592	\$1,441.87	1.123
Facility, age <65, with SPMI	701.0	\$2,687,764	\$3,834.18	217.4	\$476,529	\$2,192.38	0.572
Facility, age <65, no SPMI	435.0	\$1,496,911	\$3,441.17	177.4	\$265,579	\$1,496.78	0.435
HCBS, age <65, with SPMI	4,420.2	\$5,880,332	\$1,330.34	2,694.3	\$5,165,422	\$1,917.18	1.441
HCBS, age <65, no SPMI	5,763.7	\$9,009,151	\$1,563.09	3,490.4	\$6,307,471	\$1,807.10	1.156
Community, age <65, with SPMI	7,698.0	\$8,968,160	\$1,165.00	3,129.7	\$3,524,253	\$1,126.06	0.967
Community, age <65, no SPMI	8,180.2	\$12,985,760	\$1,587.47	3,209.3	\$5,939,166	\$1,850.61	1.166
Intervention group	62,395.6	\$108,719,430	\$1,742.42	26,423.4	\$45,185,845	\$1,710.07	0.981
Facility, age 65+, with SPMI	2,453.0	\$8,183,909	\$3,336.29	787.9	\$1,032,858	\$1,310.84	0.393
Facility, age 65+, no SPMI	2,527.9	\$5,640,529	\$2,231.28	593.6	\$914,858	\$1,541.16	0.691
HCBS, age 65+, with SPMI	4,306.6	\$10,380,911	\$2,410.48	1,826.4	\$3,161,248	\$1,730.83	0.718
HCBS, age 65+, no SPMI	9,921.7	\$16,659,970	\$1,679.14	3,773.8	\$6,659,436	\$1,764.66	1.051
Community, age 65+, with SPMI	2,937.0	\$5,604,559	\$1,908.28	1,332.2	\$1,885,082	\$1,414.98	0.741
Community, age 65+, no SPMI	13,051.3	\$15,923,824	\$1,220.09	5,190.9	\$7,810,641	\$1,504.68	1.233
Facility, age <65, with SPMI	701.0	\$3,135,378	\$4,472.72	217.4	\$478,116	\$2,199.68	0.492
Facility, age <65, no SPMI	435.0	\$1,415,092	\$3,253.09	177.4	\$367,523	\$2,071.33	0.637
HCBS, age <65, with SPMI	4,420.2	\$7,918,350	\$1,791.41	2,694.3	\$4,478,994	\$1,662.41	0.928
HCBS, age <65, no SPMI	5,763.7	\$10,787,145	\$1,871.58	3,490.4	\$7,469,727	\$2,140.09	1.143
Community, age <65, with SPMI	7,698.0	\$11,310,650	\$1,469.29	3,129.7	\$4,911,350	\$1,569.26	1.068
Community, age <65, no SPMI	8,180.2	\$11,759,112	\$1,437.51	3,209.3	\$6,016,011	\$1,874.55	1.304

Table 3.K.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 5A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	65,796.4	\$107,612,835	\$1,635.54	46,063.6	\$75,424,214	\$1,637.39	1.001
Facility, age 65+, with SPMI	2,862.0	\$6,538,294	\$2,284.49	1,658.5	\$3,087,179	\$1,861.41	0.815
Facility, age 65+, no SPMI	2,190.1	\$4,588,613	\$2,095.20	1,129.4	\$2,191,789	\$1,940.63	0.926
HCBS, age 65+, with SPMI	6,603.4	\$13,633,279	\$2,064.59	4,676.1	\$11,954,349	\$2,556.49	1.238
HCBS, age 65+, no SPMI	8,400.5	\$13,349,568	\$1,589.14	6,002.6	\$11,565,241	\$1,926.71	1.212
Community, age 65+, with SPMI	5,113.6	\$8,331,575	\$1,629.28	3,431.6	\$4,785,855	\$1,394.65	0.856
Community, age 65+, no SPMI	11,806.2	\$13,441,078	\$1,138.48	7,938.3	\$8,214,826	\$1,034.83	0.909
Facility, age <65, with SPMI	768.5	\$2,724,718	\$3,545.43	587.3	\$2,049,194	\$3,489.39	0.984
Facility, age <65, no SPMI	321.0	\$1,106,626	\$3,447.43	270.7	\$886,015	\$3,272.65	0.949
HCBS, age <65, with SPMI	5,810.6	\$10,301,608	\$1,772.91	4,727.0	\$8,450,218	\$1,787.63	1.008
HCBS, age <65, no SPMI	4,143.8	\$6,256,237	\$1,509.79	3,690.5	\$6,173,403	\$1,672.79	1.108
Community, age <65, with SPMI	10,167.6	\$13,655,351	\$1,343.02	6,908.3	\$7,686,581	\$1,112.66	0.828
Community, age <65, no SPMI	7,609.1	\$13,685,889	\$1,798.62	5,043.3	\$8,379,563	\$1,661.53	0.924
Intervention group	65,796.4	\$110,831,462	\$1,684.46	46,063.6	\$68,293,534	\$1,482.59	0.880
Facility, age 65+, with SPMI	2,862.0	\$9,052,081	\$3,162.82	1,658.5	\$2,130,338	\$1,284.48	0.406
Facility, age 65+, no SPMI	2,190.1	\$4,385,773	\$2,002.58	1,129.4	\$863,187	\$764.27	0.382
HCBS, age 65+, with SPMI	6,603.4	\$15,018,129	\$2,274.31	4,676.1	\$9,779,953	\$2,091.49	0.920
HCBS, age 65+, no SPMI	8,400.5	\$14,823,067	\$1,764.55	6,002.6	\$10,799,996	\$1,799.22	1.020
Community, age 65+, with SPMI	5,113.6	\$8,819,180	\$1,724.64	3,431.6	\$4,408,011	\$1,284.54	0.745
Community, age 65+, no SPMI	11,806.2	\$12,552,136	\$1,063.18	7,938.3	\$9,366,668	\$1,179.93	1.110
Facility, age <65, with SPMI	768.5	\$4,002,047	\$5,207.50	587.3	\$1,312,695	\$2,235.27	0.429
Facility, age <65, no SPMI	321.0	\$1,146,659	\$3,572.15	270.7	\$384,370	\$1,419.74	0.397
HCBS, age <65, with SPMI	5,810.6	\$12,307,623	\$2,118.15	4,727.0	\$8,319,533	\$1,759.99	0.831
HCBS, age <65, no SPMI	4,143.8	\$5,751,726	\$1,388.04	3,690.5	\$5,652,701	\$1,531.70	1.103
Community, age <65, with SPMI	10,167.6	\$13,782,730	\$1,355.55	6,908.3	\$7,879,833	\$1,140.63	0.841
Community, age <65, no SPMI	7,609.1	\$9,190,309	\$1,207.80	5,043.3	\$7,396,249	\$1,466.55	1.214

Table 3.K.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 5A

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	65,796.4	\$107,612,835	\$1,635.54	35,027.4	\$61,378,077	\$1,752.29	1.071
Facility, age 65+, with SPMI	2,862.0	\$6,538,294	\$2,284.49	1,101.1	\$1,809,886	\$1,643.74	0.720
Facility, age 65+, no SPMI	2,190.1	\$4,588,613	\$2,095.20	736.3	\$1,443,203	\$1,960.19	0.936
HCBS, age 65+, with SPMI	6,603.4	\$13,633,279	\$2,064.59	3,646.3	\$11,574,292	\$3,174.22	1.537
HCBS, age 65+, no SPMI	8,400.5	\$13,349,568	\$1,589.14	4,361.4	\$9,035,597	\$2,071.72	1.304
Community, age 65+, with SPMI	5,113.6	\$8,331,575	\$1,629.28	2,640.1	\$3,526,633	\$1,335.79	0.820
Community, age 65+, no SPMI	11,806.2	\$13,441,078	\$1,138.48	5,852.3	\$6,778,962	\$1,158.34	1.017
Facility, age <65, with SPMI	768.5	\$2,724,718	\$3,545.43	508.7	\$1,402,387	\$2,756.58	0.778
Facility, age <65, no SPMI	321.0	\$1,106,626	\$3,447.43	212.2	\$516,056	\$2,431.63	0.705
HCBS, age <65, with SPMI	5,810.6	\$10,301,608	\$1,772.91	3,999.6	\$8,388,978	\$2,097.48	1.183
HCBS, age <65, no SPMI	4,143.8	\$6,256,237	\$1,509.79	3,052.6	\$3,679,897	\$1,205.48	0.798
Community, age <65, with SPMI	10,167.6	\$13,655,351	\$1,343.02	5,186.4	\$5,845,704	\$1,127.12	0.839
Community, age <65, no SPMI	7,609.1	\$13,685,889	\$1,798.62	3,730.3	\$7,376,482	\$1,977.43	1.099
Intervention group	65,796.4	\$110,831,462	\$1,684.46	35,027.4	\$56,260,564	\$1,606.19	0.954
Facility, age 65+, with SPMI	2,862.0	\$9,052,081	\$3,162.82	1,101.1	\$1,843,176	\$1,673.97	0.529
Facility, age 65+, no SPMI	2,190.1	\$4,385,773	\$2,002.58	736.3	\$713,102	\$968.55	0.484
HCBS, age 65+, with SPMI	6,603.4	\$15,018,129	\$2,274.31	3,646.3	\$6,714,752	\$1,841.51	0.810
HCBS, age 65+, no SPMI	8,400.5	\$14,823,067	\$1,764.55	4,361.4	\$8,247,303	\$1,890.98	1.072
Community, age 65+, with SPMI	5,113.6	\$8,819,180	\$1,724.64	2,640.1	\$4,256,640	\$1,612.30	0.935
Community, age 65+, no SPMI	11,806.2	\$12,552,136	\$1,063.18	5,852.3	\$7,386,320	\$1,262.12	1.187
Facility, age <65, with SPMI	768.5	\$4,002,047	\$5,207.50	508.7	\$1,394,767	\$2,741.60	0.526
Facility, age <65, no SPMI	321.0	\$1,146,659	\$3,572.15	212.2	\$532,880	\$2,510.91	0.703
HCBS, age <65, with SPMI	5,810.6	\$12,307,623	\$2,118.15	3,999.6	\$7,002,430	\$1,750.80	0.827
HCBS, age <65, no SPMI	4,143.8	\$5,751,726	\$1,388.04	3,052.6	\$5,959,071	\$1,952.10	1.406
Community, age <65, with SPMI	10,167.6	\$13,782,730	\$1,355.55	5,186.4	\$5,763,417	\$1,111.25	0.820
Community, age <65, no SPMI	7,609.1	\$9,190,309	\$1,207.80	3,730.3	\$6,446,706	\$1,728.18	1.431

Table 3.L.1 MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 5B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	65,414.5	\$107,080,977	\$1,636.96	49,203.2	\$89,555,043	\$1,820.10	1.112
Facility, age 65+, with SPMI	4,136.0	\$7,818,931	\$1,890.46	2,743.7	\$4,883,797	\$1,780.03	0.942
Facility, age 65+, no SPMI	2,322.6	\$3,940,959	\$1,696.81	1,583.9	\$2,442,932	\$1,542.34	0.909
HCBS, age 65+, with SPMI	8,071.3	\$17,537,844	\$2,172.88	6,180.3	\$14,312,020	\$2,315.76	1.066
HCBS, age 65+, no SPMI	9,022.6	\$15,430,790	\$1,710.23	6,793.5	\$16,550,336	\$2,436.22	1.424
Community, age 65+, with SPMI	6,083.6	\$9,863,360	\$1,621.31	4,482.0	\$7,828,233	\$1,746.60	1.077
Community, age 65+, no SPMI	14,579.5	\$17,434,468	\$1,195.82	10,457.1	\$15,497,232	\$1,481.99	1.239
Facility, age <65, with SPMI	1,284.5	\$3,347,273	\$2,605.80	943.8	\$2,146,638	\$2,274.35	0.873
Facility, age <65, no SPMI	579.0	\$843,478	\$1,456.78	514.4	\$659,777	\$1,282.66	0.880
HCBS, age <65, with SPMI	5,481.1	\$9,483,022	\$1,730.13	4,685.9	\$8,074,447	\$1,723.13	0.996
HCBS, age <65, no SPMI	3,758.0	\$6,270,810	\$1,668.64	3,193.6	\$5,889,324	\$1,844.07	1.105
Community, age <65, with SPMI	6,450.3	\$9,221,719	\$1,429.66	4,870.4	\$6,617,937	\$1,358.80	0.950
Community, age <65, no SPMI	3,646.1	\$5,888,326	\$1,614.98	2,754.7	\$4,652,369	\$1,688.91	1.046
Intervention group	65,414.5	\$113,207,213	\$1,730.61	49,203.2	\$86,106,616	\$1,750.02	1.011
Facility, age 65+, with SPMI	4,136.0	\$11,235,848	\$2,716.60	2,743.7	\$4,915,478	\$1,791.57	0.659
Facility, age 65+, no SPMI	2,322.6	\$4,959,944	\$2,135.54	1,583.9	\$2,932,043	\$1,851.14	0.867
HCBS, age 65+, with SPMI	8,071.3	\$15,592,008	\$1,931.80	6,180.3	\$11,711,243	\$1,894.94	0.981
HCBS, age 65+, no SPMI	9,022.6	\$12,101,533	\$1,341.24	6,793.5	\$13,798,746	\$2,031.18	1.514
Community, age 65+, with SPMI	6,083.6	\$10,289,715	\$1,691.40	4,482.0	\$7,422,156	\$1,656.00	0.979
Community, age 65+, no SPMI	14,579.5	\$17,589,282	\$1,206.44	10,457.1	\$12,909,118	\$1,234.49	1.023
Facility, age <65, with SPMI	1,284.5	\$5,382,129	\$4,189.90	943.8	\$2,427,991	\$2,572.45	0.614
Facility, age <65, no SPMI	579.0	\$1,328,071	\$2,293.73	514.4	\$1,202,171	\$2,337.12	1.019
HCBS, age <65, with SPMI	5,481.1	\$11,153,684	\$2,034.93	4,685.9	\$8,721,002	\$1,861.11	0.915
HCBS, age <65, no SPMI	3,758.0	\$5,231,307	\$1,392.03	3,193.6	\$6,579,244	\$2,060.10	1.480
Community, age <65, with SPMI	6,450.3	\$11,304,842	\$1,752.61	4,870.4	\$7,667,339	\$1,574.26	0.898
Community, age <65, no SPMI	3,646.1	\$7,038,850	\$1,930.53	2,754.7	\$5,820,086	\$2,112.81	1.094

Table 3.L.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 5B

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	65,414.5	\$107,080,977	\$1,636.96	36,727.0	\$70,612,648	\$1,922.63	1.175
Facility, age 65+, with SPMI	4,136.0	\$7,818,931	\$1,890.46	1,745.1	\$3,247,022	\$1,860.64	0.984
Facility, age 65+, no SPMI	2,322.6	\$3,940,959	\$1,696.81	948.1	\$1,514,375	\$1,597.21	0.941
HCBS, age 65+, with SPMI	8,071.3	\$17,537,844	\$2,172.88	4,544.6	\$11,912,146	\$2,621.17	1.206
HCBS, age 65+, no SPMI	9,022.6	\$15,430,790	\$1,710.23	4,812.8	\$10,442,899	\$2,169.81	1.269
Community, age 65+, with SPMI	6,083.6	\$9,863,360	\$1,621.31	3,279.6	\$6,188,772	\$1,887.07	1.164
Community, age 65+, no SPMI	14,579.5	\$17,434,468	\$1,195.82	7,823.1	\$12,533,108	\$1,602.07	1.340
Facility, age <65, with SPMI	1,284.5	\$3,347,273	\$2,605.80	736.2	\$1,473,298	\$2,001.15	0.768
Facility, age <65, no SPMI	579.0	\$843,478	\$1,456.78	412.3	\$491,706	\$1,192.47	0.819
HCBS, age <65, with SPMI	5,481.1	\$9,483,022	\$1,730.13	3,958.4	\$7,842,580	\$1,981.27	1.145
HCBS, age <65, no SPMI	3,758.0	\$6,270,810	\$1,668.64	2,694.7	\$6,061,161	\$2,249.32	1.348
Community, age <65, with SPMI	6,450.3	\$9,221,719	\$1,429.66	3,629.5	\$5,230,320	\$1,441.04	1.008
Community, age <65, no SPMI	3,646.1	\$5,888,326	\$1,614.98	2,142.6	\$3,675,262	\$1,715.33	1.062
Intervention group	65,414.5	\$113,207,213	\$1,730.61	36,727.0	\$69,566,362	\$1,894.15	1.094
Facility, age 65+, with SPMI	4,136.0	\$11,235,848	\$2,716.60	1,745.1	\$3,490,320	\$2,000.06	0.736
Facility, age 65+, no SPMI	2,322.6	\$4,959,944	\$2,135.54	948.1	\$1,716,628	\$1,810.52	0.848
HCBS, age 65+, with SPMI	8,071.3	\$15,592,008	\$1,931.80	4,544.6	\$8,693,512	\$1,912.94	0.990
HCBS, age 65+, no SPMI	9,022.6	\$12,101,533	\$1,341.24	4,812.8	\$10,025,862	\$2,083.16	1.553
Community, age 65+, with SPMI	6,083.6	\$10,289,715	\$1,691.40	3,279.6	\$5,023,879	\$1,531.88	0.906
Community, age 65+, no SPMI	14,579.5	\$17,589,282	\$1,206.44	7,823.1	\$12,206,300	\$1,560.29	1.293
Facility, age <65, with SPMI	1,284.5	\$5,382,129	\$4,189.90	736.2	\$1,684,623	\$2,288.19	0.546
Facility, age <65, no SPMI	579.0	\$1,328,071	\$2,293.73	412.3	\$943,527	\$2,288.21	0.998
HCBS, age <65, with SPMI	5,481.1	\$11,153,684	\$2,034.93	3,958.4	\$7,744,615	\$1,956.52	0.961
HCBS, age <65, no SPMI	3,758.0	\$5,231,307	\$1,392.03	2,694.7	\$6,386,843	\$2,370.18	1.703
Community, age <65, with SPMI	6,450.3	\$11,304,842	\$1,752.61	3,629.5	\$6,328,063	\$1,743.49	0.995
Community, age <65, no SPMI	3,646.1	\$7,038,850	\$1,930.53	2,142.6	\$5,322,190	\$2,483.98	1.287

Table 3.M.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 6A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	51,245.5	\$100,075,043	\$1,952.86	49,698.6	\$97,813,676	\$1,968.14	1.008
Facility, age 65+, with SPMI	2,983.4	\$7,275,051	\$2,438.54	2,698.0	\$5,483,702	\$2,032.51	0.833
Facility, age 65+, no SPMI	1,780.9	\$3,501,971	\$1,966.38	1,540.3	\$2,460,709	\$1,597.55	0.812
HCBS, age 65+, with SPMI	5,934.9	\$12,433,792	\$2,095.03	5,680.2	\$14,286,998	\$2,515.22	1.201
HCBS, age 65+, no SPMI	6,235.3	\$12,364,008	\$1,982.90	5,897.0	\$12,880,601	\$2,184.27	1.102
Community, age 65+, with SPMI	3,535.9	\$7,176,174	\$2,029.49	3,475.9	\$5,968,932	\$1,717.22	0.846
Community, age 65+, no SPMI	7,629.4	\$11,448,086	\$1,500.51	7,687.3	\$12,535,007	\$1,630.61	1.087
Facility, age <65, with SPMI	1,446.6	\$4,284,949	\$2,962.09	1,391.3	\$3,870,866	\$2,782.23	0.939
Facility, age <65, no SPMI	1,110.7	\$3,308,099	\$2,978.45	1,093.9	\$2,447,235	\$2,237.19	0.751
HCBS, age <65, with SPMI	5,162.9	\$11,356,161	\$2,199.59	5,165.8	\$12,275,461	\$2,376.32	1.080
HCBS, age <65, no SPMI	3,228.4	\$5,124,319	\$1,587.25	3,457.4	\$5,302,553	\$1,533.70	0.966
Community, age <65, with SPMI	7,216.3	\$12,968,802	\$1,797.17	6,671.8	\$10,658,947	\$1,597.61	0.889
Community, age <65, no SPMI	4,980.8	\$8,833,631	\$1,773.54	4,939.7	\$9,642,664	\$1,952.07	1.101
Intervention group	51,245.5	\$102,206,255	\$1,994.44	49,698.6	\$81,716,565	\$1,644.24	0.824
Facility, age 65+, with SPMI	2,983.4	\$10,028,144	\$3,361.36	2,698.0	\$4,497,920	\$1,667.13	0.496
Facility, age 65+, no SPMI	1,780.9	\$4,091,617	\$2,297.47	1,540.3	\$2,043,020	\$1,326.37	0.577
HCBS, age 65+, with SPMI	5,934.9	\$15,182,148	\$2,558.12	5,680.2	\$11,454,444	\$2,016.55	0.788
HCBS, age 65+, no SPMI	6,235.3	\$11,287,100	\$1,810.19	5,897.0	\$10,243,096	\$1,737.00	0.960
Community, age 65+, with SPMI	3,535.9	\$7,139,268	\$2,019.05	3,475.9	\$5,477,324	\$1,575.79	0.780
Community, age 65+, no SPMI	7,629.4	\$10,590,533	\$1,388.11	7,687.3	\$9,626,122	\$1,252.21	0.902
Facility, age <65, with SPMI	1,446.6	\$4,054,834	\$2,803.02	1,391.3	\$2,467,312	\$1,773.41	0.633
Facility, age <65, no SPMI	1,110.7	\$1,264,106	\$1,138.14	1,093.9	\$1,106,735	\$1,011.74	0.889
HCBS, age <65, with SPMI	5,162.9	\$12,719,808	\$2,463.72	5,165.8	\$11,399,675	\$2,206.78	0.896
HCBS, age <65, no SPMI	3,228.4	\$4,799,057	\$1,486.50	3,457.4	\$5,189,949	\$1,501.13	1.010
Community, age <65, with SPMI	7,216.3	\$13,988,314	\$1,938.45	6,671.8	\$10,419,236	\$1,561.68	0.806
Community, age <65, no SPMI	4,980.8	\$7,061,327	\$1,417.71	4,939.7	\$7,791,731	\$1,577.36	1.113

Table 3.M.2 MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 6A

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	51,245.5	\$100,075,043	\$1,952.86	35,083.7	\$68,050,038	\$1,939.65	0.993
Facility, age 65+, with SPMI	2,983.4	\$7,275,051	\$2,438.54	1,672.2	\$3,418,768	\$2,044.42	0.838
Facility, age 65+, no SPMI	1,780.9	\$3,501,971	\$1,966.38	936.5	\$1,646,424	\$1,758.04	0.894
HCBS, age 65+, with SPMI	5,934.9	\$12,433,792	\$2,095.03	3,882.9	\$9,715,617	\$2,502.15	1.194
HCBS, age 65+, no SPMI	6,235.3	\$12,364,008	\$1,982.90	3,998.3	\$9,035,112	\$2,259.73	1.140
Community, age 65+, with SPMI	3,535.9	\$7,176,174	\$2,029.49	2,492.0	\$4,644,975	\$1,863.98	0.918
Community, age 65+, no SPMI	7,629.4	\$11,448,086	\$1,500.51	5,363.6	\$8,130,034	\$1,515.77	1.010
Facility, age <65, with SPMI	1,446.6	\$4,284,949	\$2,962.09	1,107.8	\$3,077,628	\$2,778.07	0.938
Facility, age <65, no SPMI	1,110.7	\$3,308,099	\$2,978.45	966.9	\$2,222,806	\$2,298.82	0.772
HCBS, age <65, with SPMI	5,162.9	\$11,356,161	\$2,199.59	4,026.2	\$7,171,702	\$1,781.25	0.810
HCBS, age <65, no SPMI	3,228.4	\$5,124,319	\$1,587.25	2,717.9	\$4,693,516	\$1,726.90	1.088
Community, age <65, with SPMI	7,216.3	\$12,968,802	\$1,797.17	4,525.4	\$6,659,770	\$1,471.65	0.819
Community, age <65, no SPMI	4,980.8	\$8,833,631	\$1,773.54	3,393.8	\$7,633,685	\$2,249.28	1.268
Intervention group	51,245.5	\$102,206,255	\$1,994.44	35,083.7	\$56,359,839	\$1,606.44	0.805
Facility, age 65+, with SPMI	2,983.4	\$10,028,144	\$3,361.36	1,672.2	\$2,822,119	\$1,687.63	0.502
Facility, age 65+, no SPMI	1,780.9	\$4,091,617	\$2,297.47	936.5	\$1,338,129	\$1,428.84	0.622
HCBS, age 65+, with SPMI	5,934.9	\$15,182,148	\$2,558.12	3,882.9	\$7,598,510	\$1,956.91	0.765
HCBS, age 65+, no SPMI	6,235.3	\$11,287,100	\$1,810.19	3,998.3	\$6,746,346	\$1,687.30	0.932
Community, age 65+, with SPMI	3,535.9	\$7,139,268	\$2,019.05	2,492.0	\$4,183,560	\$1,678.82	0.831
Community, age 65+, no SPMI	7,629.4	\$10,590,533	\$1,388.11	5,363.6	\$6,243,950	\$1,164.13	0.839
Facility, age <65, with SPMI	1,446.6	\$4,054,834	\$2,803.02	1,107.8	\$1,498,886	\$1,353.00	0.483
Facility, age <65, no SPMI	1,110.7	\$1,264,106	\$1,138.14	966.9	\$1,133,972	\$1,172.75	1.030
HCBS, age <65, with SPMI	5,162.9	\$12,719,808	\$2,463.72	4,026.2	\$7,542,622	\$1,873.37	0.760
HCBS, age <65, no SPMI	3,228.4	\$4,799,057	\$1,486.50	2,717.9	\$4,439,165	\$1,633.31	1.099
Community, age <65, with SPMI	7,216.3	\$13,988,314	\$1,938.45	4,525.4	\$6,763,020	\$1,494.46	0.771
Community, age <65, no SPMI	4,980.8	\$7,061,327	\$1,417.71	3,393.8	\$6,049,560	\$1,782.51	1.257

Table 3.N.1 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 6B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	36,877.4	\$64,261,823	\$1,742.58	34,503.2	\$59,745,018	\$1,731.58	0.994
Facility, age 65+, with SPMI	1,661.3	\$4,014,399	\$2,416.43	1,441.7	\$2,656,683	\$1,842.73	0.763
Facility, age 65+, no SPMI	1,114.5	\$2,401,017	\$2,154.35	917.3	\$1,363,275	\$1,486.16	0.690
HCBS, age 65+, with SPMI	4,645.1	\$10,776,546	\$2,319.98	4,392.0	\$11,904,415	\$2,710.49	1.168
HCBS, age 65+, no SPMI	5,075.5	\$9,483,790	\$1,868.54	4,682.5	\$9,985,878	\$2,132.58	1.141
Community, age 65+, with SPMI	3,969.4	\$7,044,648	\$1,774.76	3,753.9	\$6,452,800	\$1,718.95	0.969
Community, age 65+, no SPMI	8,806.0	\$11,292,981	\$1,282.42	8,235.8	\$10,032,355	\$1,218.14	0.950
Facility, age <65, with SPMI	618.0	\$2,135,696	\$3,455.66	590.3	\$1,495,956	\$2,534.37	0.733
Facility, age <65, no SPMI	497.5	\$883,628	\$1,776.19	481.3	\$558,155	\$1,159.63	0.653
HCBS, age <65, with SPMI	2,770.0	\$5,053,178	\$1,824.25	2,642.1	\$4,666,353	\$1,766.13	0.968
HCBS, age <65, no SPMI	2,222.3	\$2,780,808	\$1,251.33	2,199.5	\$2,701,695	\$1,228.33	0.982
Community, age <65, with SPMI	3,449.6	\$5,209,670	\$1,510.24	3,196.1	\$4,486,087	\$1,403.63	0.929
Community, age <65, no SPMI	2,048.2	\$3,185,461	\$1,555.21	1,970.7	\$3,441,368	\$1,746.27	1.123
Intervention group	36,877.4	\$69,409,748	\$1,882.18	34,503.2	\$57,118,474	\$1,655.45	0.880
Facility, age 65+, with SPMI	1,661.3	\$5,090,470	\$3,064.17	1,441.7	\$2,644,380	\$1,834.20	0.599
Facility, age 65+, no SPMI	1,114.5	\$3,548,559	\$3,184.00	917.3	\$1,790,458	\$1,951.85	0.613
HCBS, age 65+, with SPMI	4,645.1	\$9,859,451	\$2,122.54	4,392.0	\$7,279,161	\$1,657.38	0.781
HCBS, age 65+, no SPMI	5,075.5	\$7,956,973	\$1,567.72	4,682.5	\$7,588,544	\$1,620.61	1.034
Community, age 65+, with SPMI	3,969.4	\$6,757,915	\$1,702.52	3,753.9	\$5,158,592	\$1,374.19	0.807
Community, age 65+, no SPMI	8,806.0	\$10,622,370	\$1,206.27	8,235.8	\$10,323,586	\$1,253.50	1.039
Facility, age <65, with SPMI	618.0	\$3,152,460	\$5,100.83	590.3	\$1,202,108	\$2,036.55	0.399
Facility, age <65, no SPMI	497.5	\$526,891	\$1,059.11	481.3	\$706,708	\$1,468.27	1.386
HCBS, age <65, with SPMI	2,770.0	\$6,815,495	\$2,460.47	2,642.1	\$5,728,089	\$2,167.98	0.881
HCBS, age <65, no SPMI	2,222.3	\$3,955,957	\$1,780.13	2,199.5	\$4,480,321	\$2,036.99	1.144
Community, age <65, with SPMI	3,449.6	\$6,575,663	\$1,906.23	3,196.1	\$6,798,119	\$2,127.03	1.116
Community, age <65, no SPMI	2,048.2	\$4,547,544	\$2,220.21	1,970.7	\$3,418,408	\$1,734.62	0.781

Table 3.N.2 MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 6B

Category of beneficiary	Baseline period			Demonstration year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	36,877.4	\$64,261,823	\$1,742.58	24,966.5	\$43,402,053	\$1,738.41	0.998
Facility, age 65+, with SPMI	1,661.3	\$4,014,399	\$2,416.43	918.3	\$1,681,231	\$1,830.78	0.758
Facility, age 65+, no SPMI	1,114.5	\$2,401,017	\$2,154.35	568.0	\$911,305	\$1,604.47	0.745
HCBS, age 65+, with SPMI	4,645.1	\$10,776,546	\$2,319.98	3,214.3	\$8,837,677	\$2,749.50	1.185
HCBS, age 65+, no SPMI	5,075.5	\$9,483,790	\$1,868.54	3,254.2	\$6,169,093	\$1,895.71	1.015
Community, age 65+, with SPMI	3,969.4	\$7,044,648	\$1,774.76	2,773.9	\$5,918,813	\$2,133.79	1.202
Community, age 65+, no SPMI	8,806.0	\$11,292,981	\$1,282.42	5,594.1	\$6,869,864	\$1,228.06	0.958
Facility, age <65, with SPMI	618.0	\$2,135,696	\$3,455.66	455.1	\$1,343,488	\$2,952.07	0.854
Facility, age <65, no SPMI	497.5	\$883,628	\$1,776.19	360.4	\$398,539	\$1,105.77	0.623
HCBS, age <65, with SPMI	2,770.0	\$5,053,178	\$1,824.25	2,156.0	\$3,578,422	\$1,659.76	0.910
HCBS, age <65, no SPMI	2,222.3	\$2,780,808	\$1,251.33	1,860.4	\$2,403,868	\$1,292.12	1.033
Community, age <65, with SPMI	3,449.6	\$5,209,670	\$1,510.24	2,313.2	\$3,011,680	\$1,301.93	0.862
Community, age <65, no SPMI	2,048.2	\$3,185,461	\$1,555.21	1,498.7	\$2,278,072	\$1,520.08	0.977
Intervention group	36,877.4	\$69,409,748	\$1,882.18	24,966.5	\$43,116,549	\$1,726.97	0.918
Facility, age 65+, with SPMI	1,661.3	\$5,090,470	\$3,064.17	918.3	\$1,801,701	\$1,961.97	0.640
Facility, age 65+, no SPMI	1,114.5	\$3,548,559	\$3,184.00	568.0	\$1,402,192	\$2,468.74	0.775
HCBS, age 65+, with SPMI	4,645.1	\$9,859,451	\$2,122.54	3,214.3	\$5,480,008	\$1,704.89	0.803
HCBS, age 65+, no SPMI	5,075.5	\$7,956,973	\$1,567.72	3,254.2	\$5,754,925	\$1,768.44	1.128
Community, age 65+, with SPMI	3,969.4	\$6,757,915	\$1,702.52	2,773.9	\$3,324,584	\$1,198.54	0.704
Community, age 65+, no SPMI	8,806.0	\$10,622,370	\$1,206.27	5,594.1	\$8,585,806	\$1,534.81	1.272
Facility, age <65, with SPMI	618.0	\$3,152,460	\$5,100.83	455.1	\$1,572,069	\$3,454.34	0.677
Facility, age <65, no SPMI	497.5	\$526,891	\$1,059.11	360.4	\$397,797	\$1,103.71	1.042
HCBS, age <65, with SPMI	2,770.0	\$6,815,495	\$2,460.47	2,156.0	\$4,733,353	\$2,195.44	0.892
HCBS, age <65, no SPMI	2,222.3	\$3,955,957	\$1,780.13	1,860.4	\$3,165,672	\$1,701.61	0.956
Community, age <65, with SPMI	3,449.6	\$6,575,663	\$1,906.23	2,313.2	\$3,716,532	\$1,606.63	0.843
Community, age <65, no SPMI	2,048.2	\$4,547,544	\$2,220.21	1,498.7	\$3,181,911	\$2,123.17	0.956

Table 3.O MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 7A

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	46,261.5	\$92,782,347	\$2,005.60	43,336.2	\$83,652,193	\$1,930.31	0.962
Facility, age 65+, with SPMI	3,789.7	\$9,869,463	\$2,604.25	3,098.5	\$6,113,512	\$1,973.09	0.758
Facility, age 65+, no SPMI	2,203.8	\$5,878,877	\$2,667.61	1,930.3	\$4,181,840	\$2,166.44	0.812
HCBS, age 65+, with SPMI	6,978.0	\$14,292,060	\$2,048.16	6,315.0	\$17,085,001	\$2,705.46	1.321
HCBS, age 65+, no SPMI	6,768.5	\$9,950,022	\$1,470.06	6,340.2	\$12,792,342	\$2,017.67	1.373
Community, age 65+, with SPMI	3,003.8	\$5,033,889	\$1,675.81	2,764.6	\$4,307,192	\$1,557.96	0.930
Community, age 65+, no SPMI	6,461.0	\$10,139,136	\$1,569.29	6,184.3	\$7,577,695	\$1,225.31	0.781
Facility, age <65, with SPMI	815.1	\$3,552,916	\$4,358.90	755.6	\$2,197,966	\$2,908.93	0.667
Facility, age <65, no SPMI	408.1	\$1,535,898	\$3,763.39	426.5	\$1,313,956	\$3,081.11	0.819
HCBS, age <65, with SPMI	3,622.0	\$9,776,636	\$2,699.24	3,701.8	\$7,488,155	\$2,022.81	0.749
HCBS, age <65, no SPMI	2,706.3	\$5,591,603	\$2,066.17	2,892.5	\$5,487,083	\$1,897.03	0.918
Community, age <65, with SPMI	5,603.0	\$9,097,720	\$1,623.72	5,186.2	\$7,503,559	\$1,446.83	0.891
Community, age <65, no SPMI	3,902.2	\$8,064,127	\$2,066.54	3,740.8	\$7,603,893	\$2,032.67	0.984
Intervention group	46,261.5	\$86,769,395	\$1,875.63	43,336.2	\$74,147,974	\$1,710.99	0.912
Facility, age 65+, with SPMI	3,789.7	\$8,325,041	\$2,196.73	3,098.5	\$5,134,551	\$1,657.13	0.754
Facility, age 65+, no SPMI	2,203.8	\$5,228,923	\$2,372.69	1,930.3	\$2,467,694	\$1,278.41	0.539
HCBS, age 65+, with SPMI	6,978.0	\$15,697,104	\$2,249.51	6,315.0	\$13,541,379	\$2,144.32	0.953
HCBS, age 65+, no SPMI	6,768.5	\$10,968,491	\$1,620.53	6,340.2	\$10,927,062	\$1,723.47	1.064
Community, age 65+, with SPMI	3,003.8	\$4,983,082	\$1,658.90	2,764.6	\$4,538,336	\$1,641.57	0.990
Community, age 65+, no SPMI	6,461.0	\$9,240,528	\$1,430.21	6,184.3	\$9,805,569	\$1,585.56	1.109
Facility, age <65, with SPMI	815.1	\$2,410,579	\$2,957.42	755.6	\$1,776,622	\$2,351.29	0.795
Facility, age <65, no SPMI	408.1	\$1,308,200	\$3,205.47	426.5	\$495,418	\$1,161.71	0.362
HCBS, age <65, with SPMI	3,622.0	\$8,967,579	\$2,475.87	3,701.8	\$6,991,328	\$1,888.60	0.763
HCBS, age <65, no SPMI	2,706.3	\$4,077,210	\$1,506.58	2,892.5	\$4,166,648	\$1,440.52	0.956
Community, age <65, with SPMI	5,603.0	\$9,269,861	\$1,654.45	5,186.2	\$7,853,573	\$1,514.32	0.915
Community, age <65, no SPMI	3,902.2	\$6,292,799	\$1,612.61	3,740.8	\$6,449,794	\$1,724.16	1.069

Table 3.P MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 6, by category of beneficiary: Cohort 7B

Category of beneficiary	Baseline period			Demonstration Year 6			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	22,532.1	\$42,213,582	\$1,873.48	20,821.3	\$38,068,927	\$1,828.37	0.976
Facility, age 65+, with SPMI	1,456.3	\$3,292,072	\$2,260.58	1,211.3	\$2,253,811	\$1,860.62	0.823
Facility, age 65+, no SPMI	922.9	\$2,307,438	\$2,500.27	815.1	\$1,472,171	\$1,806.21	0.722
HCBS, age 65+, with SPMI	2,798.1	\$6,458,338	\$2,308.10	2,563.6	\$5,818,312	\$2,269.60	0.983
HCBS, age 65+, no SPMI	3,057.5	\$6,032,828	\$1,973.14	2,756.7	\$5,886,625	\$2,135.38	1.082
Community, age 65+, with SPMI	2,226.3	\$4,293,558	\$1,928.56	1,894.8	\$3,705,518	\$1,955.58	1.014
Community, age 65+, no SPMI	5,439.7	\$8,256,546	\$1,517.83	5,286.3	\$7,762,900	\$1,468.49	0.967
Facility, age <65, with SPMI	285.9	\$1,010,533	\$3,534.13	234.8	\$603,055	\$2,568.43	0.727
Facility, age <65, no SPMI	179.5	\$323,120	\$1,800.27	159.9	\$131,412	\$821.78	0.456
HCBS, age <65, with SPMI	1,660.8	\$3,374,561	\$2,031.95	1,598.3	\$4,069,910	\$2,546.39	1.253
HCBS, age <65, no SPMI	1,106.3	\$1,223,440	\$1,105.90	1,149.5	\$1,370,605	\$1,192.40	1.078
Community, age <65, with SPMI	2,255.7	\$3,747,160	\$1,661.21	2,065.3	\$2,651,659	\$1,283.93	0.773
Community, age <65, no SPMI	1,143.2	\$1,893,988	\$1,656.74	1,085.7	\$2,342,950	\$2,158.02	1.303
Intervention group	22,532.1	\$45,299,170	\$2,010.43	20,821.3	\$35,521,409	\$1,706.02	0.849
Facility, age 65+, with SPMI	1,456.3	\$5,206,040	\$3,574.85	1,211.3	\$2,833,008	\$2,338.77	0.654
Facility, age 65+, no SPMI	922.9	\$2,459,352	\$2,664.88	815.1	\$1,571,014	\$1,927.48	0.723
HCBS, age 65+, with SPMI	2,798.1	\$6,071,805	\$2,169.96	2,563.6	\$4,561,146	\$1,779.21	0.820
HCBS, age 65+, no SPMI	3,057.5	\$5,845,031	\$1,911.72	2,756.7	\$4,558,425	\$1,653.57	0.865
Community, age 65+, with SPMI	2,226.3	\$4,235,484	\$1,902.48	1,894.8	\$3,631,715	\$1,916.63	1.007
Community, age 65+, no SPMI	5,439.7	\$7,380,705	\$1,356.82	5,286.3	\$7,243,958	\$1,370.32	1.010
Facility, age <65, with SPMI	285.9	\$1,462,879	\$5,116.12	234.8	\$638,812	\$2,720.73	0.532
Facility, age <65, no SPMI	179.5	\$1,146,709	\$6,388.92	159.9	\$454,518	\$2,842.32	0.445
HCBS, age <65, with SPMI	1,660.8	\$3,453,668	\$2,079.58	1,598.3	\$2,640,135	\$1,651.84	0.794
HCBS, age <65, no SPMI	1,106.3	\$1,705,266	\$1,541.43	1,149.5	\$2,115,790	\$1,840.69	1.194
Community, age <65, with SPMI	2,255.7	\$3,895,705	\$1,727.07	2,065.3	\$3,236,230	\$1,566.97	0.907
Community, age <65, no SPMI	1,143.2	\$2,436,526	\$2,131.32	1,085.7	\$2,036,658	\$1,875.90	0.880

Table 4.A
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Year 5

Cohort	Group (comparison/ Intervention)	Baseline period			Demonstration Year 5			Cost trend (demonstration year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1A	C	48,488.0	\$78,754,198	\$1,624.20	9,903.2	\$19,681,818	\$1,987.42	1.224
	I	48,488.0	\$128,622,626	\$2,652.67	9,903.2	\$26,728,247	\$2,698.95	1.017
1B	C	83,567.1	\$131,605,106	\$1,574.84	19,132.6	\$37,050,672	\$1,936.52	1.230
	I	83,567.1	\$108,476,913	\$1,298.08	19,132.6	\$33,855,821	\$1,769.54	1.363
1C	C	7,946.8	\$12,115,020	\$1,524.51	1,567.5	\$3,009,601	\$1,919.99	1.259
	I	7,946.8	\$7,898,710	\$993.94	1,567.5	\$2,776,143	\$1,771.05	1.782
1D	C	129,399.2	\$207,882,769	\$1,606.52	27,937.6	\$54,313,191	\$1,944.09	1.210
	I	129,399.2	\$219,493,469	\$1,696.25	27,937.6	\$53,895,988	\$1,929.16	1.137
1E	C	15,153.3	\$23,465,894	\$1,548.56	3,353.5	\$6,380,605	\$1,902.67	1.229
	I	15,153.3	\$10,288,068	\$678.93	3,353.5	\$4,817,178	\$1,436.46	2.116
1F	C	15,986.6	\$24,688,247	\$1,544.31	3,882.8	\$7,538,821	\$1,941.57	1.257
	I	15,986.6	\$9,731,043	\$608.70	3,882.8	\$4,741,399	\$1,221.12	2.006
1 total	C	300,541.1	\$478,511,235	\$1,592.17	65,777.2	\$127,974,708	\$1,945.58	1.222
	I	300,541.1	\$484,510,829	\$1,612.13	65,777.2	\$126,814,776	\$1,927.94	1.196
2	C	4,220.4	\$7,342,975	\$1,739.88	2,826.7	\$4,333,084	\$1,532.91	0.881
	I	4,220.4	\$9,945,769	\$2,356.60	2,826.7	\$5,512,243	\$1,950.06	0.827
3	C	61,200.6	\$93,045,998	\$1,520.35	29,370.2	\$46,476,966	\$1,582.45	1.041
	I	61,200.6	\$103,440,434	\$1,690.19	29,370.2	\$48,816,683	\$1,662.12	0.983
4	C	62,395.6	\$96,865,182	\$1,552.44	33,927.6	\$55,152,829	\$1,625.60	1.047
	I	62,395.6	\$108,719,430	\$1,742.42	33,927.6	\$57,515,586	\$1,695.25	0.973
5A	C	65,796.4	\$107,612,835	\$1,635.54	46,063.6	\$75,424,214	\$1,637.39	1.001
	I	65,796.4	\$110,831,462	\$1,684.46	46,063.6	\$68,293,534	\$1,482.59	0.880

(continued)

Table 4.A (continued)
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Year 5

Cohort	Group (comparison/ Intervention)	Baseline period			Demonstration Year 5			Cost trend (demonstration year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
5B	C	65,414.5	\$107,080,977	\$1,636.96	49,203.2	\$89,555,043	\$1,820.10	1.112
	I	65,414.5	\$113,207,213	\$1,730.61	49,203.2	\$86,106,616	\$1,750.02	1.011
6A	C	51,245.5	\$100,075,043	\$1,952.86	49,698.6	\$97,813,676	\$1,968.14	1.008
	I	51,245.5	\$102,206,255	\$1,994.44	49,698.6	\$81,716,565	\$1,644.24	0.824
6B	C	36,877.4	\$64,261,823	\$1,742.58	34,503.2	\$59,745,018	\$1,731.58	0.994
	I	36,877.4	\$69,409,748	\$1,882.18	34,503.2	\$57,118,474	\$1,655.45	0.880

Table 4.B
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Year 6

Cohort	Group	Baseline period			Demonstration Year 6			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1A	C	48,488.0	\$78,754,198	\$1,624.20	7,920.6	\$17,109,366	\$2,160.11	1.330
	I	48,488.0	\$128,622,626	\$2,652.67	7,920.6	\$20,531,587	\$2,592.18	0.977
1B	C	83,567.1	\$131,605,106	\$1,574.84	15,489.8	\$32,115,928	\$2,073.36	1.317
	I	83,567.1	\$108,476,913	\$1,298.08	15,489.8	\$27,517,708	\$1,776.51	1.369
1C	C	7,946.8	\$12,115,020	\$1,524.51	1,227.0	\$2,532,040	\$2,063.55	1.354
	I	7,946.8	\$7,898,710	\$993.94	1,227.0	\$1,631,819	\$1,329.89	1.338
1D	C	129,399.2	\$207,882,769	\$1,606.52	23,762.1	\$49,767,772	\$2,094.42	1.304
	I	129,399.2	\$219,493,469	\$1,696.25	23,762.1	\$48,321,790	\$2,033.57	1.199
1E	C	15,153.3	\$23,465,894	\$1,548.56	2,716.7	\$5,494,124	\$2,022.34	1.306
	I	15,153.3	\$10,288,068	\$678.93	2,716.7	\$4,161,054	\$1,531.65	2.256
1F	C	15,986.6	\$24,688,247	\$1,544.31	3,231.7	\$6,682,701	\$2,067.88	1.339
	I	15,986.6	\$9,731,043	\$608.70	3,231.7	\$4,370,142	\$1,352.29	2.222
1 total	C	300,541.1	\$478,511,235	\$1,592.17	54,347.9	\$113,701,931	\$2,092.11	1.314
	I	300,541.1	\$484,510,829	\$1,612.13	54,347.9	\$106,534,101	\$1,960.23	1.216
2	C	4,220.4	\$7,342,975	\$1,739.88	2,414.2	\$4,135,064	\$1,712.79	0.984
	I	4,220.4	\$9,945,769	\$2,356.60	2,414.2	\$4,430,479	\$1,835.15	0.779
3	C	61,200.6	\$93,045,998	\$1,520.35	23,794.6	\$39,365,826	\$1,654.40	1.088
	I	61,200.6	\$103,440,434	\$1,690.19	23,794.6	\$41,733,736	\$1,753.91	1.038
4	C	62,395.6	\$96,865,182	\$1,552.44	26,423.4	\$44,473,985	\$1,683.13	1.084
	I	62,395.6	\$108,719,430	\$1,742.42	26,423.4	\$45,185,845	\$1,710.07	0.981
5A	C	65,796.4	\$107,612,835	\$1,635.54	35,027.4	\$61,378,077	\$1,752.29	1.071
	I	65,796.4	\$110,831,462	\$1,684.46	35,027.4	\$56,260,564	\$1,606.19	0.954

(continued)

Table 4.B (continued)
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Year 6

Cohort	Group	Baseline period			Demonstration Year 6			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
5B	C	65,414.5	\$107,080,977	\$1,636.96	36,727.0	\$70,612,648	\$1,922.63	1.175
	I	65,414.5	\$113,207,213	\$1,730.61	36,727.0	\$69,566,362	\$1,894.15	1.094
6A	C	51,245.5	\$100,075,043	\$1,952.86	35,083.7	\$68,050,038	\$1,939.65	0.993
	I	51,245.5	\$102,206,255	\$1,994.44	35,083.7	\$56,359,839	\$1,606.44	0.805
6B	C	36,877.4	\$64,261,823	\$1,742.58	24,966.5	\$43,402,053	\$1,738.41	0.998
	I	36,877.4	\$69,409,748	\$1,882.18	24,966.5	\$43,116,549	\$1,726.97	0.918
7A	C	46,261.5	\$92,782,347	\$2,005.60	43,336.2	\$83,652,193	\$1,930.31	0.962
	I	46,261.5	\$86,769,395	\$1,875.63	43,336.2	\$74,147,974	\$1,710.99	0.912
7B	C	22,532.1	\$42,213,582	\$1,873.48	20,821.3	\$38,068,927	\$1,828.37	0.976
	I	22,532.1	\$45,299,170	\$2,010.43	20,821.3	\$35,521,409	\$1,706.02	0.849

5.2 Medicare AGA Adjustments

The trend in health care costs is not uniform across the United States; it varies by geographic area. The purpose of this adjustment is to control for geographic variation in secular cost trends. CMS measures these variations for each calendar year by county with the calculation of the Average Geographic Adjustment (AGA) factors. The factors measure the difference in average Medicare costs in each county from the national average. The factors are used to vary payment rates to Medicare Advantage plans by county. Hospice expenditures are excluded in the calculation of the AGA factors. We calculated the average AGA factor across all beneficiaries in the intervention group and the comparison group for the baseline period and the Demonstration Year separately. To determine the average AGA factor, the non-hospice expenditures for each beneficiary were grouped by calendar year and county of residence, and the weighted average AGA factor was calculated for each cohort and for each period (baseline period vs. Demonstration Year).¹⁰ Tables 5.A and 5.B show the results of the calculations for Demonstration Years 5 and 6, respectively.

For each cohort and Demonstration Year, the AGA adjustment factor was determined by comparing the trend from the baseline period to the Demonstration Year for the intervention group versus that of the comparison group. For Cohort 1, from the baseline period to Demonstration Year 5, the AGA factor increased by 0.24 percent (a factor of 1.0024) for the comparison group and increased by 4.62 percent (a factor of 1.0462) for the intervention group. If the AGA had increased by the same 4.62 percent in the comparison area as it did in the intervention area, instead of increasing by 0.24 percent, then the trend of the comparison group would have increased by an additional 4.37 percent ($1.0462/1.0024 = 1.0437$), which is the AGA adjustment factor that we apply to the comparison group trend. For Cohort 2, the corresponding AGA adjustment factor is 1.00307, for Cohort 3 it is 1.00926, for Cohort 4 it is 1.0059, for Cohort 5A it is 0.9996, for Cohort 5B it is 0.9930, for Cohort 6A it is 0.9945 and for Cohort 6B it is 0.9937.

Table 5.A
Average AGA factor by group for baseline period and Demonstration Year 5

Cohort	Group comparison intervention	Baseline period	Demonstration Year 5	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.89646	0.89860	1.00239	1.04366
	I	0.88374	0.92453	1.04616	
2	C	0.89647	0.90676	1.01148	1.03073
	I	0.89107	0.92900	1.04256	
3	C	0.88723	0.89609	1.00998	1.00926
	I	0.90748	0.92503	1.01934	

(continued)

¹⁰ The non-hospice expenditures of each beneficiary were divided by the AGA factor for their county and year and the sum of the results of this division was divided into the total non-hospice expenditures of the cohort.

Table 5.A (continued)
Average AGA factor by group for baseline period and Demonstration Year 5

Cohort	Group comparison intervention	Baseline period	Demonstration Year 5	Trend in AGA factor	Adjustment to comparison group trend
4	C	0.88806	0.89932	1.01268	1.00591
	I	0.90803	0.92498	1.01867	
5A	C	0.89184	0.89696	1.00574	0.99959
	I	0.92374	0.92866	1.00533	
5B	C	0.90563	0.90398	0.99818	0.99293
	I	0.89981	0.89182	0.99112	
6A	C	0.90383	0.90546	1.00181	0.99454
	I	0.93245	0.92904	0.99634	
6B	C	0.90539	0.90499	0.99956	0.99374
	I	0.89743	0.89141	0.99330	

For Demonstration Year 6, the corresponding calculations produced AGA adjustment factors of 1.0393 for Cohort 1, 1.0306 for Cohort 2, 1.0028 for Cohort 3, 0.9969 for Cohort 4, 0.9885 for Cohort 5A, 0.9959 for Cohort 5B, 0.9937 for Cohort 6A, 0.9973 for Cohort 6B, 0.9966 for Cohort 7A and 1.0061 for Cohort 7B.

Table 5.B
Average AGA factor by group for baseline period and Demonstration Year 6

Cohort	Group Comparison Intervention	Baseline period	Demonstration Year 6	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.89646	0.90311	1.00741	1.03928
	I	0.88374	0.92527	1.04699	
2	C	0.89647	0.91125	1.01649	1.03063
	I	0.89107	0.93352	1.04763	
3	C	0.88723	0.90400	1.01890	1.00275
	I	0.90748	0.92718	1.02170	
4	C	0.88806	0.90598	1.02018	0.99688
	I	0.90803	0.92347	1.01700	
5A	C	0.89184	0.90515	1.01493	0.98845
	I	0.92374	0.92670	1.00321	
5B	C	0.90563	0.90833	1.00298	0.99585
	I	0.89981	0.89874	0.99882	
6A	C	0.90383	0.90830	1.00494	0.99369
	I	0.93245	0.93114	0.99860	

(continued)

Table 5.B (continued)
Average AGA factor by group for baseline period and Demonstration Year 6

Cohort	Group Comparison Intervention	Baseline period	Demonstration Year 6	Trend in AGA factor	Adjustment to comparison group trend
6B	C	0.90539	0.90896	1.00395	0.99733
	I	0.89743	0.89857	1.00127	
7A	C	0.90667	0.91010	1.00379	0.99655
	I	0.93096	0.93127	1.00033	
7B	C	0.90401	0.90633	1.00257	1.00611
	I	0.89072	0.89846	1.00869	

Tables 6.A–6.P show the Medicare savings calculations for each cohort and Demonstration Year, taking into account the AGA adjustment factors (but still excluding the outlier adjustment). Column (a) displays the number of member months during the Demonstration Year for the intervention group for each category of beneficiary. Column (b) displays the PMPM during the baseline period for the intervention group beneficiaries. This is the starting PMPM to which the trend factor will be applied to determine the target PMPM. Column (c) is the trend factor obtained by multiplying the PMPM trend from the comparison group by the AGA adjustment factor. Column (d) is the target PMPM, which is the baseline PMPM in column (b) times the trend factor in column (c). Column (e) is the actual PMPM for the intervention group in the Demonstration Year. Column (f) shows the PMPM savings, which is the difference between the actual PMPM in column (e) and the target PMPM in column (d). Multiplying the number of eligible months in column (a) by the PMPM savings gives the total dollar savings of column (g). Finally, column (h) shows the corresponding percentage savings, which is the PMPM savings divided by the target PMPM.

Tables 6.G.1–2 displays the Medicare savings calculation for Cohort 1 in total. The baseline PMPM was \$1,612.13. For Demonstration Year 5, the AGA adjusted trend from the comparison group was 1.239, resulting in a target PMPM of \$1,997.13. The actual PMPM for the intervention group was \$1,927.94, an increase of 19.6 percent over the \$1,612.13 baseline PMPM. Because the intervention group PMPM costs increased at a slower rate than the comparison group costs, we estimate a PMPM Medicare savings of \$69.19, a savings rate of 3.5 percent. The total calculated Medicare savings dollar amount was \$4,551,022. For Demonstration Year 6, we estimate a PMPM Medicare savings of \$168.69, or 7.9 percent, with total calculated dollar savings of \$9,168,113.

For Demonstration Year 5, the same calculations for Cohort 2 (as shown in Table 6.H.1) result in a PMPM Medicare savings of \$86.05, or 4.2 percent, and a savings dollar amount of \$243,228. For Demonstration Year 6 (as shown in Table 6.H.2,) the savings is \$366.25 on a PMPM basis, 16.6 percent, and \$884,214 total dollars.

For Cohort 3, Demonstration Year 5 savings (as shown in Table 6.I.1) is \$151.78 PMPM, or 8.4 percent, and \$4,457,725 in total dollars. Demonstration Year 6 savings (as shown in Table 6.I.2) is \$127.54 PMPM, or 6.8 percent, and \$3,034,760 in total dollars.

For Cohort 4, Demonstration Year 5 savings (as shown in Table 6.J.1) is \$142.77 PMPM, or 7.8 percent, and \$4,843,805 in total dollars. Demonstration Year 6 savings (as shown in Table 6.J.2) is \$191.07 PMPM, or 10.1 percent, and \$5,048,821 in total dollars.

For Cohort 5A, Demonstration Year 5 savings (as shown in Table 6.K.1) is \$211.86 PMPM, or 12.5 percent, and \$9,759,075 in total dollars. Demonstration Year 6 savings (as shown in Table 6.K.2) is \$186.05, or 10.4 percent, and \$6,516,979 in total dollars.

For Cohort 5B, Demonstration Year 5 savings (as shown in Table 6.L.1) is \$111.26 PMPM, or 6.0 percent, and \$5,474,301 in total dollars. Demonstration Year 6 savings (as shown in Table 6.L.2) is \$77.85, or 3.9 percent, and \$2,859,312 in total dollars.

For Cohort 6A, Demonstration Year 5 savings (as shown in Table 6.M.1) is \$349.89 PMPM, or 17.5 percent, and \$17,388,933 in total dollars. Demonstration Year 6 savings (as shown in Table 6.M.2) is \$328.18 PMPM, or 17.0 percent, and \$11,513,800 in total dollars.

For Cohort 6B, Demonstration Year 5 savings (as shown in Table 6.N.1) is \$175.05, or 9.6 percent, and \$6,039,863 in total dollars. Demonstration Year 6 savings (as shown in Table 6.N.2) is \$127.72 PMPM, or 6.9 percent, and \$3,188,635 in total dollars.

For Cohort 7A, Demonstration Year 6 savings (as shown in Table 6.O) is \$126.68 PMPM, or 6.9 percent, and \$5,489,772 in total dollars. For Cohort 7B, Demonstration Year 6 savings (as shown in Table 6.P) is \$231.64 PMPM, or 12.0 percent, and \$4,823,092 in total dollars.

Table 6.A.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	9,903.2	\$2,652.67	1.290	\$3,421.92	\$2,698.95	\$722.98	\$7,159,779	21.1%
Facility, age 65+, with SPMI	107.2	\$3,321.06	0.937	\$3,110.44	\$1,828.34	\$1,282.10	\$137,392	41.2%
Facility, age 65+, no SPMI	149.3	\$2,476.33	0.883	\$2,186.31	\$1,141.57	\$1,044.74	\$155,955	47.8%
HCBS, age 65+, with SPMI	417.5	\$2,903.67	1.272	\$3,693.58	\$2,795.42	\$898.15	\$374,936	24.3%
HCBS, age 65+, no SPMI	1,623.0	\$2,389.27	1.499	\$3,580.66	\$2,610.19	\$970.47	\$1,575,115	27.1%
Community, age 65+, with SPMI	201.2	\$2,067.95	1.427	\$2,951.08	\$2,374.95	\$576.13	\$115,925	19.5%
Community, age 65+, no SPMI	1,542.0	\$2,124.06	1.592	\$3,381.05	\$2,683.04	\$698.01	\$1,076,304	20.6%
Facility, age <65, with SPMI	70.0	\$5,306.80	0.692	\$3,673.60	\$682.34	\$2,991.25	\$209,388	81.4%
Facility, age <65, no SPMI	151.0	\$4,764.97	0.677	\$3,225.01	\$1,473.98	\$1,751.03	\$264,406	54.3%
HCBS, age <65, with SPMI	990.0	\$2,780.44	1.020	\$2,837.15	\$2,189.87	\$647.28	\$640,817	22.8%
HCBS, age <65, no SPMI	2,282.0	\$2,691.70	1.177	\$3,167.41	\$2,906.31	\$261.10	\$595,816	8.2%
Community, age <65, with SPMI	750.0	\$2,446.14	1.152	\$2,818.13	\$3,237.69	-\$419.56	-\$314,679	-14.9%
Community, age <65, no SPMI	1,620.1	\$3,319.71	1.334	\$4,427.60	\$2,990.38	\$1,437.22	\$2,328,406	32.5%

Table 6.A.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	7,920.6	\$2,652.67	1.386	\$3,676.00	\$2,592.18	\$1,083.82	\$8,584,481	29.5%
Facility, age 65+, with SPMI	47.1	\$3,321.06	0.990	\$3,288.95	\$2,075.77	\$1,213.17	\$57,111	36.9%
Facility, age 65+, no SPMI	87.0	\$2,476.33	0.988	\$2,445.66	\$1,374.16	\$1,071.50	\$93,210	43.8%
HCBS, age 65+, with SPMI	344.2	\$2,903.67	1.363	\$3,958.14	\$2,073.81	\$1,884.33	\$648,618	47.6%
HCBS, age 65+, no SPMI	1,249.9	\$2,389.27	1.476	\$3,527.64	\$2,588.85	\$938.79	\$1,173,393	26.6%
Community, age 65+, with SPMI	189.7	\$2,067.95	1.655	\$3,422.31	\$1,052.18	\$2,370.13	\$449,692	69.3%
Community, age 65+, no SPMI	1,138.1	\$2,124.06	1.599	\$3,396.72	\$2,662.83	\$733.89	\$835,267	21.6%
Facility, age <65, with SPMI	50.0	\$5,306.80	0.748	\$3,972.11	\$931.19	\$3,040.92	\$152,046	76.6%
Facility, age <65, no SPMI	135.4	\$4,764.97	0.776	\$3,698.46	\$3,371.42	\$327.04	\$44,286	8.8%
HCBS, age <65, with SPMI	789.4	\$2,780.44	1.154	\$3,207.72	\$2,328.97	\$878.75	\$693,685	27.4%
HCBS, age <65, no SPMI	1,955.4	\$2,691.70	1.404	\$3,780.04	\$2,378.82	\$1,401.22	\$2,739,900	37.1%
Community, age <65, with SPMI	590.1	\$2,446.14	1.255	\$3,070.10	\$2,973.66	\$96.44	\$56,903	3.1%
Community, age <65, no SPMI	1,344.3	\$3,319.71	1.351	\$4,483.46	\$3,263.20	\$1,220.26	\$1,640,370	27.2%

Table 6.B.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	19,132.6	\$1,298.08	1.262	\$1,637.85	\$1,769.54	–\$131.68	–\$2,519,418	–8.0%
Facility, age 65+, with SPMI	311.0	\$1,581.91	0.939	\$1,484.71	\$802.64	\$682.07	\$212,131	45.9%
Facility, age 65+, no SPMI	423.2	\$1,689.87	0.883	\$1,492.25	\$1,429.30	\$62.95	\$26,641	4.2%
HCBS, age 65+, with SPMI	839.1	\$1,412.22	1.273	\$1,798.18	\$1,298.01	\$500.17	\$419,703	27.8%
HCBS, age 65+, no SPMI	3,031.9	\$1,178.09	1.500	\$1,767.70	\$1,795.27	–\$27.57	–\$83,584	–1.6%
Community, age 65+, with SPMI	454.8	\$1,140.11	1.435	\$1,636.28	\$1,363.37	\$272.92	\$124,121	16.7%
Community, age 65+, no SPMI	3,484.9	\$971.09	1.596	\$1,549.84	\$1,754.37	–\$204.53	–\$712,764	–13.2%
Facility, age <65, with SPMI	224.2	\$3,244.58	0.692	\$2,244.67	\$1,924.79	\$319.89	\$71,706	14.3%
Facility, age <65, no SPMI	101.7	\$3,733.76	0.669	\$2,497.57	\$1,937.91	\$559.66	\$56,891	22.4%
HCBS, age <65, with SPMI	2,245.2	\$1,385.95	1.019	\$1,411.93	\$1,708.58	–\$296.65	–\$666,036	–21.0%
HCBS, age <65, no SPMI	2,983.5	\$1,488.47	1.177	\$1,752.39	\$2,249.02	–\$496.63	–\$1,481,687	–28.3%
Community, age <65, with SPMI	2,209.2	\$1,112.23	1.154	\$1,283.35	\$1,360.97	–\$77.62	–\$171,478	–6.0%
Community, age <65, no SPMI	2,824.0	\$1,390.75	1.334	\$1,855.19	\$1,966.76	–\$111.57	–\$315,063	–6.0%

Table 6.B.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	15,489.8	\$1,298.08	1.347	\$1,748.31	\$1,776.51	-\$28.20	-\$436,843	-1.6%
Facility, age 65+, with SPMI	237.5	\$1,581.91	0.993	\$1,571.60	\$1,270.83	\$300.77	\$71,426	19.1%
Facility, age 65+, no SPMI	253.1	\$1,689.87	0.985	\$1,663.82	\$1,873.08	-\$209.26	-\$52,972	-12.6%
HCBS, age 65+, with SPMI	716.5	\$1,412.22	1.359	\$1,918.65	\$2,003.00	-\$84.35	-\$60,435	-4.4%
HCBS, age 65+, no SPMI	2,363.0	\$1,178.09	1.479	\$1,742.30	\$1,699.02	\$43.28	\$102,263	2.5%
Community, age 65+, with SPMI	344.7	\$1,140.11	1.648	\$1,878.80	\$1,489.58	\$389.22	\$134,156	20.7%
Community, age 65+, no SPMI	2,895.6	\$971.09	1.601	\$1,554.34	\$1,617.19	-\$62.85	-\$181,999	-4.0%
Facility, age <65, with SPMI	192.0	\$3,244.58	0.750	\$2,432.75	\$1,584.28	\$848.47	\$162,906	34.9%
Facility, age <65, no SPMI	106.0	\$3,733.76	0.765	\$2,857.66	\$1,293.45	\$1,564.21	\$165,807	54.7%
HCBS, age <65, with SPMI	1,901.5	\$1,385.95	1.155	\$1,600.61	\$1,668.72	-\$68.11	-\$129,508	-4.3%
HCBS, age <65, no SPMI	2,447.5	\$1,488.47	1.407	\$2,093.65	\$2,150.73	-\$57.08	-\$139,699	-2.7%
Community, age <65, with SPMI	1,794.9	\$1,112.23	1.256	\$1,396.57	\$1,492.11	-\$95.55	-\$171,501	-6.8%
Community, age <65, no SPMI	2,237.5	\$1,390.75	1.350	\$1,877.98	\$2,028.72	-\$150.74	-\$337,287	-8.0%

Table 6.C.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	1,567.5	\$993.94	1.314	\$1,306.06	\$1,771.05	–\$464.99	–\$728,881	–35.6%
Facility, age 65+, with SPMI	12.0	\$2,437.80	0.926	\$2,256.42	\$413.69	\$1,842.73	\$22,113	81.7%
Facility, age 65+, no SPMI	36.0	\$1,615.10	0.869	\$1,403.79	\$1,729.60	–\$325.81	–\$11,729	–23.2%
HCBS, age 65+, with SPMI	95.0	\$978.12	1.274	\$1,245.73	\$1,008.53	\$237.19	\$22,534	19.0%
HCBS, age 65+, no SPMI	248.8	\$905.53	1.500	\$1,358.21	\$1,454.38	–\$96.18	–\$23,928	–7.1%
Community, age 65+, with SPMI	98.2	\$1,509.16	1.409	\$2,126.00	\$1,145.83	\$980.17	\$96,278	46.1%
Community, age 65+, no SPMI	295.1	\$760.14	1.588	\$1,207.08	\$1,819.09	–\$612.01	–\$180,612	–50.7%
Facility, age <65, with SPMI	11.0	\$4,384.61	0.689	\$3,019.14	\$3,946.87	–\$927.72	–\$10,205	–30.7%
Facility, age <65, no SPMI	23.0	\$10,040.68	0.607	\$6,091.12	\$2,027.39	\$4,063.72	\$93,466	66.7%
HCBS, age <65, with SPMI	168.0	\$739.84	1.014	\$750.51	\$362.22	\$388.29	\$65,233	51.7%
HCBS, age <65, no SPMI	183.0	\$880.51	1.172	\$1,031.95	\$2,530.90	–\$1,498.95	–\$274,309	–145.3%
Community, age <65, with SPMI	192.7	\$832.44	1.151	\$958.32	\$1,096.65	–\$138.33	–\$26,653	–14.4%
Community, age <65, no SPMI	204.7	\$1,013.70	1.327	\$1,345.66	\$3,793.47	–\$2,447.82	–\$501,068	–181.9%

Table 6.C.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	1,227.0	\$993.94	1.425	\$1,416.83	\$1,329.89	\$86.93	\$106,671	6.1%
Facility, age 65+, with SPMI	13.0	\$2,437.80	0.971	\$2,366.80	\$1,210.57	\$1,156.23	\$15,031	48.9%
Facility, age 65+, no SPMI	16.4	\$1,615.10	0.989	\$1,597.49	\$3,634.96	-\$2,037.47	-\$33,377	-127.5%
HCBS, age 65+, with SPMI	72.7	\$978.12	1.365	\$1,334.70	\$2,446.71	-\$1,112.01	-\$80,806	-83.3%
HCBS, age 65+, no SPMI	186.5	\$905.53	1.470	\$1,331.51	\$1,076.61	\$254.90	\$47,552	19.1%
Community, age 65+, with SPMI	81.7	\$1,509.16	1.631	\$2,462.19	\$1,247.43	\$1,214.76	\$99,218	49.3%
Community, age 65+, no SPMI	189.2	\$760.14	1.599	\$1,215.20	\$1,059.55	\$155.65	\$29,442	12.8%
Facility, age <65, with SPMI	0.0	\$4,384.61	0.000	\$0.00	\$0.00	\$0.00	\$0	0.0%
Facility, age <65, no SPMI	24.0	\$10,040.68	0.696	\$6,989.03	\$1,373.67	\$5,615.36	\$134,769	80.3%
HCBS, age <65, with SPMI	129.1	\$739.84	1.152	\$852.10	\$575.77	\$276.33	\$35,664	32.4%
HCBS, age <65, no SPMI	155.4	\$880.51	1.402	\$1,234.92	\$1,701.67	-\$466.75	-\$72,511	-37.8%
Community, age <65, with SPMI	168.0	\$832.44	1.254	\$1,043.65	\$568.38	\$475.27	\$79,846	45.5%
Community, age <65, no SPMI	191.2	\$1,013.70	1.343	\$1,361.59	\$2,136.57	-\$774.98	-\$148,157	-56.9%

Table 6.D.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	27,937.6	\$1,696.25	1.232	\$2,089.63	\$1,929.16	\$160.47	\$4,483,220	7.7%
Facility, age 65+, with SPMI	320.5	\$2,345.53	0.937	\$2,196.93	\$799.97	\$1,396.96	\$447,754	63.6%
Facility, age 65+, no SPMI	843.3	\$2,040.09	0.876	\$1,787.12	\$1,134.70	\$652.41	\$550,175	36.5%
HCBS, age 65+, with SPMI	1,032.9	\$2,012.00	1.275	\$2,564.79	\$1,572.72	\$992.06	\$1,024,697	38.7%
HCBS, age 65+, no SPMI	4,182.9	\$1,699.59	1.497	\$2,544.95	\$2,185.10	\$359.86	\$1,505,231	14.1%
Community, age 65+, with SPMI	638.4	\$1,450.66	1.429	\$2,072.48	\$1,354.43	\$718.05	\$458,392	34.6%
Community, age 65+, no SPMI	3,934.4	\$1,352.84	1.594	\$2,156.95	\$2,173.24	-\$16.30	-\$64,120	-0.8%
Facility, age <65, with SPMI	131.9	\$3,271.35	0.692	\$2,264.00	\$2,638.16	-\$374.16	-\$49,340	-16.5%
Facility, age <65, no SPMI	276.7	\$4,766.02	0.674	\$3,211.71	\$2,411.84	\$799.87	\$221,305	24.9%
HCBS, age <65, with SPMI	2,617.7	\$1,644.72	1.019	\$1,676.40	\$1,703.64	-\$27.24	-\$71,296	-1.6%
HCBS, age <65, no SPMI	5,204.0	\$1,817.35	1.176	\$2,137.79	\$1,993.58	\$144.20	\$750,438	6.7%
Community, age <65, with SPMI	3,592.2	\$1,327.43	1.151	\$1,528.27	\$1,659.14	-\$130.87	-\$470,110	-8.6%
Community, age <65, no SPMI	5,162.8	\$1,578.14	1.335	\$2,106.22	\$2,071.33	\$34.88	\$180,093	1.7%

Table 6.D.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	23,762.1	\$1,696.25	1.313	\$2,226.33	\$2,033.57	\$192.77	\$4,580,519	8.7%
Facility, age 65+, with SPMI	193.9	\$2,345.53	0.986	\$2,313.18	\$1,454.32	\$858.86	\$166,517	37.1%
Facility, age 65+, no SPMI	587.7	\$2,040.09	0.979	\$1,997.74	\$1,298.62	\$699.11	\$410,899	35.0%
HCBS, age 65+, with SPMI	871.7	\$2,012.00	1.359	\$2,734.20	\$1,742.04	\$992.16	\$864,906	36.3%
HCBS, age 65+, no SPMI	3,276.5	\$1,699.59	1.476	\$2,508.04	\$2,317.64	\$190.39	\$623,819	7.6%
Community, age 65+, with SPMI	490.1	\$1,450.66	1.646	\$2,388.36	\$1,360.41	\$1,027.95	\$503,762	43.0%
Community, age 65+, no SPMI	3,244.7	\$1,352.84	1.598	\$2,161.21	\$2,049.12	\$112.09	\$363,691	5.2%
Facility, age <65, with SPMI	113.0	\$3,271.35	0.747	\$2,445.32	\$828.20	\$1,617.11	\$182,734	66.1%
Facility, age <65, no SPMI	212.8	\$4,766.02	0.769	\$3,663.08	\$2,177.02	\$1,486.06	\$316,159	40.6%
HCBS, age <65, with SPMI	2,349.9	\$1,644.72	1.154	\$1,897.49	\$1,802.66	\$94.83	\$222,837	5.0%
HCBS, age <65, no SPMI	4,705.6	\$1,817.35	1.404	\$2,550.66	\$1,974.92	\$575.74	\$2,709,170	22.6%
Community, age <65, with SPMI	3,141.2	\$1,327.43	1.253	\$1,663.36	\$1,975.39	-\$312.02	-\$980,131	-18.8%
Community, age <65, no SPMI	4,575.1	\$1,578.14	1.351	\$2,131.97	\$2,307.67	-\$175.70	-\$803,844	-8.2%

Table 6.E.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,353.5	\$678.93	1.237	\$839.98	\$1,436.46	–\$596.48	–\$2,000,309	–71.0%
Facility, age 65+, with SPMI	29.0	\$1,222.01	0.947	\$1,156.89	\$701.89	\$455.00	\$13,195	39.3%
Facility, age 65+, no SPMI	102.7	\$860.02	0.874	\$751.52	\$510.15	\$241.37	\$24,778	32.1%
HCBS, age 65+, with SPMI	36.2	\$682.88	1.317	\$899.20	\$1,033.26	–\$134.06	–\$4,856	–14.9%
HCBS, age 65+, no SPMI	508.4	\$808.12	1.495	\$1,208.36	\$1,818.24	–\$609.88	–\$310,044	–50.5%
Community, age 65+, with SPMI	52.5	\$771.30	1.424	\$1,098.01	\$2,827.74	–\$1,729.72	–\$90,894	–157.5%
Community, age 65+, no SPMI	697.7	\$534.63	1.594	\$852.45	\$1,477.12	–\$624.67	–\$435,808	–73.3%
Facility, age <65, with SPMI	39.9	\$422.56	0.700	\$295.96	\$1,930.21	–\$1,634.24	–\$65,264	–552.2%
Facility, age <65, no SPMI	44.0	\$1,235.18	0.682	\$842.94	\$1,396.40	–\$553.47	–\$24,353	–65.7%
HCBS, age <65, with SPMI	297.0	\$582.37	1.020	\$594.09	\$696.09	–\$101.99	–\$30,292	–17.2%
HCBS, age <65, no SPMI	484.3	\$573.21	1.177	\$674.87	\$1,528.99	–\$854.13	–\$413,631	–126.6%
Community, age <65, with SPMI	510.7	\$695.05	1.154	\$801.81	\$975.53	–\$173.71	–\$88,721	–21.7%
Community, age <65, no SPMI	551.1	\$608.17	1.328	\$807.82	\$1,850.14	–\$1,042.32	–\$574,420	–129.0%

Table 6.E.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	2,716.7	\$678.93	1.287	\$873.69	\$1,531.65	–\$657.96	–\$1,787,497	–75.3%
Facility, age 65+, with SPMI	7.0	\$1,222.01	0.957	\$1,169.15	\$199.77	\$969.38	\$6,754	82.9%
Facility, age 65+, no SPMI	65.0	\$860.02	0.977	\$839.93	\$445.00	\$394.93	\$25,658	47.0%
HCBS, age 65+, with SPMI	20.0	\$682.88	1.381	\$943.34	\$4,107.21	–\$3,163.87	–\$63,277	–335.4%
HCBS, age 65+, no SPMI	337.7	\$808.12	1.467	\$1,185.86	\$2,150.96	–\$965.11	–\$325,927	–81.4%
Community, age 65+, with SPMI	59.0	\$771.30	1.655	\$1,276.54	\$1,381.95	–\$105.41	–\$6,219	–8.3%
Community, age 65+, no SPMI	560.6	\$534.63	1.599	\$854.94	\$1,665.50	–\$810.57	–\$454,436	–94.8%
Facility, age <65, with SPMI	24.6	\$422.56	0.747	\$315.85	\$2,220.03	–\$1,904.18	–\$46,806	–602.9%
Facility, age <65, no SPMI	36.0	\$1,235.18	0.778	\$961.02	\$344.70	\$616.32	\$22,188	64.1%
HCBS, age <65, with SPMI	264.0	\$582.37	1.156	\$673.23	\$559.70	\$113.53	\$29,972	16.9%
HCBS, age <65, no SPMI	417.0	\$573.21	1.408	\$807.23	\$1,972.85	–\$1,165.62	–\$486,121	–144.4%
Community, age <65, with SPMI	437.5	\$695.05	1.251	\$869.56	\$816.31	\$53.25	\$23,297	6.1%
Community, age <65, no SPMI	488.3	\$608.17	1.346	\$818.55	\$1,868.29	–\$1,049.75	–\$512,580	–128.2%

Table 6.F.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,882.8	\$608.70	1.226	\$746.37	\$1,221.12	-\$474.75	-\$1,843,369	-63.6%
Facility, age 65+, with SPMI	31.2	\$1,241.30	0.940	\$1,167.04	\$780.44	\$386.60	\$12,059	33.1%
Facility, age 65+, no SPMI	86.9	\$1,121.79	0.877	\$984.29	\$1,096.92	-\$112.63	-\$9,790	-11.4%
HCBS, age 65+, with SPMI	145.9	\$803.19	1.278	\$1,026.13	\$2,829.69	-\$1,803.56	-\$263,079	-175.8%
HCBS, age 65+, no SPMI	438.5	\$690.94	1.492	\$1,030.87	\$2,146.66	-\$1,115.79	-\$489,242	-108.2%
Community, age 65+, with SPMI	81.9	\$719.43	1.417	\$1,019.55	\$1,519.12	-\$499.57	-\$40,908	-49.0%
Community, age 65+, no SPMI	896.4	\$477.67	1.588	\$758.50	\$1,457.51	-\$699.01	-\$626,615	-92.2%
Facility, age <65, with SPMI	36.0	\$551.42	0.695	\$383.06	\$625.24	-\$242.18	-\$8,718	-63.2%
Facility, age <65, no SPMI	28.0	\$441.48	0.692	\$305.43	\$63.85	\$241.58	\$6,764	79.1%
HCBS, age <65, with SPMI	223.7	\$725.74	1.018	\$738.85	\$767.43	-\$28.58	-\$6,392	-3.9%
HCBS, age <65, no SPMI	621.7	\$381.65	1.177	\$449.08	\$769.27	-\$320.19	-\$199,064	-71.3%
Community, age <65, with SPMI	409.0	\$779.84	1.151	\$897.89	\$1,000.85	-\$102.96	-\$42,112	-11.5%
Community, age <65, no SPMI	883.7	\$489.77	1.333	\$652.85	\$852.32	-\$199.47	-\$176,272	-30.6%

Table 6.F.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,231.7	\$608.70	1.266	\$770.79	\$1,352.29	–\$581.50	–\$1,879,218	–75.4%
Facility, age 65+, with SPMI	14.0	\$1,241.30	0.987	\$1,225.32	\$314.29	\$911.03	\$12,754	74.4%
Facility, age 65+, no SPMI	48.8	\$1,121.79	0.991	\$1,111.76	\$1,930.61	–\$818.85	–\$39,994	–73.7%
HCBS, age 65+, with SPMI	99.4	\$803.19	1.341	\$1,076.88	\$2,549.77	–\$1,472.89	–\$146,371	–136.8%
HCBS, age 65+, no SPMI	339.0	\$690.94	1.466	\$1,013.20	\$1,542.79	–\$529.59	–\$179,532	–52.3%
Community, age 65+, with SPMI	71.0	\$719.43	1.644	\$1,182.79	\$999.82	\$182.97	\$12,991	15.5%
Community, age 65+, no SPMI	752.5	\$477.67	1.595	\$761.73	\$1,279.06	–\$517.33	–\$389,285	–67.9%
Facility, age <65, with SPMI	35.0	\$551.42	0.746	\$411.63	\$610.42	–\$198.80	–\$6,958	–48.3%
Facility, age <65, no SPMI	33.0	\$441.48	0.790	\$348.81	\$1,301.92	–\$953.10	–\$31,452	–273.2%
HCBS, age <65, with SPMI	184.6	\$725.74	1.146	\$831.80	\$1,058.11	–\$226.31	–\$41,776	–27.2%
HCBS, age <65, no SPMI	551.3	\$381.65	1.406	\$536.51	\$965.05	–\$428.54	–\$236,269	–79.9%
Community, age <65, with SPMI	341.3	\$779.84	1.250	\$975.18	\$1,450.86	–\$475.68	–\$162,333	–48.8%
Community, age <65, no SPMI	761.8	\$489.77	1.350	\$661.29	\$1,542.13	–\$880.84	–\$670,993	–133.2%

Table 6.G.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 total

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	65,777.2	\$1,612.13	1.239	\$1,997.13	\$1,927.94	\$69.19	\$4,551,022	3.5%
Facility, age 65+, with SPMI	810.9	\$2,187.68	0.900	\$1,968.55	\$926.92	\$1,041.63	\$844,644	52.9%
Facility, age 65+, no SPMI	1,641.4	\$1,891.49	0.863	\$1,631.70	\$1,183.28	\$448.42	\$736,030	27.5%
HCBS, age 65+, with SPMI	2,566.6	\$1,892.37	1.235	\$2,337.97	\$1,724.72	\$613.25	\$1,573,934	26.2%
HCBS, age 65+, no SPMI	10,033.5	\$1,566.85	1.477	\$2,314.31	\$2,097.68	\$216.63	\$2,173,549	9.4%
Community, age 65+, with SPMI	1,527.1	\$1,375.13	1.434	\$1,971.79	\$1,537.67	\$434.11	\$662,914	22.0%
Community, age 65+, no SPMI	10,850.4	\$1,218.15	1.569	\$1,910.67	\$1,997.64	-\$86.97	-\$943,616	-4.6%
Facility, age <65, with SPMI	513.0	\$3,424.47	0.636	\$2,178.88	\$1,891.21	\$287.68	\$147,567	13.2%
Facility, age <65, no SPMI	624.3	\$4,229.44	0.687	\$2,907.44	\$1,916.82	\$990.63	\$618,479	34.1%
HCBS, age <65, with SPMI	6,541.6	\$1,670.54	0.991	\$1,656.32	\$1,666.71	-\$10.39	-\$67,966	-0.6%
HCBS, age <65, no SPMI	11,758.5	\$1,786.30	1.161	\$2,073.07	\$2,160.02	-\$86.95	-\$1,022,437	-4.2%
Community, age <65, with SPMI	7,663.8	\$1,286.74	1.156	\$1,487.52	\$1,632.84	-\$145.33	-\$1,113,753	-9.8%
Community, age <65, no SPMI	11,246.3	\$1,647.99	1.326	\$2,185.92	\$2,102.19	\$83.73	\$941,677	3.8%

Table 6.G.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 total

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	54,347.9	\$1,612.13	1.321	\$2,128.92	\$1,960.23	\$168.69	\$9,168,113	7.9%
Facility, age 65+, with SPMI	512.4	\$2,187.68	0.921	\$2,015.21	\$1,371.98	\$643.23	\$329,594	31.9%
Facility, age 65+, no SPMI	1,058.1	\$1,891.49	0.971	\$1,836.49	\$1,455.20	\$381.29	\$403,425	20.8%
HCBS, age 65+, with SPMI	2,124.5	\$1,892.37	1.329	\$2,515.21	\$1,967.95	\$547.25	\$1,162,634	21.8%
HCBS, age 65+, no SPMI	7,752.7	\$1,566.85	1.460	\$2,287.75	\$2,101.81	\$185.94	\$1,441,568	8.1%
Community, age 65+, with SPMI	1,236.2	\$1,375.13	1.664	\$2,287.55	\$1,321.97	\$965.58	\$1,193,601	42.2%
Community, age 65+, no SPMI	8,780.7	\$1,218.15	1.558	\$1,897.51	\$1,874.43	\$23.08	\$202,679	1.2%
Facility, age <65, with SPMI	414.6	\$3,424.47	0.679	\$2,325.69	\$1,254.91	\$1,070.77	\$443,922	46.0%
Facility, age <65, no SPMI	547.2	\$4,229.44	0.776	\$3,284.03	\$2,092.88	\$1,191.15	\$651,755	36.3%
HCBS, age <65, with SPMI	5,618.4	\$1,670.54	1.116	\$1,864.55	\$1,720.23	\$144.33	\$810,875	7.7%
HCBS, age <65, no SPMI	10,232.1	\$1,786.30	1.387	\$2,476.72	\$2,035.51	\$441.21	\$4,514,470	17.8%
Community, age <65, with SPMI	6,473.0	\$1,286.74	1.252	\$1,611.60	\$1,789.86	-\$178.27	-\$1,153,920	-11.1%
Community, age <65, no SPMI	9,598.1	\$1,647.99	1.337	\$2,203.21	\$2,289.95	-\$86.73	-\$832,491	-3.9%

Table 6.H.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	2,826.7	\$2,356.60	0.864	\$2,036.10	\$1,950.06	\$86.05	\$243,228	4.2%
Facility, age 65+, with SPMI	29.2	\$6,327.51	0.641	\$4,056.93	\$1,462.69	\$2,594.24	\$75,651	63.9%
Facility, age 65+, no SPMI	106.7	\$5,338.95	0.579	\$3,089.71	\$1,815.26	\$1,274.45	\$135,939	41.2%
HCBS, age 65+, with SPMI	110.0	\$1,791.38	1.055	\$1,889.14	\$792.38	\$1,096.76	\$120,643	58.1%
HCBS, age 65+, no SPMI	380.6	\$2,315.40	1.286	\$2,976.46	\$2,382.28	\$594.18	\$226,150	20.0%
Community, age 65+, with SPMI	69.2	\$2,564.32	1.058	\$2,712.50	\$2,737.96	-\$25.46	-\$1,763	-0.9%
Community, age 65+, no SPMI	512.5	\$2,029.05	0.863	\$1,751.98	\$1,386.14	\$365.84	\$187,494	20.9%
Facility, age <65, with SPMI	36.0	\$2,265.17	0.413	\$935.14	\$231.67	\$703.47	\$25,325	75.2%
Facility, age <65, no SPMI	12.0	\$9,194.32	0.574	\$5,275.74	\$500.91	\$4,774.83	\$57,298	90.5%
HCBS, age <65, with SPMI	195.1	\$2,892.19	0.676	\$1,955.23	\$2,040.20	-\$84.96	-\$16,579	-4.3%
HCBS, age <65, no SPMI	474.8	\$2,269.10	1.017	\$2,307.40	\$2,218.75	\$88.66	\$42,094	3.8%
Community, age <65, with SPMI	255.4	\$2,048.38	0.788	\$1,614.17	\$1,014.43	\$599.73	\$153,173	37.2%
Community, age <65, no SPMI	645.2	\$1,441.79	0.962	\$1,387.01	\$2,568.35	-\$1,181.34	-\$762,198	-85.2%

Table 6.H.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	2,414.2	\$2,356.60	0.934	\$2,201.41	\$1,835.15	\$366.25	\$884,214	16.6%
Facility, age 65+, with SPMI	24.0	\$6,327.51	0.535	\$3,385.69	\$2,163.21	\$1,222.48	\$29,339	36.1%
Facility, age 65+, no SPMI	61.5	\$5,338.95	0.576	\$3,073.14	\$955.17	\$2,117.97	\$130,152	68.9%
HCBS, age 65+, with SPMI	110.3	\$1,791.38	1.334	\$2,389.21	\$2,021.48	\$367.73	\$40,545	15.4%
HCBS, age 65+, no SPMI	266.0	\$2,315.40	1.750	\$4,052.02	\$944.48	\$3,107.53	\$826,503	76.7%
Community, age 65+, with SPMI	55.3	\$2,564.32	0.992	\$2,544.21	\$3,246.53	-\$702.32	-\$38,862	-27.6%
Community, age 65+, no SPMI	496.2	\$2,029.05	1.076	\$2,183.64	\$1,263.90	\$919.73	\$456,330	42.1%
Facility, age <65, with SPMI	36.0	\$2,265.17	0.729	\$1,651.24	\$444.89	\$1,206.35	\$43,429	73.1%
Facility, age <65, no SPMI	12.0	\$9,194.32	0.597	\$5,486.11	\$666.90	\$4,819.21	\$57,830	87.8%
HCBS, age <65, with SPMI	154.3	\$2,892.19	0.572	\$1,654.11	\$1,657.47	-\$3.36	-\$518	-0.2%
HCBS, age <65, no SPMI	464.0	\$2,269.10	0.789	\$1,789.35	\$2,158.53	-\$369.18	-\$171,301	-20.6%
Community, age <65, with SPMI	203.7	\$2,048.38	0.945	\$1,935.02	\$2,438.45	-\$503.42	-\$102,530	-26.0%
Community, age <65, no SPMI	531.1	\$1,441.79	1.142	\$1,646.39	\$2,374.56	-\$728.17	-\$386,704	-44.2%

Table 6.I.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 3

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	29,370.2	\$1,690.19	1.073	\$1,813.90	\$1,662.12	\$151.78	\$4,457,725	8.4%
Facility, age 65+, with SPMI	425.0	\$2,546.62	0.724	\$1,844.69	\$1,607.60	\$237.09	\$100,771	12.9%
Facility, age 65+, no SPMI	960.5	\$2,124.41	0.722	\$1,534.44	\$1,441.66	\$92.78	\$89,108	6.0%
HCBS, age 65+, with SPMI	1,265.9	\$1,974.89	1.054	\$2,081.69	\$1,699.25	\$382.44	\$484,129	18.4%
HCBS, age 65+, no SPMI	4,930.5	\$1,772.34	1.302	\$2,307.63	\$1,808.09	\$499.54	\$2,462,966	21.6%
Community, age 65+, with SPMI	1,078.0	\$1,390.23	0.748	\$1,040.58	\$1,542.40	-\$501.82	-\$540,939	-48.2%
Community, age 65+, no SPMI	5,749.9	\$1,293.29	1.104	\$1,428.33	\$1,494.29	-\$65.96	-\$379,268	-4.6%
Facility, age <65, with SPMI	233.3	\$4,619.24	0.524	\$2,420.92	\$2,290.99	\$129.93	\$30,315	5.4%
Facility, age <65, no SPMI	440.5	\$4,369.28	0.500	\$2,182.82	\$1,833.07	\$349.74	\$154,068	16.0%
HCBS, age <65, with SPMI	2,278.6	\$1,958.15	0.915	\$1,792.02	\$1,822.73	-\$30.72	-\$69,991	-1.7%
HCBS, age <65, no SPMI	4,265.8	\$1,868.23	1.285	\$2,399.91	\$1,962.99	\$436.92	\$1,863,803	18.2%
Community, age <65, with SPMI	3,026.8	\$1,309.66	1.014	\$1,327.63	\$1,397.26	-\$69.62	-\$210,736	-5.2%
Community, age <65, no SPMI	4,715.4	\$1,466.46	1.128	\$1,654.90	\$1,554.48	\$100.41	\$473,499	6.1%

Table 6.I.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 3

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	23,794.6	\$1,690.19	1.113	\$1,881.45	\$1,753.91	\$127.54	\$3,034,760	6.8%
Facility, age 65+, with SPMI	308.5	\$2,546.62	0.641	\$1,631.30	\$1,513.61	\$117.69	\$36,305	7.2%
Facility, age 65+, no SPMI	701.3	\$2,124.41	0.673	\$1,429.00	\$1,032.53	\$396.46	\$278,031	27.7%
HCBS, age 65+, with SPMI	867.9	\$1,974.89	1.111	\$2,194.55	\$1,884.22	\$310.33	\$269,338	14.1%
HCBS, age 65+, no SPMI	3,703.3	\$1,772.34	1.593	\$2,823.78	\$1,700.46	\$1,123.32	\$4,159,970	39.8%
Community, age 65+, with SPMI	899.8	\$1,390.23	0.930	\$1,292.90	\$1,512.42	-\$219.52	-\$197,516	-17.0%
Community, age 65+, no SPMI	4,574.8	\$1,293.29	1.252	\$1,618.75	\$1,829.66	-\$210.91	-\$964,868	-13.0%
Facility, age <65, with SPMI	204.4	\$4,619.24	0.232	\$1,072.08	\$1,182.51	-\$110.43	-\$22,566	-10.3%
Facility, age <65, no SPMI	384.9	\$4,369.28	0.404	\$1,764.58	\$2,055.32	-\$290.74	-\$111,895	-16.5%
HCBS, age <65, with SPMI	2,047.1	\$1,958.15	0.763	\$1,494.33	\$1,578.35	-\$84.02	-\$172,001	-5.6%
HCBS, age <65, no SPMI	3,659.6	\$1,868.23	1.396	\$2,608.74	\$1,980.25	\$628.50	\$2,300,053	24.1%
Community, age <65, with SPMI	2,565.8	\$1,309.66	0.821	\$1,075.49	\$1,440.70	-\$365.21	-\$937,060	-34.0%
Community, age <65, no SPMI	3,877.4	\$1,466.46	1.067	\$1,565.17	\$1,978.59	-\$413.43	-\$1,603,030	-26.4%

Table 6.J.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 4

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	33,927.6	\$1,742.42	1.055	\$1,838.01	\$1,695.25	\$142.77	\$4,843,805	7.8%
Facility, age 65+, with SPMI	1,064.6	\$3,336.29	0.676	\$2,256.70	\$1,350.69	\$906.01	\$964,507	40.1%
Facility, age 65+, no SPMI	897.6	\$2,231.28	0.639	\$1,424.80	\$1,362.52	\$62.27	\$55,897	4.4%
HCBS, age 65+, with SPMI	2,480.7	\$2,410.48	0.951	\$2,292.38	\$1,889.86	\$402.52	\$998,531	17.6%
HCBS, age 65+, no SPMI	5,030.0	\$1,679.14	1.496	\$2,511.72	\$1,802.89	\$708.83	\$3,565,445	28.2%
Community, age 65+, with SPMI	1,701.5	\$1,908.28	0.923	\$1,760.45	\$2,031.58	-\$271.14	-\$461,338	-15.4%
Community, age 65+, no SPMI	6,793.9	\$1,220.09	1.153	\$1,406.60	\$1,450.97	-\$44.37	-\$301,422	-3.2%
Facility, age <65, with SPMI	265.8	\$4,472.72	0.691	\$3,088.82	\$2,904.44	\$184.38	\$49,008	6.0%
Facility, age <65, no SPMI	219.2	\$3,253.09	0.690	\$2,245.07	\$1,671.74	\$573.32	\$125,644	25.5%
HCBS, age <65, with SPMI	3,007.7	\$1,791.41	1.177	\$2,108.56	\$1,829.61	\$278.96	\$839,005	13.2%
HCBS, age <65, no SPMI	4,015.9	\$1,871.58	1.131	\$2,116.17	\$1,968.99	\$147.19	\$591,091	7.0%
Community, age <65, with SPMI	4,011.8	\$1,469.29	0.867	\$1,273.86	\$1,216.20	\$57.65	\$231,291	4.5%
Community, age <65, no SPMI	4,439.0	\$1,437.51	1.025	\$1,473.76	\$1,882.38	-\$408.62	-\$1,813,855	-27.7%

Table 6.J.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 4

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	26,423.4	\$1,742.42	1.091	\$1,901.14	\$1,710.07	\$191.07	\$5,048,821	10.1%
Facility, age 65+, with SPMI	787.9	\$3,336.29	0.723	\$2,412.43	\$1,310.84	\$1,101.59	\$867,982	45.7%
Facility, age 65+, no SPMI	593.6	\$2,231.28	0.808	\$1,802.88	\$1,541.16	\$261.72	\$155,359	14.5%
HCBS, age 65+, with SPMI	1,826.4	\$2,410.48	0.932	\$2,246.26	\$1,730.83	\$515.43	\$941,393	22.9%
HCBS, age 65+, no SPMI	3,773.8	\$1,679.14	1.384	\$2,323.85	\$1,764.66	\$559.19	\$2,110,269	24.1%
Community, age 65+, with SPMI	1,332.2	\$1,908.28	0.887	\$1,692.65	\$1,414.98	\$277.67	\$369,919	16.4%
Community, age 65+, no SPMI	5,190.9	\$1,220.09	1.118	\$1,364.59	\$1,504.68	-\$140.09	-\$727,172	-10.3%
Facility, age <65, with SPMI	217.4	\$4,472.72	0.570	\$2,547.55	\$2,199.68	\$347.87	\$75,613	13.7%
Facility, age <65, no SPMI	177.4	\$3,253.09	0.434	\$1,410.56	\$2,071.33	-\$660.78	-\$117,244	-46.8%
HCBS, age <65, with SPMI	2,694.3	\$1,791.41	1.437	\$2,573.57	\$1,662.41	\$911.17	\$2,454,945	35.4%
HCBS, age <65, no SPMI	3,490.4	\$1,871.58	1.152	\$2,155.63	\$2,140.09	\$15.54	\$54,237	0.7%
Community, age <65, with SPMI	3,129.7	\$1,469.29	0.963	\$1,415.40	\$1,569.26	-\$153.86	-\$481,537	-10.9%
Community, age <65, no SPMI	3,209.3	\$1,437.51	1.162	\$1,670.47	\$1,874.55	-\$204.08	-\$654,943	-12.2%

Table 6.K.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 5A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	46,063.6	\$1,684.46	1.006	\$1,694.45	\$1,482.59	\$211.86	\$9,759,075	12.5%
Facility, age 65+, with SPMI	1,658.5	\$3,162.82	0.811	\$2,566.06	\$1,284.48	\$1,281.57	\$2,125,514	49.9%
Facility, age 65+, no SPMI	1,129.4	\$2,002.58	0.922	\$1,846.88	\$764.27	\$1,082.60	\$1,222,717	58.6%
HCBS, age 65+, with SPMI	4,676.1	\$2,274.31	1.235	\$2,808.74	\$2,091.49	\$717.25	\$3,353,917	25.5%
HCBS, age 65+, no SPMI	6,002.6	\$1,764.55	1.209	\$2,134.16	\$1,799.22	\$334.94	\$2,010,512	15.7%
Community, age 65+, with SPMI	3,431.6	\$1,724.64	0.855	\$1,473.90	\$1,284.54	\$189.36	\$649,811	12.8%
Community, age 65+, no SPMI	7,938.3	\$1,063.18	0.907	\$964.30	\$1,179.93	-\$215.63	-\$1,711,748	-22.4%
Facility, age <65, with SPMI	587.3	\$5,207.50	0.984	\$5,122.14	\$2,235.27	\$2,886.87	\$1,695,358	56.4%
Facility, age <65, no SPMI	270.7	\$3,572.15	0.949	\$3,390.23	\$1,419.74	\$1,970.50	\$533,479	58.1%
HCBS, age <65, with SPMI	4,727.0	\$2,118.15	1.007	\$2,133.55	\$1,759.99	\$373.57	\$1,765,867	17.5%
HCBS, age <65, no SPMI	3,690.5	\$1,388.04	1.106	\$1,535.48	\$1,531.70	\$3.78	\$13,959	0.2%
Community, age <65, with SPMI	6,908.3	\$1,355.55	0.828	\$1,122.33	\$1,140.63	-\$18.30	-\$126,416	-1.6%
Community, age <65, no SPMI	5,043.3	\$1,207.80	0.923	\$1,114.82	\$1,466.55	-\$351.73	-\$1,773,895	-31.6%

Table 6.K.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 5A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	35,027.4	\$1,684.46	1.064	\$1,792.24	\$1,606.19	\$186.05	\$6,516,979	10.4%
Facility, age 65+, with SPMI	1,101.1	\$3,162.82	0.709	\$2,241.32	\$1,673.97	\$567.34	\$624,688	25.3%
Facility, age 65+, no SPMI	736.3	\$2,002.58	0.922	\$1,846.95	\$968.55	\$878.40	\$646,731	47.6%
HCBS, age 65+, with SPMI	3,646.3	\$2,274.31	1.517	\$3,450.70	\$1,841.51	\$1,609.20	\$5,867,675	46.6%
HCBS, age 65+, no SPMI	4,361.4	\$1,764.55	1.287	\$2,270.70	\$1,890.98	\$379.73	\$1,656,141	16.7%
Community, age 65+, with SPMI	2,640.1	\$1,724.64	0.810	\$1,396.19	\$1,612.30	-\$216.11	-\$570,557	-15.5%
Community, age 65+, no SPMI	5,852.3	\$1,063.18	1.004	\$1,067.58	\$1,262.12	-\$194.55	-\$1,138,536	-18.2%
Facility, age <65, with SPMI	508.7	\$5,207.50	0.768	\$3,999.13	\$2,741.60	\$1,257.53	\$639,758	31.4%
Facility, age <65, no SPMI	212.2	\$3,572.15	0.697	\$2,488.43	\$2,510.91	-\$22.48	-\$4,770	-0.9%
HCBS, age <65, with SPMI	3,999.6	\$2,118.15	1.169	\$2,475.48	\$1,750.80	\$724.68	\$2,898,403	29.3%
HCBS, age <65, no SPMI	3,052.6	\$1,388.04	0.789	\$1,094.54	\$1,952.10	-\$857.57	-\$2,617,844	-78.3%
Community, age <65, with SPMI	5,186.4	\$1,355.55	0.829	\$1,124.33	\$1,111.25	\$13.08	\$67,842	1.2%
Community, age <65, no SPMI	3,730.3	\$1,207.80	1.086	\$1,311.99	\$1,728.18	-\$416.20	-\$1,552,551	-31.7%

Table 6.L.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 5B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	49,203.2	\$1,730.61	1.076	\$1,861.28	\$1,750.02	\$111.26	\$5,474,301	6.0%
Facility, age 65+, with SPMI	2,743.7	\$2,716.60	0.936	\$2,543.50	\$1,791.57	\$751.93	\$2,063,035	29.6%
Facility, age 65+, no SPMI	1,583.9	\$2,135.54	0.904	\$1,930.28	\$1,851.14	\$79.14	\$125,346	4.1%
HCBS, age 65+, with SPMI	6,180.3	\$1,931.80	1.059	\$2,046.14	\$1,894.94	\$151.19	\$934,420	7.4%
HCBS, age 65+, no SPMI	6,793.5	\$1,341.24	1.415	\$1,898.23	\$2,031.18	-\$132.95	-\$903,201	-7.0%
Community, age 65+, with SPMI	4,482.0	\$1,691.40	1.070	\$1,810.59	\$1,656.00	\$154.59	\$692,868	8.5%
Community, age 65+, no SPMI	10,457.1	\$1,206.44	1.232	\$1,485.97	\$1,234.49	\$251.49	\$2,629,830	16.9%
Facility, age <65, with SPMI	943.8	\$4,189.90	0.867	\$3,633.12	\$2,572.45	\$1,060.67	\$1,001,108	29.2%
Facility, age <65, no SPMI	514.4	\$2,293.73	0.875	\$2,006.48	\$2,337.12	-\$330.64	-\$170,075	-16.5%
HCBS, age <65, with SPMI	4,685.9	\$2,034.93	0.989	\$2,012.57	\$1,861.11	\$151.46	\$709,728	7.5%
HCBS, age <65, no SPMI	3,193.6	\$1,392.03	1.097	\$1,527.69	\$2,060.10	-\$532.41	-\$1,700,341	-34.9%
Community, age <65, with SPMI	4,870.4	\$1,752.61	0.944	\$1,654.16	\$1,574.26	\$79.90	\$389,142	4.8%
Community, age <65, no SPMI	2,754.7	\$1,930.53	1.038	\$2,004.79	\$2,112.81	-\$108.02	-\$297,559	-5.4%

Table 6.L.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 5B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	36,727.0	\$1,730.61	1.139	\$1,972.00	\$1,894.15	\$77.85	\$2,859,312	3.9%
Facility, age 65+, with SPMI	1,745.1	\$2,716.60	0.982	\$2,666.75	\$2,000.06	\$666.69	\$1,163,446	25.0%
Facility, age 65+, no SPMI	948.1	\$2,135.54	0.939	\$2,005.30	\$1,810.52	\$194.77	\$184,671	9.7%
HCBS, age 65+, with SPMI	4,544.6	\$1,931.80	1.202	\$2,322.22	\$1,912.94	\$409.28	\$1,860,028	17.6%
HCBS, age 65+, no SPMI	4,812.8	\$1,341.24	1.264	\$1,695.69	\$2,083.16	-\$387.47	-\$1,864,841	-22.9%
Community, age 65+, with SPMI	3,279.6	\$1,691.40	1.160	\$1,961.99	\$1,531.88	\$430.11	\$1,410,584	21.9%
Community, age 65+, no SPMI	7,823.1	\$1,206.44	1.336	\$1,611.26	\$1,560.29	\$50.97	\$398,713	3.2%
Facility, age <65, with SPMI	736.2	\$4,189.90	0.765	\$3,205.74	\$2,288.19	\$917.55	\$675,526	28.6%
Facility, age <65, no SPMI	412.3	\$2,293.73	0.815	\$1,869.72	\$2,288.21	-\$418.49	-\$172,562	-22.4%
HCBS, age <65, with SPMI	3,958.4	\$2,034.93	1.140	\$2,320.80	\$1,956.52	\$364.28	\$1,441,961	15.7%
HCBS, age <65, no SPMI	2,694.7	\$1,392.03	1.343	\$1,869.42	\$2,370.18	-\$500.76	-\$1,349,389	-26.8%
Community, age <65, with SPMI	3,629.5	\$1,752.61	1.004	\$1,759.41	\$1,743.49	\$15.92	\$57,776	0.9%
Community, age <65, no SPMI	2,142.6	\$1,930.53	1.058	\$2,042.18	\$2,483.98	-\$441.80	-\$946,601	-21.6%

Table 6.M.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 6A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	49,698.6	\$1,994.44	1.000	\$1,994.13	\$1,644.24	\$349.89	\$17,388,933	17.5%
Facility, age 65+, with SPMI	2,698.0	\$3,361.36	0.828	\$2,783.68	\$1,667.13	\$1,116.55	\$3,012,440	40.1%
Facility, age 65+, no SPMI	1,540.3	\$2,297.47	0.807	\$1,854.41	\$1,326.37	\$528.03	\$813,332	28.5%
HCBS, age 65+, with SPMI	5,680.2	\$2,558.12	1.194	\$3,054.28	\$2,016.55	\$1,037.73	\$5,894,537	34.0%
HCBS, age 65+, no SPMI	5,897.0	\$1,810.19	1.094	\$1,980.04	\$1,737.00	\$243.04	\$1,433,204	12.3%
Community, age 65+, with SPMI	3,475.9	\$2,019.05	0.841	\$1,698.43	\$1,575.79	\$122.64	\$426,302	7.2%
Community, age 65+, no SPMI	7,687.3	\$1,388.11	1.080	\$1,499.26	\$1,252.21	\$247.05	\$1,899,134	16.5%
Facility, age <65, with SPMI	1,391.3	\$2,803.02	0.934	\$2,617.76	\$1,773.41	\$844.35	\$1,174,731	32.3%
Facility, age <65, no SPMI	1,093.9	\$1,138.14	0.747	\$849.65	\$1,011.74	-\$162.10	-\$177,316	-19.1%
HCBS, age <65, with SPMI	5,165.8	\$2,463.72	1.075	\$2,647.39	\$2,206.78	\$440.62	\$2,276,109	16.6%
HCBS, age <65, no SPMI	3,457.4	\$1,486.50	0.961	\$1,428.63	\$1,501.13	-\$72.50	-\$250,669	-5.1%
Community, age <65, with SPMI	6,671.8	\$1,938.45	0.884	\$1,713.55	\$1,561.68	\$151.87	\$1,013,238	8.9%
Community, age <65, no SPMI	4,939.7	\$1,417.71	1.095	\$1,551.83	\$1,577.36	-\$25.53	-\$126,108	-1.6%

Table 6.M.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 6A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	35,083.7	\$1,994.44	0.970	\$1,934.62	\$1,606.44	\$328.18	\$11,513,800	17.0%
Facility, age 65+, with SPMI	1,672.2	\$3,361.36	0.831	\$2,793.23	\$1,687.63	\$1,105.60	\$1,848,831	39.6%
Facility, age 65+, no SPMI	936.5	\$2,297.47	0.887	\$2,037.03	\$1,428.84	\$608.19	\$569,575	29.9%
HCBS, age 65+, with SPMI	3,882.9	\$2,558.12	1.185	\$3,031.68	\$1,956.91	\$1,074.77	\$4,173,256	35.5%
HCBS, age 65+, no SPMI	3,998.3	\$1,810.19	1.130	\$2,046.42	\$1,687.30	\$359.12	\$1,435,864	17.5%
Community, age 65+, with SPMI	2,492.0	\$2,019.05	0.912	\$1,841.81	\$1,678.82	\$162.99	\$406,176	8.8%
Community, age 65+, no SPMI	5,363.6	\$1,388.11	1.003	\$1,392.34	\$1,164.13	\$228.21	\$1,224,030	16.4%
Facility, age <65, with SPMI	1,107.8	\$2,803.02	0.931	\$2,610.98	\$1,353.00	\$1,257.99	\$1,393,632	48.2%
Facility, age <65, no SPMI	966.9	\$1,138.14	0.765	\$870.69	\$1,172.75	-\$302.07	-\$292,077	-34.7%
HCBS, age <65, with SPMI	4,026.2	\$2,463.72	0.805	\$1,982.65	\$1,873.37	\$109.28	\$439,971	5.5%
HCBS, age <65, no SPMI	2,717.9	\$1,486.50	1.081	\$1,606.52	\$1,633.31	-\$26.79	-\$72,806	-1.7%
Community, age <65, with SPMI	4,525.4	\$1,938.45	0.814	\$1,577.11	\$1,494.46	\$82.65	\$374,023	5.2%
Community, age <65, no SPMI	3,393.8	\$1,417.71	1.260	\$1,786.44	\$1,782.51	\$3.93	\$13,327	0.2%

Table 6.N.1 MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 6B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	34,503.2	\$1,882.18	0.973	\$1,830.51	\$1,655.45	\$175.05	\$6,039,863	9.6%
Facility, age 65+, with SPMI	1,441.7	\$3,064.17	0.759	\$2,324.80	\$1,834.20	\$490.60	\$707,304	21.1%
Facility, age 65+, no SPMI	917.3	\$3,184.00	0.686	\$2,185.16	\$1,951.85	\$233.31	\$214,020	10.7%
HCBS, age 65+, with SPMI	4,392.0	\$2,122.54	1.161	\$2,465.01	\$1,657.38	\$807.63	\$3,547,103	32.8%
HCBS, age 65+, no SPMI	4,682.5	\$1,567.72	1.134	\$1,778.46	\$1,620.61	\$157.85	\$739,153	8.9%
Community, age 65+, with SPMI	3,753.9	\$1,702.52	0.963	\$1,639.92	\$1,374.19	\$265.73	\$997,530	16.2%
Community, age 65+, no SPMI	8,235.8	\$1,206.27	0.944	\$1,139.31	\$1,253.50	-\$114.19	-\$940,437	-10.0%
Facility, age <65, with SPMI	590.3	\$5,100.83	0.729	\$3,718.49	\$2,036.55	\$1,681.95	\$992,799	45.2%
Facility, age <65, no SPMI	481.3	\$1,059.11	0.649	\$687.07	\$1,468.27	-\$781.20	-\$376,007	-113.7%
HCBS, age <65, with SPMI	2,642.1	\$2,460.47	0.962	\$2,367.17	\$2,167.98	\$199.19	\$526,278	8.4%
HCBS, age <65, no SPMI	2,199.5	\$1,780.13	0.975	\$1,736.13	\$2,036.99	-\$300.85	-\$661,723	-17.3%
Community, age <65, with SPMI	3,196.1	\$1,906.23	0.924	\$1,760.91	\$2,127.03	-\$366.13	-\$1,170,161	-20.8%
Community, age <65, no SPMI	1,970.7	\$2,220.21	1.116	\$2,477.50	\$1,734.62	\$742.89	\$1,464,004	30.0%

Table 6.N.2 MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 6B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	24,966.5	\$1,882.18	0.985	\$1,854.69	\$1,726.97	\$127.72	\$3,188,635	6.9%
Facility, age 65+, with SPMI	918.3	\$3,064.17	0.757	\$2,319.15	\$1,961.97	\$357.18	\$328,003	15.4%
Facility, age 65+, no SPMI	568.0	\$3,184.00	0.743	\$2,366.56	\$2,468.74	-\$102.18	-\$58,034	-4.3%
HCBS, age 65+, with SPMI	3,214.3	\$2,122.54	1.183	\$2,511.34	\$1,704.89	\$806.45	\$2,592,166	32.1%
HCBS, age 65+, no SPMI	3,254.2	\$1,567.72	1.013	\$1,587.37	\$1,768.44	-\$181.07	-\$589,250	-11.4%
Community, age 65+, with SPMI	2,773.9	\$1,702.52	1.200	\$2,043.63	\$1,198.54	\$845.08	\$2,344,143	41.4%
Community, age 65+, no SPMI	5,594.1	\$1,206.27	0.956	\$1,153.17	\$1,534.81	-\$381.64	-\$2,134,930	-33.1%
Facility, age <65, with SPMI	455.1	\$5,100.83	0.852	\$4,345.78	\$3,454.34	\$891.44	\$405,696	20.5%
Facility, age <65, no SPMI	360.4	\$1,059.11	0.621	\$657.61	\$1,103.71	-\$446.10	-\$160,781	-67.8%
HCBS, age <65, with SPMI	2,156.0	\$2,460.47	0.907	\$2,232.63	\$2,195.44	\$37.19	\$80,173	1.7%
HCBS, age <65, no SPMI	1,860.4	\$1,780.13	1.030	\$1,832.91	\$1,701.61	\$131.30	\$244,279	7.2%
Community, age <65, with SPMI	2,313.2	\$1,906.23	0.860	\$1,639.31	\$1,606.63	\$32.68	\$75,603	2.0%
Community, age <65, no SPMI	1,498.7	\$2,220.21	0.975	\$2,164.26	\$2,123.17	\$41.08	\$61,568	1.9%

Table 6.O MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 7A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	43,336.2	\$1,875.63	0.980	\$1,837.67	\$1,710.99	\$126.68	\$5,489,772	6.9%
Facility, age 65+, with SPMI	3,098.5	\$2,196.73	0.754	\$1,656.55	\$1,657.13	-\$0.58	-\$1,808	0.0%
Facility, age 65+, no SPMI	1,930.3	\$2,372.69	0.809	\$1,918.86	\$1,278.41	\$640.45	\$1,236,238	33.4%
HCBS, age 65+, with SPMI	6,315.0	\$2,249.51	1.315	\$2,958.74	\$2,144.32	\$814.42	\$5,143,043	27.5%
HCBS, age 65+, no SPMI	6,340.2	\$1,620.53	1.365	\$2,212.56	\$1,723.47	\$489.09	\$3,100,941	22.1%
Community, age 65+, with SPMI	2,764.6	\$1,658.90	0.926	\$1,536.28	\$1,641.57	-\$105.29	-\$291,087	-6.9%
Community, age 65+, no SPMI	6,184.3	\$1,430.21	0.778	\$1,112.37	\$1,585.56	-\$473.19	-\$2,926,356	-42.5%
Facility, age <65, with SPMI	755.6	\$2,957.42	0.665	\$1,966.59	\$2,351.29	-\$384.70	-\$290,675	-19.6%
Facility, age <65, no SPMI	426.5	\$3,205.47	0.816	\$2,615.79	\$1,161.71	\$1,454.07	\$620,097	55.6%
HCBS, age <65, with SPMI	3,701.8	\$2,475.87	0.747	\$1,848.57	\$1,888.60	-\$40.04	-\$148,206	-2.2%
HCBS, age <65, no SPMI	2,892.5	\$1,506.58	0.915	\$1,378.34	\$1,440.52	-\$62.19	-\$179,870	-4.5%
Community, age <65, with SPMI	5,186.2	\$1,654.45	0.888	\$1,468.90	\$1,514.32	-\$45.42	-\$235,561	-3.1%
Community, age <65, no SPMI	3,740.8	\$1,612.61	0.980	\$1,580.61	\$1,724.16	-\$143.55	-\$536,983	-9.1%

Table 6.P MEDICARE Demonstration Year 6
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 7B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	20,821.3	\$2,010.43	0.964	\$1,937.66	\$1,706.02	\$231.64	\$4,823,092	12.0%
Facility, age 65+, with SPMI	1,211.3	\$3,574.85	0.828	\$2,961.40	\$2,338.77	\$622.63	\$754,203	21.0%
Facility, age 65+, no SPMI	815.1	\$2,664.88	0.727	\$1,938.20	\$1,927.48	\$10.72	\$8,739	0.6%
HCBS, age 65+, with SPMI	2,563.6	\$2,169.96	0.990	\$2,148.13	\$1,779.21	\$368.93	\$945,779	17.2%
HCBS, age 65+, no SPMI	2,756.7	\$1,911.72	1.089	\$2,082.36	\$1,653.57	\$428.79	\$1,182,044	20.6%
Community, age 65+, with SPMI	1,894.8	\$1,902.48	1.021	\$1,941.48	\$1,916.63	\$24.85	\$47,092	1.3%
Community, age 65+, no SPMI	5,286.3	\$1,356.82	0.974	\$1,321.19	\$1,370.32	-\$49.14	-\$259,749	-3.7%
Facility, age <65, with SPMI	234.8	\$5,116.12	0.731	\$3,741.40	\$2,720.73	\$1,020.68	\$239,650	27.3%
Facility, age <65, no SPMI	159.9	\$6,388.92	0.459	\$2,934.21	\$2,842.32	\$91.88	\$14,693	3.1%
HCBS, age <65, with SPMI	1,598.3	\$2,079.58	1.261	\$2,622.08	\$1,651.84	\$970.24	\$1,550,738	37.0%
HCBS, age <65, no SPMI	1,149.5	\$1,541.43	1.085	\$1,672.23	\$1,840.69	-\$168.47	-\$193,643	-10.1%
Community, age <65, with SPMI	2,065.3	\$1,727.07	0.778	\$1,343.05	\$1,566.97	-\$223.92	-\$462,466	-16.7%
Community, age <65, no SPMI	1,085.7	\$2,131.32	1.311	\$2,793.30	\$1,875.90	\$917.39	\$996,011	32.8%

Tables 7.A–7.C summarize the savings calculation (before the attributed savings and the outlier adjustment) by cohort for the entire Demonstration (Years 1, 2, 3, 4, 5 and 6 combined) and Demonstration Years 5 and 6 separately. Table 7.A shows that for all six Demonstration Years so far combined, the total savings before the outlier adjustment are \$263.3 million or 9.6 percent.

Table 7.B shows that for Demonstration Year 5, the total savings were \$4.5 million for Cohort 1, with the largest contributions to savings coming from Cohorts 1A and 1D. The other four sub-cohorts (1B, 1C, 1E, and 1F) produced negative savings. For Cohort 2, the savings were \$243,000; for Cohort 3, the savings were \$4.5 million; for Cohort 4, the savings were \$4.8 million; for Cohort 5A, the savings were \$9.8 million; for Cohort 5B, the savings were \$5.5 million; for Cohort 6A, the savings were \$17.4 million, and for Cohort 6B, the savings were \$6.0 million. The total savings before the outlier adjustment for Demonstration Year 5 were \$52.8 million.

Table 7.C indicates that for Demonstration Year 6, the total savings before the outlier adjustment by cohort were \$9.2 million (Cohort 1), \$884,000 (Cohort 2), \$3.0 million (Cohort 3), \$5.0 million (Cohort 4), \$6.5 million (Cohort 5A), \$2.9 million (Cohort 5B), \$11.5 million (Cohort 6A), \$3.2 million (Cohort 6B), \$5.5 million for Cohort 7A and \$4.8 million for Cohort 7B, for a total of \$52.5 million. Per the previous Washington Medicare Savings reports, total Demonstration Year 1 savings were \$35.4 million, total Demonstration Year 2 savings were \$30.4 million, total Demonstration Year 3 savings were \$43.0 million, and total Demonstration Year 4 savings were \$49.2 million.

Table 7.A MEDICARE

Summary of Demonstration Years 1, 2, 3, 4, 5 and 6 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	95,203.8	\$2,652.67	1.223	\$3,245.92	\$2,586.59	\$659.32	\$62,770,228	20.3%
1B	176,116.4	\$1,298.08	1.201	\$1,559.49	\$1,509.41	\$50.08	\$8,819,737	3.2%
1C	16,085.6	\$993.94	1.242	\$1,234.48	\$1,365.71	-\$131.23	-\$2,110,956	-10.6%
1D	256,930.0	\$1,696.25	1.192	\$2,022.47	\$1,781.65	\$240.83	\$61,875,283	11.9%
1E	31,331.0	\$678.93	1.195	\$811.06	\$1,174.68	-\$363.63	-\$11,392,821	-44.8%
1F	33,740.3	\$608.70	1.180	\$718.57	\$1,113.45	-\$394.88	-\$13,323,372	-55.0%
1 total	609,407.1	\$1,612.13	1.201	\$1,936.48	\$1,752.64	\$183.84	\$112,031,569	9.5%
2	25,100.7	\$2,356.60	0.854	\$2,011.36	\$1,928.06	\$83.30	\$2,090,925	4.1%
3	197,513.3	\$1,690.19	0.963	\$1,627.24	\$1,526.99	\$100.25	\$19,801,156	6.2%
4	166,827.3	\$1,742.42	1.027	\$1,789.61	\$1,572.85	\$216.77	\$36,162,492	12.1%
5A	144,497.3	\$1,684.46	1.020	\$1,718.63	\$1,524.13	\$194.50	\$28,105,082	11.3%
5B	134,058.1	\$1,730.61	1.090	\$1,887.12	\$1,763.10	\$124.02	\$16,625,608	6.6%
6A	84,782.2	\$1,994.44	0.987	\$1,969.51	\$1,628.60	\$340.91	\$28,902,733	17.3%
6B	59,469.8	\$1,882.18	0.978	\$1,840.66	\$1,685.48	\$155.18	\$9,228,498	8.4%
7A	43,336.2	\$1,875.63	0.980	\$1,837.67	\$1,710.99	\$126.68	\$5,489,772	6.9%
7B	20,821.3	\$2,010.43	0.964	\$1,937.66	\$1,706.02	\$231.64	\$4,823,092	12.0%
Total 1, 2, 3, 4, 5A/B,6A/B&7A/B	1,485,813.2	\$1,713.33			\$1,672.51	\$177.18	\$263,260,927	9.6%

Table 7.B MEDICARE
Summary of Demonstration Year 5 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	9,903.2	\$2,652.67	1.290	\$3,421.92	\$2,698.95	\$722.98	\$7,159,779	21.1%
1B	19,132.6	\$1,298.08	1.262	\$1,637.85	\$1,769.54	-\$131.68	-\$2,519,418	-8.0%
1C	1,567.5	\$993.94	1.314	\$1,306.06	\$1,771.05	-\$464.99	-\$728,881	-35.6%
1D	27,937.6	\$1,696.25	1.232	\$2,089.63	\$1,929.16	\$160.47	\$4,483,220	7.7%
1E	3,353.5	\$678.93	1.237	\$839.98	\$1,436.46	-\$596.48	-\$2,000,309	-71.0%
1F	3,882.8	\$608.70	1.226	\$746.37	\$1,221.12	-\$474.75	-\$1,843,369	-63.6%
1 total	65,777.2	\$1,612.13	1.239	\$1,997.13	\$1,927.94	\$69.19	\$4,551,022	3.5%
2	2,826.7	\$2,356.60	0.864	\$2,036.10	\$1,950.06	\$86.05	\$243,228	4.2%
3	29,370.2	\$1,690.19	1.073	\$1,813.90	\$1,662.12	\$151.78	\$4,457,725	8.4%
4	33,927.6	\$1,742.42	1.055	\$1,838.01	\$1,695.25	\$142.77	\$4,843,805	7.8%
5A	46,063.6	\$1,684.46	1.006	\$1,694.45	\$1,482.59	\$211.86	\$9,759,075	12.5%
5B	49,203.2	\$1,730.61	1.076	\$1,861.28	\$1,750.02	\$111.26	\$5,474,301	6.0%
6A	49,698.6	\$1,994.44	1.000	\$1,994.13	\$1,644.24	\$349.89	\$17,388,933	17.5%
6B	34,503.2	\$1,882.18	0.973	\$1,830.51	\$1,655.45	\$175.05	\$6,039,863	9.6%
Total 1, 2, 3, 4, 5A/B&6A/B	311,370.4				\$1,708.24	\$169.44	\$52,757,951	9.0%

Table 7.C MEDICARE
Summary of Demonstration Year 6 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	7,920.6	\$2,652.67	1.386	\$3,676.00	\$2,592.18	\$1,083.82	\$8,584,481	29.5%
1B	15,489.8	\$1,298.08	1.347	\$1,748.31	\$1,776.51	–\$28.20	–\$436,843	–1.6%
1C	1,227.0	\$993.94	1.425	\$1,416.83	\$1,329.89	\$86.93	\$106,671	6.1%
1D	23,762.1	\$1,696.25	1.313	\$2,226.33	\$2,033.57	\$192.77	\$4,580,519	8.7%
1E	2,716.7	\$678.93	1.287	\$873.69	\$1,531.65	–\$657.96	–\$1,787,497	–75.3%
1F	3,231.7	\$608.70	1.266	\$770.79	\$1,352.29	–\$581.50	–\$1,879,218	–75.4%
1 total	54,347.9	\$1,612.13	1.321	\$2,128.92	\$1,960.23	\$168.69	\$9,168,113	7.9%
2	2,414.2	\$2,356.60	0.934	\$2,201.41	\$1,835.15	\$366.25	\$884,214	16.6%
3	23,794.6	\$1,690.19	1.113	\$1,881.45	\$1,753.91	\$127.54	\$3,034,760	6.8%
4	26,423.4	\$1,742.42	1.091	\$1,901.14	\$1,710.07	\$191.07	\$5,048,821	10.1%
5A	35,027.4	\$1,684.46	1.064	\$1,792.24	\$1,606.19	\$186.05	\$6,516,979	10.4%
5B	36,727.0	\$1,730.61	1.139	\$1,972.00	\$1,894.15	\$77.85	\$2,859,312	3.9%
6A	35,083.7	\$1,994.44	0.970	\$1,934.62	\$1,606.44	\$328.18	\$11,513,800	17.0%
6B	24,966.5	\$1,882.18	0.985	\$1,854.69	\$1,726.97	\$127.72	\$3,188,635	6.9%
7A	43,336.2	\$1,875.63	0.980	\$1,837.67	\$1,710.99	\$126.68	\$5,489,772	6.9%
7B	20,821.3	\$2,010.43	0.964	\$1,937.66	\$1,706.02	\$231.64	\$4,823,092	12.0%
Total 1, 2, 3, 4, 5A/B,6A/B&7A/B	302,942.3			\$1,932.33	\$1,758.94	\$173.39	\$52,527,497	9.0%

5.3 Outlier Adjustment

To ensure that a small number of high-cost beneficiaries were not having a disproportionate impact on the PMPM of either the intervention or the comparison group, we tabulated the costs of each beneficiary separately for the baseline and all Demonstration Years in order to identify outliers. We combined beneficiaries in the intervention and comparison groups for each cohort, ranked the per-beneficiary total Medicare expenditures and identified the threshold amount, i.e., the expenditure level which represented the 99th percentile per-beneficiary expenditures for each cohort in each of the analysis periods. The expenditures for any individual that exceed this threshold amount are truncated to the threshold amount. The costs above the threshold are subtracted from the total costs, and the PMPMs are recalculated by excluding the amounts above the threshold. Table 8 shows the results of this tabulation. These results are used to make the outlier adjustment as shown in Table 9, which has the same column headings as Table 7. Table 9 shows the outlier adjustment for each cohort and each Demonstration Year. For the intervention group PMPM in the baseline period and in the Demonstration Year, the truncated PMPMs are substituted for the untruncated PMPMs.

As shown below in Table 8, the comparison group trend is modified by a factor that is derived from the ratio of the trend for the truncated PMPMs to that of the untruncated PMPMs.

- For Cohort 1, the trend factor calculated from the comparison group from the baseline period to Demonstration Year 5 is 1.1498 ($= \$1,840.05 / \$1,600.30$) for the untruncated PMPMs, and it is 1.0976 ($= \$1,719.00 / \$1,566.21$) for the truncated PMPMs. The ratio of these trend factors is the outlier adjustment factor 0.9545 ($= 1.0976 / 1.1498$) that is to be applied to the comparison group trend. For Demonstration Year 6, the resulting outlier adjustment factor is 0.9284.
- For Cohort 2, the corresponding outlier adjustment factor for the comparison group trend is 0.9423 for Demonstration Year 5 and 0.9108 for Demonstration Year 6.
- For Cohort 3, the outlier adjustment factor is 0.9512 for Demonstration Year 5 and 0.9618 for Demonstration Year 6.
- For Cohort 4, the outlier adjustment factor is 0.9833 for Demonstration Year 5 and 0.9516 for Demonstration Year 6.
- For Cohort 5A, the outlier adjustment factor is 0.9794 for Demonstration Year 5 and 0.9774 for Demonstration Year 6.
- For Cohort 5B, the outlier adjustment factor is 0.9996 for Demonstration Year 5 and 0.9816 for Demonstration Year 6.
- For Cohort 6A, the outlier adjustment factor is 0.9968 for Demonstration Year 5 and 0.9767 for Demonstration Year 6.

- For Cohort 6B, the outlier adjustment factor is 1.0004 for Demonstration Year 5 and 0.9759 for Demonstration Year 6.
- For Cohort 7A, the outlier adjustment factor is 0.9981 for Demonstration Year 6 and for Cohort 7B, the outlier adjustment is 0.9926 for Demonstration Year 6.

**Table 8 MEDICARE
Outlier adjustment data**

Group/Year	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99 th percentile	Truncated PMPM/ total PMPM
Cohort 1					
Intervention – Baseline	13,979	153	\$1,612.13	\$1,570.53	97.42%
Comparison – Baseline	23,233	219	\$1,600.30	\$1,566.21	97.87%
Intervention – Demo Year 5	13,979	192	\$1,927.94	\$1,791.46	92.92%
Comparison – Demo Year 5	23,233	181	\$1,840.05	\$1,719.00	93.42%
Comparison group trend factor DY5			1.1498	1.0976	0.9545
Intervention – Demo Year 6	13,979	201	\$1,960.23	\$1,783.45	90.98%
Comparison – Demo Year 6	23,233	172	\$1,951.19	\$1,772.95	90.87%
Comparison group trend factor DY6			1.2193	1.1320	0.9284
Cohort 2					
Intervention – Baseline	690	10	\$2,356.60	\$2,280.88	96.79%
Comparison – Baseline	4,331	41	\$1,607.19	\$1,565.31	97.39%
Intervention – Demo Year 5	690	5	\$1,950.06	\$1,825.76	93.63%
Comparison – Demo Year 5	4,331	46	\$1,452.50	\$1,333.09	91.78%
Comparison group trend factor DY5			0.9038	0.8516	0.9423
Intervention – Demo Year 6	690	7	\$1,835.15	\$1,715.74	93.49%
Comparison – Demo Year 6	4,331	44	\$1,668.53	\$1,480.11	88.71%
Comparison group trend factor DY6			1.0382	0.9456	0.9108
Cohort 3					
Intervention – Baseline	5,645	75	\$1,690.19	\$1,628.93	96.38%
Comparison – Baseline	6,444	46	\$1,673.66	\$1,643.68	98.21%
Intervention – Demo Year 5	5,645	68	\$1,662.12	\$1,568.87	94.39%
Comparison – Demo Year 5	6,444	54	\$1,515.17	\$1,415.47	93.42%
Comparison group trend factor DY5			0.9053	0.8612	0.9512
Intervention – Demo Year 6	5,645	83	\$1,753.91	\$1,582.60	90.23%
Comparison – Demo Year 6	6,444	39	\$1,479.63	\$1,397.56	94.45%
Comparison group trend factor DY6			0.8841	0.8503	0.9618

(continued)

**Table 8 MEDICARE (continued)
Outlier adjustment data**

Group/Year	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99th percentile	Truncated PMPM/ total PMPM
Cohort 4					
Intervention – Baseline	5,823	65	\$1,742.42	\$1,688.50	96.91%
Comparison – Baseline	7,219	66	\$1,738.02	\$1,696.19	97.59%
Intervention – Demo Year 5	5,823	67	\$1,695.25	\$1,575.96	92.96%
Comparison – Demo Year 5	7,219	64	\$1,538.98	\$1,476.91	95.97%
Comparison group trend factor DY5			0.8855	0.8707	0.9833
Intervention – Demo Year 6	5,823	74	\$1,710.07	\$1,558.51	91.14%
Comparison – Demo Year 6	7,219	57	\$1,618.12	\$1,502.70	92.87%
Comparison group trend factor DY6			0.9310	0.8859	0.9516
Cohort 5A					
Intervention – Baseline	6,166	70	\$1,684.46	\$1,627.86	96.64%
Comparison – Baseline	5,465	47	\$1,812.52	\$1,765.67	97.41%
Intervention – Demo Year 5	6,166	60	\$1,482.59	\$1,415.88	95.50%
Comparison – Demo Year 5	5,465	57	\$1,659.62	\$1,583.42	95.41%
Comparison group trend factor DY5			0.9156	0.8968	0.9794
Intervention – Demo Year 6	6,166	74	\$1,606.19	\$1,506.78	93.81%
Comparison – Demo Year 6	5,465	43	\$1,659.97	\$1,580.59	95.22%
Comparison group trend factor DY6			0.9158	0.8952	0.9774
Cohort 5B					
Intervention – Baseline	5,930	98	\$1,730.61	\$1,663.65	96.13%
Comparison – Baseline	20,453	166	\$1,582.12	\$1,529.13	96.65%
Intervention – Demo Year 5	5,930	92	\$1,750.02	\$1,639.53	93.69%
Comparison – Demo Year 5	20,453	173	\$1,640.86	\$1,585.23	96.61%
Comparison group trend factor DY5			1.0371	1.0367	0.9996
Intervention – Demo Year 6	5,930	115	\$1,894.15	\$1,707.80	90.16%
Comparison – Demo Year 6	20,453	150	\$1,715.41	\$1,627.51	94.88%
Comparison group trend factor DY6			1.0842	1.0643	0.9816

(continued)

**Table 8 MEDICARE (continued)
Outlier adjustment data**

Group/Year	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99th percentile	Truncated PMPM/ total PMPM
Cohort 6A					
Intervention – Baseline	4,872	56	\$1,994.44	\$1,923.45	96.44%
Comparison – Baseline	4,782	41	\$2,000.93	\$1,951.03	97.51%
Intervention – Demo Year 5	4,872	35	\$1,644.24	\$1,579.70	96.07%
Comparison – Demo Year 5	4,782	62	\$1,880.02	\$1,827.28	97.19%
Comparison group trend factor DY5			0.9396	0.9366	0.9968
Intervention – Demo Year 6	4,872	53	\$1,606.44	\$1,509.32	93.95%
Comparison – Demo Year 6	4,782	44	\$1,892.87	\$1,802.72	95.24%
Comparison group trend factor DY6			0.9460	0.9240	0.9767
Cohort 6B					
Intervention – Baseline	3,321	51	\$1,882.18	\$1,816.26	96.50%
Comparison – Baseline	5,388	37	\$1,779.31	\$1,739.74	97.78%
Intervention – Demo Year 5	3,321	43	\$1,655.45	\$1,582.04	95.57%
Comparison – Demo Year 5	5,388	45	\$1,615.23	\$1,579.97	97.82%
Comparison group trend factor DY5			0.9078	0.9082	1.0004
Intervention – Demo Year 6	3,321	45	\$1,726.97	\$1,618.34	93.71%
Comparison – Demo Year 6	5,388	43	\$1,637.45	\$1,562.52	95.42%
Comparison group trend factor DY6			0.9203	0.8981	0.9759
Cohort 7A					
Intervention – Baseline	4,427	46	\$1,875.63	\$1,831.22	97.63%
Comparison – Baseline	3,443	33	\$2,155.38	\$2,110.32	97.91%
Intervention – Demo Year 6	4,427	50	\$1,710.99	\$1,644.28	96.10%
Comparison – Demo Year 6	3,443	29	\$1,879.36	\$1,836.58	97.72%
Comparison group trend factor DY6			0.8719	0.8703	0.9981

(continued)

**Table 8 MEDICARE (continued)
Outlier adjustment data**

Group/Year	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99th percentile	Truncated PMPM/ total PMPM
Cohort 7B					
Intervention – Baseline	2,125	29	\$2,010.43	\$1,881.95	93.61%
Comparison – Baseline	3,722	30	\$1,922.71	\$1,881.73	97.87%
Intervention – Demo Year 6	2,125	32	\$1,706.02	\$1,612.56	94.52%
Comparison – Demo Year 6	3,722	27	\$1,741.51	\$1,691.72	97.14%
Comparison group trend factor DY6			0.9058	0.8990	0.9926

Table 9 MEDICARE
Summary of Demonstration Years 5 and 6 Medicare savings by cohort,
including the outlier adjustment but excluding attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Years 1, 2, 3, 4, 5 and 6 combined								
Cohort 1 – total	609,407.1	\$1,612.13	1.201	\$1,936.48	\$1,752.64	\$183.84	\$112,031,569	9.5%
Outlier adjusted	609,407.1	\$1,568.46	1.170	\$1,835.60	\$1,667.57	\$168.03	\$102,399,277	9.2%
Cohort 2	25,100.7	\$2,356.60	0.854	\$2,011.36	\$1,928.06	\$83.30	\$2,090,925	4.1%
Outlier adjusted	25,100.7	\$2,284.44	0.830	\$1,896.31	\$1,812.94	\$83.36	\$2,092,507	4.4%
Cohort 3	197,513.3	\$1,690.19	0.963	\$1,627.24	\$1,526.99	\$100.25	\$19,801,156	6.2%
Outlier adjusted	197,513.3	\$1,628.51	0.940	\$1,530.04	\$1,448.71	\$81.33	\$16,062,945	5.3%
Cohort 4	166,827.3	\$1,742.42	1.027	\$1,789.61	\$1,572.85	\$216.77	\$36,162,492	12.1%
Outlier adjusted	166,827.3	\$1,688.50	1.010	\$1,705.20	\$1,490.55	\$214.66	\$35,810,304	12.6%
Cohort 5A	144,497.3	\$1,684.46	1.020	\$1,718.63	\$1,524.13	\$194.50	\$28,105,082	11.3%
Outlier adjusted	144,497.3	\$1,627.86	1.007	\$1,639.45	\$1,451.60	\$187.84	\$27,142,709	11.5%
Cohort 5B	134,058.1	\$1,730.61	1.090	\$1,887.12	\$1,763.10	\$124.02	\$16,625,608	6.6%
Outlier adjusted	134,058.1	\$1,663.65	1.085	\$1,805.70	\$1,644.68	\$161.01	\$21,585,211	8.9%
Cohort 6A	84,782.2	\$1,994.44	0.987	\$1,969.51	\$1,628.60	\$340.91	\$28,902,733	17.3%
Outlier adjusted	84,782.2	\$1,923.45	0.976	\$1,877.84	\$1,530.14	\$347.70	\$29,478,666	18.5%
Cohort 6B	59,469.8	\$1,882.18	0.978	\$1,840.66	\$1,685.48	\$155.18	\$9,228,498	8.4%
Outlier adjusted	59,469.8	\$1,816.26	0.968	\$1,758.54	\$1,579.46	\$179.08	\$10,649,951	10.2%
Cohort 7A	43,336.2	\$1,875.63	0.980	\$1,837.67	\$1,710.99	\$126.68	\$5,489,772	6.9%
Outlier adjusted	43,336.2	\$1,831.22	0.978	\$1,790.76	\$1,644.28	\$146.49	\$6,348,135	8.2%
Cohort 7B	20,821.3	\$2,010.43	0.964	\$1,937.66	\$1,706.02	\$231.64	\$4,823,092	12.0%
Outlier adjusted	20,821.3	\$1,881.95	0.957	\$1,800.35	\$1,612.56	\$187.79	\$3,910,098	10.4%
Cohorts 1+2+3+4+5A/B+6A/B+7A/B	1,485,813.2			\$1,849.69	\$1,672.51	\$177.18	\$263,260,927	9.6%
Outlier adjusted	1,485,813.2			\$1,757.12	\$1,585.17	\$171.95	\$255,479,803	9.8%

(continued)

Table 9 MEDICARE (continued)
Summary of Demonstration Years 5 and 6 savings by cohort,
including the outlier adjustment but excluding attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Year 5								
Cohort 1 – total	65,777.2	\$1,612.13	1.239	\$1,997.13	\$1,927.94	\$69.19	\$4,551,022	3.5%
Outlier adjusted	65,777.2	\$1,570.53	1.183	\$1,857.17	\$1,791.46	\$65.72	\$4,322,573	3.5%
Cohort 2	2,826.7	\$2,356.60	0.864	\$2,036.10	\$1,950.06	\$86.05	\$243,228	4.2%
Outlier adjusted	2,826.7	\$2,280.88	0.814	\$1,857.06	\$1,825.76	\$31.30	\$88,489	1.7%
Cohort 3	29,370.2	\$1,690.19	1.073	\$1,813.90	\$1,662.12	\$151.78	\$4,457,725	8.4%
Outlier adjusted	29,370.2	\$1,628.93	1.021	\$1,662.91	\$1,568.87	\$94.04	\$2,762,026	5.7%
Cohort 4	33,927.6	1,742.4	1.055	\$1,838.01	\$1,695.25	\$142.77	\$4,843,805	7.8%
Outlier adjusted	33,927.6	\$1,688.50	1.037	\$1,751.44	\$1,575.96	\$175.48	\$5,953,656	10.0%
Cohort 5A	46,063.6	1,684.5	1.006	1,694.5	1,482.6	\$211.86	\$9,759,075	12.5%
Outlier adjusted	46,063.6	\$1,627.86	0.985	\$1,603.79	\$1,415.88	\$187.91	\$8,655,675	11.7%
Cohort 5B	49,203.2	1,730.6	1.076	1,861.3	1,750.0	\$111.26	\$5,474,301	6.0%
Outlier adjusted	49,203.2	\$1,663.65	1.075	\$1,788.50	\$1,639.53	\$148.96	\$7,329,539	8.3%
Cohort 6A	49,698.6	1,994.4	1.000	1,994.1	1,644.2	\$349.89	\$17,388,933	17.5%
Outlier adjusted	49,698.6	\$1,923.45	0.997	\$1,917.01	\$1,544.84	\$372.17	\$18,496,432	19.4%
Cohort 6B	34,503.2	1,882.2	0.973	1,830.5	1,655.5	\$175.05	\$6,039,863	9.6%
Outlier adjusted	34,503.2	\$1,816.26	0.973	\$1,767.13	\$1,551.32	\$215.81	\$7,445,979	12.2%
Cohorts 1+2+3+4+5A/B	311,370.4	\$1,760.82	1.066	\$1,877.68	\$1,708.24	\$169.44	\$52,757,951	9.0%
Outlier adjusted	311,370.4	\$1,702.10	1.045	\$1,778.56	\$1,601.75	\$176.81	\$55,054,370	9.9%

(continued)

Table 9 MEDICARE (continued)
Summary of Demonstration Years 5 and 6 savings by cohort,
including the outlier adjustment but excluding attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Year 6								
Cohort 1 – total	54,347.9	\$1,612.13	1.321	\$2,128.92	\$1,960.23	\$168.69	\$9,168,113	7.9%
Outlier adjusted	54,347.9	\$1,570.53	1.226	\$1,925.56	\$1,783.45	\$142.11	\$7,723,409	7.4%
Cohort 2	2,414.2	\$2,356.60	0.934	\$2,201.41	\$1,835.15	\$366.25	\$884,214	16.6%
Outlier adjusted	2,414.2	\$2,280.88	0.851	\$1,940.64	\$1,715.74	\$224.90	\$542,961	11.6%
Cohort 3	23,794.6	\$1,690.19	1.113	\$1,881.45	\$1,753.91	\$127.54	\$3,034,760	6.8%
Outlier adjusted	23,794.6	\$1,628.93	1.071	\$1,743.91	\$1,582.60	\$161.32	\$3,838,469	9.3%
Cohort 4	26,423.4	\$1,742.42	1.091	\$1,901.14	\$1,710.07	\$191.07	\$5,048,821	10.1%
Outlier adjusted	26,423.4	\$1,688.50	1.038	\$1,753.08	\$1,558.51	\$194.57	\$5,141,226	11.1%
Cohort 5A	35,027.4	1,684.5	1.064	1,792.2	1,606.2	\$186.05	\$6,516,979	10.4%
Outlier adjusted	35,027.4	\$1,627.86	1.040	\$1,692.95	\$1,506.78	\$186.17	\$6,521,151	11.0%
Cohort 5B	36,727.0	1,730.6	1.139	1,972.0	1,894.1	\$77.85	\$2,859,312	3.9%
Outlier adjusted	36,727.0	\$1,663.65	1.119	\$1,860.88	\$1,707.80	\$153.08	\$5,622,091	8.2%
Cohort 6A	35,083.7	1,994.4	0.970	1,934.6	1,606.4	\$328.18	\$11,513,800	17.0%
Outlier adjusted	35,083.7	\$1,923.45	0.947	\$1,822.35	\$1,509.32	\$313.03	\$10,982,234	17.2%
Cohort 6B	24,966.5	1,882.2	0.985	1,854.7	1,727.0	\$127.72	\$3,188,635	6.9%
Outlier adjusted	24,966.5	\$1,816.26	0.962	\$1,746.67	\$1,618.34	\$128.33	\$3,203,972	7.3%
Cohort 7A	43,336.2	\$1,875.63	0.980	\$1,837.67	\$1,710.99	\$126.68	\$5,489,772	6.9%
Outlier adjusted	43,336.2	\$1,831.22	0.978	\$1,790.76	\$1,644.28	\$146.49	\$6,348,135	8.2%
Cohort 7B	20,821.3	\$2,010.43	0.964	\$1,937.66	\$1,706.02	\$231.64	\$4,823,092	12.0%
Outlier adjusted	20,821.3	\$1,881.95	0.957	\$1,800.35	\$1,612.56	\$187.79	\$3,910,098	10.4%
Cohorts 1+2+3+4+5A/B+6A/B	302,942.3	\$1,789.89	\$1.09	\$1,932.33	\$1,758.94	\$173.39	\$52,527,497	9.0%
Outlier adjusted	302,942.3	\$1,728.80	\$1.05	\$1,807.05	\$1,629.35	\$177.70	\$53,833,746	9.8%

Table 10 MEDICARE
Summary of Demonstration Years 5 and 6 savings by cohort,
after all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Years 1, 2, 3, 4, 5 and 6 combined (outlier adjusted)								
Cohort 1	609,407.1	\$1,568.46	1.170	\$1,835.60	\$1,667.57	\$168.03	\$102,399,277	9.15%
Cohort 2	25,100.7	\$2,284.44	0.830	\$1,896.31	\$1,812.94	\$83.36	\$2,092,507	4.40%
Cohort 3	197,513.35	\$1,628.51	0.940	\$1,530.04	\$1,448.71	\$81.33	\$16,062,945	5.32%
Cohort 4	166,827.25	\$1,688.50	1.010	\$1,705.20	\$1,490.55	\$214.66	\$35,810,304	12.59%
Cohort 5A	144,497.27	\$1,627.86	1.007	\$1,639.45	\$1,451.60	\$187.84	\$27,142,709	11.46%
Cohort 5B	134,058.09	\$1,663.65	1.085	\$1,805.70	\$1,644.68	\$161.01	\$21,585,211	8.92%
Cohort 6A	84,782.24	\$1,923.45	0.976	\$1,877.84	\$1,530.14	\$347.70	\$29,478,666	18.52%
Cohort 6B	59,469.77	\$1,816.26	0.968	\$1,758.54	\$1,579.46	\$179.08	\$10,649,951	10.18%
Cohort 7A	43,336.23	\$1,831.22	0.978	\$1,790.76	\$1,644.28	\$146.49	\$6,348,135	8.18%
Cohort 7B	20,821.27	\$1,881.95	0.957	\$1,800.35	\$1,612.56	\$187.79	\$3,910,098	10.43%
Cohorts 1 to 7A/B	1,485,813.22			\$1,757.12	\$1,585.17	\$171.95	\$255,479,803	9.79%
Attributed savings								
Cohort 2	1,809.40	\$1,817.45				\$161.78	\$292,723	8.90%
Cohort 3	36,294.60	\$1,365.18				\$75.52	\$2,740,977	5.50%
Cohort 4	35,488.55	\$1,478.37				\$55.51	\$1,970,085	3.76%
Cohort 5A	35,843.05	\$1,442.97				\$215.36	\$7,719,063	14.92%
Cohort 6A	27,064.66	\$1,671.23				\$192.81	\$5,218,234	11.54%
Cohort 6B	19,508.55	\$1,549.92				\$156.10	\$3,045,268	10.07%
Cohort 7A	27,334.22	\$1,594.40				\$309.54	\$8,461,037	19.41%
Cohort 7B	13,017.97	\$1,669.53				\$203.89	\$2,654,185	12.21%
Cohort 8A estimate	23,429.14					\$146.49	\$3,432,033	
Cohort 8B estimate	10,809.11					\$187.79	\$2,029,880	
Cohorts 1 to 8A/B	1,716,412.47						\$293,043,287	

(continued)

Table 10 MEDICARE (continued)
Summary of Demonstration Years 5 and 6 savings by cohort,
after all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Year 1 (outlier adjusted)								
Cohort 1	190,783.10	\$1,566.42	1.169	\$1,830.64	\$1,667.68	\$162.96	\$31,089,525	8.90%
Cohort 2	6,799.00	\$2,288.30	0.893	\$2,043.13	\$1,930.11	\$113.02	\$768,444	5.50%
Cohorts 1+2	197,582.10			\$1,837.95	\$1,676.71	\$161.24	\$31,857,968	8.80%
Attributed savings								
Cohort 2	1,809.40	\$1,817.45				\$161.78	\$292,723	8.90%
Cohort 3	36,294.60	\$1,365.18				\$75.52	\$2,740,977	5.50%
Cohorts 1+2+3	235,686.10	\$1,558.18				\$148.04	\$34,891,668	
Demonstration Year 2 (outlier adjusted)								
Cohort 1	116,440.81	\$1,566.42	1.155	\$1,809.13	\$1,597.70	\$211.42	\$24,618,168	11.69%
Cohort 2	5,247.88	\$2,288.30	0.796	\$1,821.17	\$1,769.81	\$51.36	\$269,530	2.82%
Cohort 3	59,323.07	\$1,627.53	0.914	\$1,487.69	\$1,431.82	\$55.86	\$3,313,972	3.76%
Cohorts 1+2+3	181,011.76			\$1,704.13	\$1,548.33	\$155.80	\$28,201,670	9.14%
Attributed savings								
Cohort 4	35,488.55	\$1,478.37				\$55.51	\$1,970,085	3.76%
Cohorts 1+2+3+4	216,500.31					\$139.36	\$30,171,755	
Demonstration Year 3 (outlier adjusted)								
Cohort 1	99,473.87	\$1,570.53	1.146	\$1,799.76	\$1,585.47	\$214.29	\$21,316,089	11.91%
Cohort 2	4,312.07	\$2,280.88	0.771	\$1,759.23	\$1,748.62	\$10.61	\$45,754	0.60%
Cohort 3	47,319.84	\$1,628.93	0.868	\$1,413.15	\$1,370.64	\$42.52	\$2,011,822	3.01%
Cohort 4	60,468.49	\$1,688.50	1.014	\$1,712.85	\$1,457.21	\$255.64	\$15,457,893	14.92%
Cohorts 1+2+3+4	211,574.27			\$1,687.63	\$1,504.09	\$183.54	\$38,831,557	10.88%
Attributed savings								
Cohort 5A	35,843.05	\$1,442.97				\$215.36	\$7,719,063	14.92%
Cohorts 1+2+3+4+5	247,417.32					\$188.15	\$46,550,620	

(continued)

Table 10 MEDICARE (continued)
Summary of Demonstration Years 5 and 6 savings by cohort,
after all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Year 4 (outlier adjusted)								
Cohort 1	82,584.16	\$1,570.53	1.179	\$1,851.21	\$1,689.80	\$161.41	\$13,329,513	8.72%
Cohort 2	3,500.82	\$2,280.88	0.830	\$1,893.73	\$1,785.95	\$107.78	\$377,329	5.69%
Cohort 3	37,705.64	\$1,628.93	0.924	\$1,504.90	\$1,395.19	\$109.71	\$4,136,655	7.29%
Cohort 4	46,007.77	\$1,688.50	0.967	\$1,633.56	\$1,432.34	\$201.22	\$9,257,529	12.32%
Cohort 5A	63,406.24	\$1,627.86	1.005	\$1,635.79	\$1,447.07	\$188.72	\$11,965,884	11.54%
Cohort 5B	48,127.82	\$1,663.65	1.071	\$1,781.17	\$1,601.78	\$179.39	\$8,633,581	10.07%
Cohorts 1+2+3+4+5A/B	281,332.45			\$1,709.20	\$1,539.65	\$169.55	\$47,700,491	9.92%
Attributed savings								
Cohort 6A	27,064.66	\$1,671.23				\$192.81	\$5,218,234	11.54%
Cohort 6B	19,508.55	\$1,549.92				\$156.10	\$3,045,268	10.07%
Cohorts 1 to 6A/B	327,905.66					\$170.67	\$55,963,993	
Demonstration Year 5 (outlier adjusted)								
Cohort 1	65,777.25	\$1,570.53	1.183	\$1,857.17	\$1,791.46	\$65.72	\$4,322,573	3.54%
Cohort 2	2,826.71	\$2,280.88	0.814	\$1,857.06	\$1,825.76	\$31.30	\$88,489	1.69%
Cohort 3	29,370.17	\$1,628.93	1.021	\$1,662.91	\$1,568.87	\$94.04	\$2,762,026	5.66%
Cohort 4	33,927.59	\$1,688.50	1.037	\$1,751.44	\$1,575.96	\$175.48	\$5,953,656	10.02%
Cohort 5A	46,063.63	\$1,627.86	0.985	\$1,603.79	\$1,415.88	\$187.91	\$8,655,675	11.72%
Cohort 5B	49,203.23	\$1,663.65	1.075	\$1,788.50	\$1,639.53	\$148.96	\$7,329,539	8.33%
Cohort 6A	49,698.57	\$1,923.45	0.997	\$1,917.01	\$1,544.84	\$372.17	\$18,496,432	19.41%
Cohort 6B	34,503.22	\$1,816.26	0.973	\$1,767.13	\$1,551.32	\$215.81	\$7,445,979	12.21%
Cohorts 1 to 6A/B	311,370.37			\$1,778.56	\$1,601.75	\$176.81	\$55,054,370	9.94%
Attributed savings								
Cohort 7A estimate	27,334.22	\$1,594.40				\$309.54	\$8,461,037	19.41%
Cohort 7B estimate	13,017.97	\$1,669.53				\$203.89	\$2,654,185	12.21%
Cohorts 1 to 7A/B	351,722.55					\$188.13	\$66,169,591	

(continued)

Table 10 MEDICARE (continued)
Summary of Demonstration Years 5 and 6 savings by cohort,
after all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Year 6 (outlier adjusted)								
Cohort 1	54,347.87	\$1,570.53	1.226	\$1,925.56	\$1,783.45	\$142.11	\$7,723,409	7.38%
Cohort 2	2,414.23	\$2,280.88	0.851	\$1,940.64	\$1,715.74	\$224.90	\$542,961	11.59%
Cohort 3	23,794.63	\$1,628.93	1.071	\$1,743.91	\$1,582.60	\$161.32	\$3,838,469	9.25%
Cohort 4	26,423.40	\$1,688.50	1.038	\$1,753.08	\$1,558.51	\$194.57	\$5,141,226	11.10%
Cohort 5A	35,027.40	\$1,627.86	1.040	\$1,692.95	\$1,506.78	\$186.17	\$6,521,151	11.00%
Cohort 5B	36,727.04	\$1,663.65	1.119	\$1,860.88	\$1,707.80	\$153.08	\$5,622,091	8.23%
Cohort 6A	35,083.67	\$1,923.45	0.947	\$1,822.35	\$1,509.32	\$313.03	\$10,982,234	17.18%
Cohort 6B	24,966.55	\$1,816.26	0.962	\$1,746.67	\$1,618.34	\$128.33	\$3,203,972	7.35%
Cohort 7A	43,336.23	\$1,831.22	0.978	\$1,790.76	\$1,644.28	\$146.49	\$6,348,135	8.18%
Cohort 7B	20,821.27	\$1,881.95	0.957	\$1,800.35	\$1,612.56	\$187.79	\$3,910,098	10.43%
Cohorts 1 to 7A/B	302,942.27			\$1,807.05	\$1,629.35	\$177.70	\$53,833,746	9.83%
Attributed savings								
Cohort 8A estimate	23,429.14					\$146.49	\$3,432,033	
Cohort 8B estimate	10,809.11					\$187.79	\$2,029,880	
Cohorts 1 to 8A/B	337,180.52					\$175.86	\$59,295,659	

5.4 Attributed Medicare Savings

Cohort 1 consists of those who are eligible for the demonstration on the start date of July 1, 2013. On every successive January 1, a new cohort is formed from those newly eligible for the demonstration. According to the Final Demonstration Agreement, for each cohort after the first, the savings percentage calculated for beneficiaries in the prior cohort will be attributed to those months in the current cohort that are during the demonstration and for which beneficiaries are eligible for the demonstration but prior to the start date of the current cohort. For Cohort 2, this consists of the months July through December 2013. For Cohort 3, this consists of the months January 2014 through December 2014. For Cohort 4, this consists of the months January through December 2015. For Cohort 5A, this consists of the months January through December 2016. For Cohort 6A, this consists of the months January through December 2017. For Cohort 6B, this consists of the months April through December 2017. For Cohorts 7A and 7B, this consists of the months January through December 2018. For Cohorts 8A and 8B, this consists of the months January through December 2019.

Note that there is no potential attributed savings for Cohort 5B beneficiaries. They were all immediately eligible upon expansion of the demonstration to the new service area. As there is no attributed savings for Cohort 1 prior to the start of Demonstration Year 1, there is also no attributed savings for Cohort 5B. During the baseline period, all months for which a beneficiary meets the basic eligibility requirements are included in determining the baseline PMPMs, and those months for which WA also flagged demonstration eligibility are included in the attributed savings calculation for newly eligible cohorts.

Table 10 shows the amount of attributed Medicare savings for Cohorts 2, 3, 4, 5A, 6A, 6B, 7A and 7B. For Cohort 2, there were 1,809.4 months of eligibility during the months July through December 2013 and the PMPM during those months was \$1,817.45. The savings percentage for Cohort 1 during Demonstration Year 1 was 8.9 percent. Applying the 8.9 percent to the \$1,817.45 PMPM yields attributed Medicare savings of \$161.78 PMPM. Multiplying this savings PMPM by the months of eligibility results in \$292,723 of attributed Medicare savings.

Cohort 3 experienced 36,294.6 months of eligibility during the period January through December 2014 and a PMPM of \$1,365.18. The savings percentage for Cohort 2 during this period was 5.5 percent. Applying a similar calculation as was done for Cohort 2 results in a PMPM savings of \$75.52 and aggregate attributed savings of \$2,740,977.

Cohort 4 experienced 35,488.6 months of eligibility during the period of January through December 2015 and a PMPM of \$1,478.37. The savings percentage for Cohort 3 during this period was 3.76 percent. Applying this percentage to Cohort 4 experience yields a PMPM savings of \$55.51 and aggregate attributed savings of \$1,970,085.

Cohort 5A experienced 35,843.1 months of eligibility during the period of January through December 2016 and a PMPM of \$1,442.97. The savings percentage for Cohort 4 during this period was 14.92 percent. Applying this percentage to Cohort 5A experience yields a PMPM savings of \$215.36 and aggregate attributed savings of \$7,719,063.

Cohort 6A experienced 27,064.7 months of eligibility during the period of January through December 2017 and a PMPM of \$1,671.23. The savings percentage for Cohort 5A during this period was 11.54 percent. Applying this percentage to Cohort 6A experience yields a PMPM savings of \$192.81 and an aggregate attributed savings of \$5,218,234.

Cohort 6B experienced 19,508.55 months of eligibility during the period of January through December 2017 and a PMPM of \$1,549.92. The savings percentage for Cohort 5B during this period was 10.07 percent. Applying this percentage to Cohort 6B experience yields a PMPM savings of \$156.10 and aggregate attributed savings of \$3,045,268.

Cohort 7A experienced 27,334.22 months of eligibility during the period of January through December 2018 and a PMPM of \$1,594.40. The savings percentage for Cohort 6A during this period was 19.41 percent. Applying this percentage to Cohort 7A experience yields a PMPM savings of \$309.54 and aggregate attributed savings of \$8,461,037.

Cohort 7B experienced 13,017.97 months of eligibility during the period of January through December 2018 and a PMPM of \$1,669.53. The savings percentage for Cohort 6B during this period was 12.21 percent. Applying this percentage to Cohort 7B experience yields a PMPM savings of \$203.89 and aggregate attributed savings of \$2,654,185.

Cohort 8A consists of those individuals whose experience will be added to the Demonstration Year 7 savings calculation on January 1, 2020, after becoming eligible for the demonstration during calendar year 2019 and Cohort 8B consists of those individuals whose experience will be added to the Demonstration Year 7 savings calculation on January 1, 2020, after becoming eligible for the demonstration during the period of January 2019 through December 2019. Cohort 8A has an estimated 3,560 beneficiaries who had 23,429.14 months of eligibility during calendar year 2019 and the PMPM savings determined for Cohort 7A was \$146.49. This results in \$3,432,033 savings being preliminarily attributed to Cohort 8A. Cohort 8B has an estimated 1,679 beneficiaries who had 10,809.11 months of eligibility during the period January 2019 through December 2019 and the PMPM savings determined for Cohort 7B was \$187.79. This results in \$2,029,880 savings being preliminarily attributed to Cohort 8B. Additionally, please note the preliminary nature of the attributed savings for Cohorts 8A and 8B.

The attributed savings methodology has greater potential volatility than all other aspects of the savings analysis between the preliminary and final results due to the fact that there is not yet a PMPM with which to apply the previous cohort savings percentage and we instead are applying the previous cohort PMPM savings to the estimated number of eligible months. This may provide a rough estimation of the attributed savings that will eventually be calculated with adequate claims runout and retroactive eligibility adjustment but should not be relied on as a precise estimate of attributed savings.

5.5 Summary of Total Gross Medicare Savings

Table 9 summarizes the savings calculation by cohort including the outlier adjustment. For the six Demonstration Years to date combined, the outlier adjustment reduced the total Medicare savings by about \$7.8 million. Medicare savings dollars were reduced for Cohorts 1, 3, 4, 5A and 7B, but increased for Cohorts 2, 5B, 6A, 6B and 7A. The reduction was \$8.6 million

for Cohort 1 (\$112.0 million to \$102.4 million), \$3.7 million for Cohort 3 (\$19.8 million to \$16.1 million), \$352,000 for Cohort 4, \$962,000 for Cohort 5A and \$913,000 for Cohort 7B. The increase was \$2,000 for Cohort 2, \$5.0 million for Cohort 5B (\$16.6 million to \$21.6 million), \$576,000 for Cohort 6A, \$1.4 million for Cohort 6B (\$9.2 million to \$10.6 million) and \$858,000 for Cohort 7A. The total reduction across all cohorts 1-6B in Table 9 was \$7.8 million (\$263.3 million to \$255.5 million). Across all seven cohorts and all six Demonstration Years, total Medicare savings after the outlier adjustment was \$255.5 million, or 9.8 percent.

Table 10 summarizes total gross Medicare savings calculations, including the attributed savings from Cohorts 2, 3, 4, 5A, 6A, 6B, 7A, 7B, 8A and 8B. Attributed savings are \$0.3 million, \$2.7 million, \$2.0 million, \$7.7 million, \$5.2 million, \$3.0 million, \$8.5 million and \$2.7 million for Cohorts 2, 3, 4, 5A, 6A, 6B, 7A and 7B and estimated to be \$3.4 million and \$2.0 million for Cohorts 8A and 8B, respectively, bringing the total Medicare savings for all eight cohorts to \$293.0 million, of which \$34.9 million was for Demonstration Year 1, \$30.2 million was for Demonstration Year 2, \$46.6 million was for Demonstration Year 3, \$56.0 million was for Demonstration Year 4, \$66.2 million was for Demonstration Year 5, and \$59.3 million was for Demonstration Year 6.

The Medicare savings for Demonstration Year 5, \$66,169,591 (Table 10), is now considered to be final. The Medicare savings for Demonstration Year 6 is considered to be preliminary and will be updated in a future report. Demonstration Year 6 savings will be updated to include any retroactive adjustments to claims and eligibility for beneficiaries in both the intervention and comparison groups.

5.6 Additional Analysis

Tables 11 (A, B, C, D, E, F, G, H, I and J) show additional analysis of the savings by month for Demonstration Years 5 and 6 for each cohort. Tables 12 (A and B) show additional results of the savings by type of service for all cohorts combined for each Demonstration Year. These tables include the AGA adjustment but not the outlier adjustment (which cannot be applied by month or by type of service) nor the attributed savings. Tables 11 shows, for each month of the Demonstration Year, the target PMPM, the actual intervention PMPM, and the ratio of the demonstration PMPM to the target PMPM (or, the D/T ratio). A ratio less than 1.00 shows savings, whereas a ratio greater than 1.00 shows negative savings.

It can be seen that the D/T ratio is significantly under 1.00 for Cohort 1 in most months. The average over all 24 months is 0.94 and the average for the last 6 months is 0.95. The D/T ratio for Cohort 2 varies widely, and is not surprising given the small size of the cohort. The average over the 24 months of Cohort 2 is 0.90 and the average over the last 6 months is 0.84. For Cohort 3, the average over the 24 months of operations is 0.92 and over the last 6 months is 0.96. For Cohort 4, the ratio is consistently less than 1.00. The average over the 24 months of operation is 0.91 and over the last 6 months is 0.99. For Cohort 5A, the ratio is consistently less than 1.00. The average over the last 24 months of operation is 0.88. For Cohort 5B, the ratio is consistently less than 1.00. The average over the last 24 months of operation is 0.95. For Cohort 6A, the ratio is consistently less than 1.00. The average over the 24 months of operation is 0.83. For Cohort 6B, the average over the 24 months of operation is 0.92. For Cohort 7A, the average of the 12 months is 0.93. For Cohort 7B, the average over the 12 months is 0.88.

Table 12 shows the D/T ratio by type of service. For all cohorts and both Demonstration Years, the lowest D/T ratio is for hospice services. However, in dollar terms, significant savings were achieved for home health agency costs, inpatient hospital costs, and professional services. Increased costs were experienced for outpatient hospital services and SNF services.

Tables 13.A and B show more detail on the savings by type of service by Demonstration Year and category of beneficiary for all cohorts combined. The savings by type of service are similar for Demonstration Year 5 and Demonstration Year 6, and in line with what was previously seen in Demonstration Years 1, 2, 3 and 4.

**Table 11.A MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 1**

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$484,510,829	300,541.1	\$1,612	\$1,592	\$1,612	1.00
Jan-18	\$12,336,482	5,945.8	\$2,075	\$1,954	\$2,008	1.03
Feb-18	\$10,786,653	5,855.3	\$1,842	\$1,785	\$1,833	1.01
Mar-18	\$11,624,388	5,726.0	\$2,030	\$2,050	\$2,118	0.96
Apr-18	\$10,636,718	5,673.9	\$1,875	\$1,873	\$1,924	0.97
May-18	\$10,917,909	5,597.3	\$1,951	\$2,146	\$2,197	0.89
Jun-18	\$10,416,591	5,509.8	\$1,891	\$2,004	\$2,058	0.92
Jul-18	\$10,622,705	5,413.5	\$1,962	\$1,835	\$1,893	1.04
Aug-18	\$10,562,726	5,353.4	\$1,973	\$1,953	\$2,002	0.99
Sep-18	\$9,312,061	5,278.3	\$1,764	\$1,926	\$1,968	0.90
Oct-18	\$10,240,374	5,227.0	\$1,959	\$2,042	\$2,090	0.94
Nov-18	\$10,334,101	5,128.8	\$2,015	\$1,910	\$1,954	1.03
Dec-18	\$9,024,067	5,068.1	\$1,781	\$1,868	\$1,915	0.93
Jan-19	\$10,028,943	4,988.9	\$2,010	\$2,281	\$2,314	0.87
Feb-19	\$8,342,909	4,907.7	\$1,700	\$2,039	\$2,076	0.82
Mar-19	\$9,849,456	4,808.9	\$2,048	\$2,022	\$2,063	0.99
Apr-19	\$9,124,067	4,711.3	\$1,937	\$2,105	\$2,144	0.90
May-19	\$9,402,419	4,638.8	\$2,027	\$2,207	\$2,249	0.90
Jun-19	\$8,385,123	4,540.1	\$1,847	\$2,009	\$2,025	0.91
Jul-19	\$9,021,406	4,479.4	\$2,014	\$2,146	\$2,182	0.92
Aug-19	\$8,992,772	4,405.7	\$2,041	\$1,980	\$2,020	1.01
Sep-19	\$8,172,542	4,309.9	\$1,896	\$1,998	\$2,035	0.93
Oct-19	\$8,326,980	4,233.4	\$1,967	\$2,322	\$2,366	0.83
Nov-19	\$8,680,789	4,188.5	\$2,073	\$2,013	\$2,053	1.01
Dec-19	\$8,206,696	4,135.3	\$1,985	\$1,962	\$1,999	0.99
Total	\$233,348,876	120,125.1	\$1,943	\$2,012	\$2,057	0.94

Table 11.B MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 2

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$9,945,769	4,220.4	\$2,357	\$1,740	\$2,357	1.00
Jan-18	\$522,919	246.5	2,121.5	1,512.9	\$1,955	1.09
Feb-18	\$580,178	242.9	2,388.3	1,438.9	\$1,914	1.25
Mar-18	\$575,940	241.5	2,385.3	1,779.3	\$2,355	1.01
Apr-18	\$488,859	241.0	2,028.5	1,461.2	\$1,990	1.02
May-18	\$421,609	241.9	1,743.1	1,559.1	\$2,108	0.83
Jun-18	\$321,219	241.8	1,328.6	1,498.9	\$2,020	0.66
Jul-18	\$472,478	237.4	1,990.1	1,535.3	\$2,068	0.96
Aug-18	\$560,420	235.4	2,381.2	1,456.5	\$1,933	1.23
Sep-18	\$448,417	231.2	1,939.8	1,606.7	\$2,153	0.90
Oct-18	\$466,782	229.0	2,038.6	1,432.6	\$1,874	1.09
Nov-18	\$325,011	221.3	1,468.6	1,636.9	\$2,157	0.68
Dec-18	\$328,413	217.0	1,513.4	1,476.4	\$1,898	0.80
Jan-19	\$396,962	219.1	1,811.8	1,480.2	\$1,900	0.95
Feb-19	\$416,428	217.0	1,919.3	1,879.1	\$2,326	0.83
Mar-19	\$381,391	207.5	1,837.6	1,604.0	\$2,055	0.89
Apr-19	\$392,794	205.2	1,913.9	1,921.0	\$2,420	0.79
May-19	\$355,323	202.5	1,754.8	1,643.6	\$2,108	0.83
Jun-19	\$312,545	199.0	1,570.6	1,455.2	\$1,944	0.81
Jul-19	\$344,602	198.9	\$1,733	\$1,779	\$2,279	0.76
Aug-19	\$453,411	196.3	\$2,310	\$1,937	\$2,491	0.93
Sep-19	\$287,742	196.9	\$1,461	\$1,445	\$1,930	0.76
Oct-19	\$392,889	192.9	\$2,037	\$1,734	\$2,238	0.91
Nov-19	\$359,661	190.0	\$1,893	\$1,344	\$1,732	1.09
Dec-19	\$336,731	189.0	\$1,782	\$2,357	\$3,039	0.59
Total	\$9,942,722	5,240.9	\$1,897	\$1,616	\$2,112	0.90

Table 11.C MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 3

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$103,440,434	61,200.6	\$1,690	\$1,520	\$1,690	1.00
Jan-18	\$4,478,119	2,671.6	1,676.2	1,443.6	\$1,649	1.02
Feb-18	\$4,168,208	2,640.9	1,578.3	1,397.3	\$1,595	0.99
Mar-18	\$4,366,597	2,542.8	1,717.2	1,581.6	\$1,790	0.96
Apr-18	\$3,888,931	2,532.0	1,535.9	1,581.8	\$1,817	0.85
May-18	\$4,099,986	2,503.8	1,637.5	1,682.6	\$1,965	0.83
Jun-18	\$3,751,807	2,455.5	1,527.9	1,538.4	\$1,792	0.85
Jul-18	\$4,084,036	2,417.5	1,689.3	1,498.7	\$1,751	0.96
Aug-18	\$3,716,560	2,387.8	1,556.5	1,690.2	\$1,915	0.81
Sep-18	\$4,217,395	2,346.0	1,797.7	1,941.5	\$2,169	0.83
Oct-18	\$4,478,502	2,338.5	1,915.1	1,530.3	\$1,747	1.10
Nov-18	\$4,063,039	2,289.9	1,774.3	1,672.5	\$1,897	0.94
Dec-18	\$3,503,505	2,243.7	1,561.5	1,466.5	\$1,720	0.91
Jan-19	\$3,621,013	2,188.2	1,654.8	1,644.2	\$1,868	0.89
Feb-19	\$3,091,363	2,163.4	1,428.9	1,431.7	\$1,622	0.88
Mar-19	\$4,437,904	2,124.3	2,089.2	1,957.2	\$2,227	0.94
Apr-19	\$3,733,804	2,065.0	1,808.1	1,812.7	\$2,062	0.88
May-19	\$3,653,486	2,018.9	1,809.7	1,789.1	\$2,060	0.88
Jun-19	\$3,221,687	1,978.0	1,628.7	1,455.0	\$1,671	0.97
Jul-19	\$3,390,241	1,950.3	\$1,738	\$1,660	\$1,890	0.92
Aug-19	\$3,266,474	1,912.9	\$1,708	\$1,587	\$1,769	0.97
Sep-19	\$3,097,853	1,882.0	\$1,646	\$1,504	\$1,690	0.97
Oct-19	\$3,419,082	1,861.0	\$1,837	\$1,708	\$1,936	0.95
Nov-19	\$3,110,786	1,836.2	\$1,694	\$1,635	\$1,835	0.92
Dec-19	\$3,690,044	1,814.4	\$2,034	\$1,649	\$1,928	1.06
Total	\$90,550,419	53,164.8	\$1,703	\$1,615	\$1,844	0.92

Table 11.D MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 4

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$108,719,430	62,395.6	\$1,742	\$1,552	\$1,742	1.00
Jan-18	\$4,534,819	3,164.9	1,432.8	1,531.2	\$1,715	0.84
Feb-18	\$4,537,212	3,117.1	1,455.6	1,483.6	\$1,657	0.88
Mar-18	\$4,500,292	2,979.2	1,510.6	1,520.2	\$1,711	0.88
Apr-18	\$5,543,729	2,938.2	1,886.8	1,556.4	\$1,763	1.07
May-18	\$5,271,728	2,887.7	1,825.6	1,769.0	\$2,034	0.90
Jun-18	\$4,758,621	2,850.8	1,669.2	1,719.9	\$1,962	0.85
Jul-18	\$4,945,846	2,804.3	1,763.7	1,456.5	\$1,644	1.07
Aug-18	\$5,117,831	2,745.2	1,864.3	1,824.8	\$2,066	0.90
Sep-18	\$4,326,028	2,687.1	1,609.9	1,586.9	\$1,775	0.91
Oct-18	\$4,804,036	2,675.1	1,795.8	1,684.0	\$1,904	0.94
Nov-18	\$5,072,621	2,566.1	1,976.8	1,698.7	\$1,932	1.02
Dec-18	\$4,102,823	2,512.0	1,633.3	1,730.3	\$1,957	0.83
Jan-19	\$4,262,156	2,473.3	1,723.3	1,689.6	\$1,895	0.91
Feb-19	\$3,371,643	2,425.7	1,390.0	1,757.9	\$2,036	0.68
Mar-19	\$4,023,641	2,362.8	1,702.9	2,055.4	\$2,329	0.73
Apr-19	\$3,790,944	2,301.8	1,646.9	1,798.5	\$2,031	0.81
May-19	\$3,981,441	2,257.3	1,763.8	1,727.2	\$1,936	0.91
Jun-19	\$3,626,827	2,201.3	1,647.6	1,466.3	\$1,652	1.00
Jul-19	\$3,916,001	2,166.0	\$1,808	\$1,578	\$1,762	1.03
Aug-19	\$4,171,707	2,117.9	\$1,970	\$1,677	\$1,910	1.03
Sep-19	\$3,729,236	2,079.0	\$1,794	\$1,493	\$1,648	1.09
Oct-19	\$3,664,663	2,032.0	\$1,803	\$1,704	\$1,925	0.94
Nov-19	\$3,291,454	2,008.1	\$1,639	\$1,532	\$1,737	0.94
Dec-19	\$3,356,131	1,998.2	\$1,680	\$1,649	\$1,868	0.90
Total	\$102,701,431	60,351.0	\$1,702	\$1,651	\$1,866	0.91

**Table 11.E MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 5A**

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$110,831,462	65,796.4	\$1,684	\$1,636	\$1,684	1.00
Jan-18	\$6,047,105	4,341.7	1,392.8	1,595.6	\$1,667	0.84
Feb-18	\$5,876,069	4,269.9	1,376.2	1,478.6	\$1,534	0.90
Mar-18	\$6,390,927	4,096.6	1,560.1	1,647.9	\$1,717	0.91
Apr-18	\$6,072,292	4,028.6	1,507.3	1,875.8	\$1,925	0.78
May-18	\$5,911,945	3,935.0	1,502.4	1,601.9	\$1,657	0.91
Jun-18	\$5,730,129	3,864.9	1,482.6	1,577.4	\$1,638	0.91
Jul-18	\$5,757,860	3,805.5	1,513.0	1,681.2	\$1,737	0.87
Aug-18	\$6,086,460	3,718.3	1,636.9	1,683.2	\$1,740	0.94
Sep-18	\$4,866,549	3,636.2	1,338.4	1,676.2	\$1,735	0.77
Oct-18	\$5,379,800	3,576.3	1,504.3	1,801.2	\$1,861	0.81
Nov-18	\$4,845,145	3,425.0	1,414.6	1,535.5	\$1,593	0.89
Dec-18	\$5,329,252	3,365.6	1,583.5	1,492.6	\$1,522	1.04
Jan-19	\$5,084,116	3,268.5	1,555.5	1,790.4	\$1,815	0.86
Feb-19	\$4,926,970	3,207.7	1,536.0	1,754.2	\$1,822	0.84
Mar-19	\$4,943,294	3,154.0	1,567.3	1,743.0	\$1,781	0.88
Apr-19	\$4,682,379	3,057.0	1,531.7	1,836.7	\$1,884	0.81
May-19	\$4,654,331	3,004.0	1,549.4	1,867.9	\$1,930	0.80
Jun-19	\$4,248,397	2,920.3	1,454.8	1,556.7	\$1,577	0.92
Jul-19	\$5,036,285	2,869.3	\$1,755	\$2,007	\$2,065	0.85
Aug-19	\$4,835,398	2,800.0	\$1,727	\$1,833	\$1,893	0.91
Sep-19	\$4,341,726	2,749.6	\$1,579	\$1,708	\$1,741	0.91
Oct-19	\$4,598,227	2,694.5	\$1,707	\$1,873	\$1,897	0.90
Nov-19	\$3,979,830	2,670.5	\$1,490	\$1,393	\$1,389	1.07
Dec-19	\$4,929,611	2,632.0	\$1,873	\$1,625	\$1,666	1.12
Total	\$124,554,098	81,091.0	\$1,536	\$1,687	\$1,737	0.88

**Table 11.F MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 5B**

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$113,207,213	65,414.5	\$1,731	\$1,637	\$1,731	1.00
Jan-18	\$7,866,863	4,608.6	1,707.0	1,809.0	\$1,868	0.91
Feb-18	\$7,370,830	4,519.3	1,631.0	1,722.8	\$1,782	0.92
Mar-18	\$8,099,051	4,411.9	1,835.7	1,854.6	\$1,887	0.97
Apr-18	\$7,417,590	4,331.9	1,712.3	1,788.7	\$1,830	0.94
May-18	\$7,579,612	4,243.0	1,786.4	1,748.2	\$1,807	0.99
Jun-18	\$7,378,747	4,150.0	1,778.0	1,705.7	\$1,751	1.02
Jul-18	\$6,902,669	4,040.3	1,708.4	1,920.3	\$1,963	0.87
Aug-18	\$7,115,772	3,950.7	1,801.1	1,871.9	\$1,903	0.95
Sep-18	\$6,460,468	3,847.8	1,679.0	1,795.7	\$1,827	0.92
Oct-18	\$7,230,324	3,802.9	1,901.3	1,884.6	\$1,915	0.99
Nov-18	\$6,499,888	3,693.6	1,759.8	1,952.9	\$1,976	0.89
Dec-18	\$6,184,802	3,603.2	1,716.5	1,821.0	\$1,852	0.93
Jan-19	\$6,288,114	3,521.8	1,785.5	1,978.0	\$2,007	0.89
Feb-19	\$5,634,727	3,352.8	1,680.6	1,675.0	\$1,709	0.98
Mar-19	\$6,246,757	3,283.1	1,902.7	2,098.3	\$2,174	0.88
Apr-19	\$5,595,608	3,200.0	1,748.6	1,958.9	\$2,008	0.87
May-19	\$5,924,558	3,136.2	1,889.1	2,115.3	\$2,152	0.88
Jun-19	\$5,591,650	3,076.4	1,817.6	1,833.9	\$1,893	0.96
Jul-19	\$5,562,325	3,012.7	\$1,846	\$1,869	\$1,933	0.96
Aug-19	\$6,512,624	2,928.0	\$2,224	\$1,906	\$1,953	1.14
Sep-19	\$5,192,980	2,876.2	\$1,805	\$1,926	\$1,983	0.91
Oct-19	\$6,361,029	2,824.6	\$2,252	\$2,014	\$2,063	1.09
Nov-19	\$5,627,128	2,780.0	\$2,024	\$1,854	\$1,920	1.05
Dec-19	\$5,028,864	2,735.3	\$1,839	\$1,830	\$1,858	0.99
Total	\$155,672,978	85,930.3	\$1,812	\$1,864	\$1,909	0.95

**Table 11.G MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 6A**

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$102,206,255	51,245.5	\$1,994	\$1,953	\$1,994	1.00
Jan-18	\$9,201,971	4,848.1	1,898.1	1,963.4	\$1,986	0.96
Feb-18	\$7,609,717	4,673.8	1,628.2	1,911.3	\$1,939	0.84
Mar-18	\$8,286,958	4,489.7	1,845.8	2,066.0	\$2,097	0.88
Apr-18	\$8,015,795	4,386.8	1,827.3	2,040.9	\$2,043	0.89
May-18	\$7,007,188	4,274.5	1,639.3	2,108.2	\$2,146	0.76
Jun-18	\$6,784,875	4,168.4	1,627.7	1,892.2	\$1,926	0.85
Jul-18	\$6,276,057	4,058.3	1,546.5	1,776.3	\$1,799	0.86
Aug-18	\$6,081,918	3,956.5	1,537.2	1,852.5	\$1,921	0.80
Sep-18	\$5,436,915	3,845.9	1,413.7	1,966.6	\$1,994	0.71
Oct-18	\$5,787,008	3,772.9	1,533.8	2,230.2	\$2,261	0.68
Nov-18	\$5,869,138	3,663.0	1,602.3	1,919.1	\$1,923	0.83
Dec-18	\$5,359,024	3,560.7	1,505.1	1,878.4	\$1,881	0.80
Jan-19	\$5,843,588	3,398.8	1,719.3	1,882.6	\$1,891	0.91
Feb-19	\$4,484,646	3,315.6	1,352.6	2,037.8	\$2,094	0.65
Mar-19	\$5,734,777	3,233.0	1,773.8	1,930.9	\$1,919	0.92
Apr-19	\$5,419,865	3,121.0	1,736.6	1,946.0	\$1,913	0.91
May-19	\$4,859,790	3,028.4	1,604.8	2,121.6	\$2,067	0.78
Jun-19	\$4,487,938	2,955.8	1,518.4	1,866.9	\$1,844	0.82
Jul-19	\$4,814,866	2,883.4	\$1,670	\$1,922	\$1,949	0.86
Aug-19	\$4,446,641	2,779.5	\$1,600	\$2,042	\$2,026	0.79
Sep-19	\$3,845,096	2,707.4	\$1,420	\$1,717	\$1,710	0.83
Oct-19	\$4,874,038	2,607.7	\$1,869	\$2,070	\$2,091	0.89
Nov-19	\$3,798,573	2,551.6	\$1,489	\$1,773	\$1,766	0.84
Dec-19	\$3,750,022	2,501.4	\$1,499	\$1,938	\$1,911	0.78
Total	\$138,076,404	84,782.2	\$1,629	\$1,956	\$1,970	0.83

**Table 11.H MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 6B**

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$69,409,748	36,877.4	\$1,882	\$1,743	\$1,882	1.00
Jan-18	\$6,482,605	3,306.9	1,960.3	1,656.5	\$1,799	1.09
Feb-18	\$5,377,290	3,211.5	1,674.4	1,546.8	\$1,635	1.02
Mar-18	\$5,328,513	3,090.1	1,724.4	1,587.5	\$1,689	1.02
Apr-18	\$4,841,035	3,024.0	1,600.9	1,747.3	\$1,850	0.87
May-18	\$4,475,317	2,938.2	1,523.1	1,975.0	\$2,120	0.72
Jun-18	\$4,651,358	2,887.4	1,610.9	1,672.3	\$1,765	0.91
Jul-18	\$4,672,120	2,825.6	1,653.5	1,870.6	\$1,997	0.83
Aug-18	\$4,458,438	2,760.6	1,615.0	1,850.4	\$1,945	0.83
Sep-18	\$4,370,325	2,695.5	1,621.4	1,780.9	\$1,853	0.88
Oct-18	\$4,144,384	2,656.7	1,559.9	1,861.3	\$1,950	0.80
Nov-18	\$4,216,223	2,589.6	1,628.2	1,470.3	\$1,547	1.05
Dec-18	\$4,100,866	2,517.0	1,629.2	1,800.4	\$1,837	0.89
Jan-19	\$4,616,367	2,445.2	1,887.9	1,757.1	\$1,882	1.00
Feb-19	\$3,743,656	2,347.0	1,595.1	1,697.9	\$1,769	0.90
Mar-19	\$3,960,011	2,300.7	1,721.2	1,610.8	\$1,771	0.97
Apr-19	\$4,157,353	2,235.2	1,859.9	1,731.3	\$1,871	0.99
May-19	\$3,980,752	2,155.6	1,846.7	1,951.1	\$2,034	0.91
Jun-19	\$3,344,575	2,092.7	1,598.2	1,614.8	\$1,722	0.93
Jul-19	\$3,505,686	2,036.4	\$1,722	\$1,735	\$1,822	0.94
Aug-19	\$3,138,167	1,968.5	\$1,594	\$1,767	\$1,874	0.85
Sep-19	\$3,017,717	1,915.9	\$1,575	\$1,786	\$1,953	0.81
Oct-19	\$3,462,617	1,862.9	\$1,859	\$1,718	\$1,851	1.00
Nov-19	\$3,136,541	1,827.2	\$1,717	\$1,825	\$1,957	0.88
Dec-19	\$3,053,106	1,779.3	\$1,716	\$1,681	\$1,766	0.97
Total	\$100,235,022	59,469.8	\$1,685	\$1,734	\$1,841	0.92

Table 11.I MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 7A

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$86,769,395	46,261.5	\$1,876	\$2,006	\$1,876	1.00
Jan-19	\$7,296,187	4,402.4	1,657.3	2,142.8	\$2,024	0.82
Feb-19	\$6,941,929	4,182.1	1,659.9	1,923.0	\$1,835	0.90
Mar-19	\$7,463,750	4,016.9	1,858.1	2,121.4	\$2,048	0.91
Apr-19	\$6,807,737	3,854.3	1,766.3	1,749.5	\$1,674	1.05
May-19	\$6,566,601	3,699.3	1,775.1	2,151.3	\$2,082	0.85
Jun-19	\$5,853,912	3,588.4	1,631.3	1,745.0	\$1,648	0.99
Jul-19	\$6,243,187	3,494.2	1,786.7	1,869.2	\$1,771	1.01
Aug-19	\$5,440,030	3,381.4	1,608.8	1,897.8	\$1,796	0.90
Sep-19	\$5,052,614	3,308.3	1,527.3	1,721.5	\$1,625	0.94
Oct-19	\$5,883,740	3,215.7	1,829.7	2,019.8	\$1,916	0.95
Nov-19	\$4,953,003	3,133.6	1,580.6	1,943.0	\$1,844	0.86
Dec-19	\$5,645,285	3,059.6	1,845.1	1,786.0	\$1,693	1.09
Total	\$74,147,974	43,336.2	\$1,711	\$1,930	\$1,838	0.93

Table 11.J MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 7B

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$45,299,170	22,532.1	\$2,010	\$1,873	\$2,010	1.00
Jan-19	\$3,553,207	2,111.2	1,683.0	1,885.6	\$2,015	0.84
Feb-19	\$3,103,722	1,995.3	1,555.5	1,726.0	\$1,826	0.85
Mar-19	\$3,214,444	1,934.5	1,661.6	1,796.2	\$1,915	0.87
Apr-19	\$3,444,677	1,867.6	1,844.4	1,777.8	\$1,891	0.98
May-19	\$3,153,016	1,814.5	1,737.7	1,786.7	\$1,903	0.91
Jun-19	\$3,326,044	1,735.6	1,916.4	2,058.2	\$2,146	0.89
Jul-19	\$2,831,016	1,697.6	1,667.6	1,751.5	\$1,859	0.90
Aug-19	\$3,026,162	1,627.3	1,859.6	1,865.2	\$1,954	0.95
Sep-19	\$2,847,234	1,588.0	1,793.0	1,613.0	\$1,702	1.05
Oct-19	\$2,419,773	1,522.9	1,588.9	2,046.7	\$2,159	0.74
Nov-19	\$2,207,208	1,485.3	1,486.1	1,721.0	\$1,826	0.81
Dec-19	\$2,394,905	1,441.4	1,661.5	1,936.7	\$2,077	0.80
Total	\$35,521,409	20,821.3	\$1,706	\$1,828	\$1,938	0.88

Table 12.A MEDICARE
PMPM costs for Demonstration Year 5 based on incurred Medicare claims for Cohorts 1, 2, 3, 4, 5A/B and 6A/B

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM savings	Dollar savings
	Incurred claims	Member months	Intervention (D)	Comparison	Target (T)			
Baseline	\$1,234,339,704	716,485.0			\$1,722.77	1.00		
Durable medical equipment	\$19,325,715	311,370.4	\$62.07	\$70.52	\$73.76	0.84	\$11.69	\$3,640,867
Home health agency	\$22,870,923	311,370.4	\$73.45	\$100.59	\$104.21	0.70	\$30.76	\$9,577,583
Hospice	\$5,457,597	311,370.4	\$17.53	\$68.73	\$71.83	0.24	\$54.30	\$16,906,965
Inpatient	\$201,910,300	311,370.4	\$648.46	\$649.06	\$682.18	0.95	\$33.72	\$10,499,999
Outpatient	\$134,290,164	311,370.4	\$431.29	\$374.57	\$392.45	1.10	-\$38.84	-\$12,094,372
Professional	\$101,240,787	311,370.4	\$325.15	\$377.02	\$397.74	0.82	\$72.59	\$22,603,112
SNF	\$46,798,990	311,370.4	\$150.30	\$146.69	\$155.52	0.97	\$5.22	\$1,623,797
Total	\$531,894,476	311,370.4	\$1,708.24	\$1,787.18	\$1,877.68	0.91	\$169.44	\$52,757,951

Table 12.B MEDICARE
PMPM costs for Demonstration Year 6 based on incurred Medicare claims for Cohorts 1, 2, 3, 4, 5A/B, 6A/B and 7A/B

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM savings	Dollar savings
	Incurred claims	Member months	Intervention (D)	Comparison	Target (T)			
Baseline	\$1,234,339,704	716,485.0			\$1,722.77	1.00		
Durable medical equipment	\$21,092,006	302,942.3	\$69.62	\$72.15	\$73.98	0.94	\$4.36	\$1,319,346
Home health agency	\$22,630,589	302,942.3	\$74.70	\$100.82	\$103.44	0.72	\$28.74	\$8,705,472
Hospice	\$5,321,634	302,942.3	\$17.57	\$89.76	\$92.59	0.19	\$75.03	\$22,729,025
Inpatient	\$200,877,572	302,942.3	\$663.09	\$669.17	\$690.54	0.96	\$27.45	\$8,316,796
Outpatient	\$135,276,304	302,942.3	\$446.54	\$395.17	\$405.93	1.10	-\$40.61	-\$12,303,918
Professional	\$99,811,804	302,942.3	\$329.47	\$390.60	\$405.30	0.81	\$75.83	\$22,971,042
SNF	\$47,846,948	302,942.3	\$157.94	\$153.44	\$160.55	0.98	\$2.61	\$789,734
Total	\$532,856,858	302,942.3	\$1,758.94	\$1,871.12	\$1,932.33	0.91	\$173.39	\$52,527,497

Table 13.A
PMPM costs by category of beneficiary for Demonstration Year 5 based on incurred Medicare claims
for Cohorts 1, 2, 3, 4, 5A/B and 6A/B

Category of beneficiary	Total		Durable medical equipment		Home health agency		Hospice		Inpatient		Outpatient		Professional		SNF	
	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings
Total	\$169.44	\$52,757,951	\$11.69	\$3,640,867	\$30.76	\$9,577,583	\$54.30	\$16,906,965	\$33.72	\$10,499,999	-\$38.84	-\$12,094,372	\$72.59	\$22,603,112	\$5.22	\$1,623,797
Fac 65+ SPMI	\$910.07	\$9,893,867	-\$8.38	-\$91,122	-\$16.69	-\$181,477	\$223.88	\$2,433,885	\$136.43	\$1,483,217	\$200.84	\$2,183,388	\$204.44	\$2,222,560	\$169.56	\$1,843,415
Fac 65+ nonSPMI	\$386.51	\$3,392,388	-\$17.23	-\$151,195	-\$12.51	-\$109,814	\$180.56	\$1,584,804	-\$27.34	-\$239,977	\$149.58	\$1,312,889	\$122.95	\$1,079,107	-\$9.51	-\$83,427
HCBS 65+ SPMI	\$618.14	\$16,907,214	\$32.10	\$877,877	\$66.30	\$1,813,518	\$91.60	\$2,505,365	\$231.23	\$6,324,599	\$30.43	\$832,242	\$126.25	\$3,453,152	\$40.23	\$1,100,460
HCBS 65+ nonSPMI	\$267.61	\$11,707,779	\$11.92	\$521,636	\$35.35	\$1,546,603	\$83.50	\$3,652,974	\$51.05	\$2,233,297	-\$23.29	-\$1,018,872	\$94.84	\$4,149,379	\$14.23	\$622,763
Com 65+ SPMI	\$124.26	\$2,425,386	\$10.02	\$195,502	\$61.08	\$1,192,249	\$56.71	\$1,106,928	-\$20.55	-\$401,180	-\$35.91	-\$700,860	\$61.75	\$1,205,283	-\$8.84	-\$172,535
Com 65+ nonSPMI	\$7.56	\$439,967	\$14.19	\$826,017	\$33.50	\$1,950,439	\$51.03	\$2,971,431	-\$24.59	-\$1,431,625	-\$70.78	-\$4,121,445	\$16.19	\$942,824	-\$11.98	-\$697,674
Fac <65 SPMI	\$1,121.79	\$5,116,212	\$13.93	\$63,529	-\$0.21	-\$975	\$60.19	\$274,505	\$271.27	\$1,237,182	\$199.44	\$909,598	\$332.60	\$1,516,884	\$244.59	\$1,115,490
Fac <65 nonSPMI	\$209.38	\$765,570	-\$33.44	-\$122,253	-\$2.35	-\$8,605	\$73.94	\$270,366	\$55.31	\$202,223	-\$53.01	-\$193,829	\$82.99	\$303,422	\$85.95	\$314,246
HCBS <65 SPMI	\$203.89	\$5,962,451	-\$12.50	-\$365,598	\$31.08	\$908,927	\$27.23	\$796,195	\$126.33	\$3,694,389	-\$24.38	-\$713,054	\$75.00	\$2,193,374	-\$18.87	-\$551,782
HCBS <65 nonSPMI	-\$34.01	-\$1,124,223	\$27.74	\$916,991	\$35.49	\$1,173,204	\$21.61	\$714,223	-\$13.48	-\$445,460	-\$155.28	-\$5,132,967	\$78.08	\$2,580,871	-\$28.17	-\$931,084
Com <65 SPMI	-\$22.79	-\$834,223	\$16.99	\$621,895	\$25.02	\$915,780	\$7.57	\$277,204	-\$40.61	-\$1,486,432	-\$75.62	-\$2,768,108	\$49.40	\$1,808,126	-\$5.54	-\$202,688
Com <65 nonSPMI	-\$52.98	-\$1,894,435	\$9.72	\$347,588	\$10.56	\$377,733	\$8.92	\$319,085	-\$18.75	-\$670,234	-\$75.05	-\$2,683,353	\$32.11	\$1,148,130	-\$20.51	-\$733,385

Table 13.B
PMPM costs by category of beneficiary for Demonstration Year 6 based on incurred Medicare claims
for Cohorts 1, 2, 3, 4, 5A/B, 6A/B and 7A/B

Category of beneficiary	Total		Durable medical equipment		Home health agency		Hospice		Inpatient		Outpatient		Professional		SNF	
	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings
Total	\$173.39	\$52,527,497	\$4.36	\$1,319,346	\$28.74	\$8,705,472	\$75.03	\$22,729,025	\$27.45	\$8,316,796	-\$40.61	-\$12,303,918	\$75.83	\$22,971,042	\$2.61	\$789,734
Fac 65+ SPMI	\$525.57	\$5,980,582	-\$4.27	-\$48,598	-\$16.69	-\$189,930	\$230.91	\$2,627,644	-\$36.68	-\$417,389	\$163.98	\$1,865,998	\$136.29	\$1,550,878	\$52.02	\$591,979
Fac 65+ nonSPMI	\$425.80	\$3,554,887	-\$21.15	-\$176,604	-\$8.61	-\$71,877	\$162.57	\$1,357,215	\$43.12	\$360,017	\$131.73	\$1,099,767	\$112.71	\$940,939	\$5.44	\$45,429
HCBS 65+ SPMI	\$790.35	\$22,995,857	\$17.41	\$506,449	\$48.37	\$1,407,255	\$157.98	\$4,596,498	\$284.18	\$8,268,422	\$78.06	\$2,271,156	\$142.24	\$4,138,583	\$62.12	\$1,807,494
HCBS 65+ nonSPMI	\$328.12	\$13,459,208	\$7.61	\$312,265	\$38.96	\$1,597,992	\$125.77	\$5,158,832	\$69.67	\$2,857,680	\$44.58	\$1,828,679	\$61.45	\$2,520,710	-\$19.92	-\$816,948
Com 65+ SPMI	\$241.29	\$4,673,493	\$10.41	\$201,535	\$67.63	\$1,309,895	\$87.64	\$1,697,393	\$32.03	\$620,327	-\$61.96	-\$1,200,079	\$77.17	\$1,494,594	\$28.39	\$549,828
Com 65+ nonSPMI	-\$106.44	-\$5,869,860	\$10.08	\$555,607	\$23.66	\$1,304,858	\$68.06	\$3,753,026	-\$72.34	-\$3,989,220	-\$143.89	-\$7,935,198	\$17.70	\$976,314	-\$9.71	-\$535,248
Fac <65 SPMI	\$771.64	\$3,603,984	-\$11.80	-\$55,122	-\$15.95	-\$74,504	\$59.40	\$277,419	\$126.10	\$588,959	\$221.03	\$1,032,322	\$249.63	\$1,165,925	\$143.23	\$668,984
Fac <65 nonSPMI	\$132.54	\$485,047	-\$52.36	-\$191,611	\$2.26	\$8,274	\$67.50	\$247,023	-\$62.17	-\$227,519	\$14.19	\$51,925	\$86.87	\$317,922	\$76.24	\$279,033
HCBS <65 SPMI	\$312.35	\$9,356,341	-\$14.12	-\$422,821	\$47.82	\$1,432,559	\$32.84	\$983,759	\$170.39	\$5,103,960	-\$61.06	-\$1,828,960	\$108.62	\$3,253,744	\$27.85	\$834,101
HCBS <65 nonSPMI	\$78.48	\$2,528,185	\$3.97	\$127,844	\$37.17	\$1,197,448	\$40.71	\$1,311,568	\$66.60	\$2,145,391	-\$131.46	-\$4,234,878	\$95.62	\$3,080,292	-\$34.13	-\$1,099,479
Com <65 SPMI	-\$79.31	-\$2,797,830	\$6.75	\$238,054	\$15.33	\$540,948	\$10.19	\$359,487	-\$73.59	-\$2,595,969	-\$102.19	-\$3,605,017	\$63.31	\$2,233,589	\$0.88	\$31,077
Com <65 nonSPMI	-\$165.89	-\$5,442,396	\$8.30	\$272,349	\$7.39	\$242,554	\$10.95	\$359,163	-\$134.05	-\$4,397,863	-\$50.28	-\$1,649,633	\$39.55	\$1,297,551	-\$47.75	-\$1,566,516