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Preliminary Savings Report for Colorado Managed Fee-for-Service (MFFS) Demonstration Period 2: Medicare- Medicaid Financial Alignment Initiative

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PRELIMINARY SAVINGS REPORT FOR COLORADO MANAGED FEE-FOR-SERVICE
(MFFS) DEMONSTRATION PERIOD 2 MEDICARE-MEDICAID FINANCIAL
ALIGNMENT INITIATIVE

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1. Introduction

The Accountable Care Collaborative: Medicare-Medicaid Program (ACC:MMP) is a statewide Managed Fee for Service (MFFS) demonstration that began on September 1, 2014 and ended in December 2017. The demonstration was intended to coordinate medical care, behavioral health services, and long-term services and supports (LTSS) for Medicare-Medicaid enrollees.

The demonstration operated essentially as a special population focus within the State's existing Accountable Care Collaborative (ACC) program, which serves a large number of Medicaid-only beneficiaries. Upon enrolling in the ACC program, Medicare-Medicaid beneficiaries were enrolled automatically into the demonstration.

Individuals eligible for the demonstration included beneficiaries who were enrolled in Medicare Parts A and B and eligible for Part D, received full Medicaid benefits under fee-for-service (FFS) arrangements, and had no other private or public health insurance. Medicare-Medicaid enrollees who were not eligible for the demonstration included those enrolled in a Medicare Advantage plan, the Program of All-Inclusive Care for the Elderly (PACE), the Denver Health Medicaid Choice Plan, or the Rocky Mountain Health Plan (the latter two are Medicaid managed care organizations operating in certain Colorado counties); and individuals who were residents of an Intermediate Care Facility for People with Intellectual Disabilities (CO MOU, 2014, pp. 8–9¹).

The ACC program has three major components: Regional Care Collaborative Organizations (RCCOs), which are consortia of local providers serving as care coordination organizations; Primary Care Medical Providers (PCMPs), who are primary care physicians providing enrollees with medical homes; and the Statewide Data and Analytics Contractor (SDAC), which provides data on enrollees' health status and utilization.

The ACC:MMP did not change enrollees' Medicare or Medicaid benefits. However, the demonstration created several new requirements for RCCOs that were intended to tailor the ACC to the needs of Medicare-Medicaid enrollees. Under the demonstration, RCCOs were required to:

1. develop a service coordination plan (SCP) for each enrollee that articulated individual health goals and provided information to support coordination across delivery systems and among the enrollee's providers;
2. enter into agreements with entities that manage LTSS and behavioral health services to coordinate care for enrollees and avoid duplication;
3. facilitate successful care transitions for enrollees discharged from hospitals; and

¹ As recorded at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/COMOU.pdf>

4. assess providers' capabilities to deliver disability-competent care and offer technical assistance to provider practices to meet these goals.

The State phased in enrollment of Medicare-Medicaid beneficiaries into the ACC program over a 9-month period (originally scheduled for 7 months), from September 2014 through June 2015, starting with individuals who had the least complex conditions and continuing through beneficiaries receiving waiver services, those receiving “high [need] waiver” services, and those in skilled nursing facilities (MOU, 2014, pp. 50–51). Upon enrollment, beneficiaries were attributed to the RCCO serving their geographic region. To identify a PCMP for attribution, the SDAC reviewed each enrollee’s Medicare and Medicaid claims history from the previous 12 months to determine which medical provider the enrollee had seen most frequently (MOU, 2014, p. 9). Beneficiaries could opt out or disenroll from the ACC program at any time (MOU, 2014, p. 48).

This report is the second Medicare savings report for the Colorado managed fee-for-service (MFFS) demonstration under the Medicare-Medicaid Financial Alignment Initiative. Colorado began enrollment on September 1, 2014, and this report covers the 28-month period from September 1, 2014 through December 31, 2016. The period September 1, 2014 through December 31, 2015 is referred to as Colorado’s Demonstration Period 1, while the period January 1, 2016 through December 31, 2016 is referred to as Colorado’s Demonstration Period 2.

The gross Medicare savings calculation results, and the Medicaid savings calculation results when they are available, will be shared with the Centers for Medicare & Medicaid Services (CMS). The information will provide an actuarial analysis of the ACC:MMP on overall costs of the dual eligible enrollees.

The method used to perform the savings calculation in this report will be referred to as the “actuarial method,” which is different from the multivariate regression-based method that will be used to estimate the impact of the demonstration on quality and cost outcomes in the evaluation report for the Colorado demonstration. Both methods use beneficiaries from the same comparison group. 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 this evaluation.

The results presented in this report are final for Medicare for Demonstration Period 1, but preliminary for Demonstration Period 2. It is important to note that there are a number of reasons why the final and initial Medicare gross cost savings results for Demonstration Period 1 may differ, including the attributed savings methodology, eligibility updates, and claims run out. This final results for Demonstration Period 1 incorporate 12 months of run-out and were updated to include any retroactive adjustments to eligibility data for beneficiaries in both the intervention and comparison groups.

The calculations in this report include Medicare Parts A and B expenditures only, because the data needed to perform the calculations for Medicaid expenditures are not yet available. The final savings calculations will include the available Medicare and Medicaid data.

Note also that the final evaluation report will include an analysis of Medicare Part D data. Medicare Part D spending does not inform the amount of any performance-based payments to the State and is not included in this report.

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2. Data Sources for PMPM Cost Analysis

Medicare payments have been separated into seven claim categories: Inpatient, Skilled Nursing Facility (SNF), Hospice, Outpatient, Home Health, Professional, and Durable Medical Equipment (DME). The data used in creating the results of this report are described in more detail below.

2.1 Determining Eligibility

As a part of performing expenditure 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, or ineligibility, for the demonstration. ARC used beneficiary information extracted from CMS's Integrated Data Repository (IDR) on November 14, 2017 to construct an analytic file that contains the date of death; eligibility occurrences for Part A coverage, Part B coverage, and primary payer status; state/county codes of residence; and Group Health Organization (GHO) enrollment (e.g., Medicare Advantage [MA] or the Program of All-Inclusive Care for the Elderly [PACE]). In addition, we relied on information generated by RTI for dual eligibility (based on data from the IDR). Demonstration eligibility data was supplied by Colorado and delivered to ARC by RTI. (By design there are no enrollment data for comparison group beneficiaries.) ARC used this information to construct a historical eligibility record for each beneficiary in both the intervention and comparison groups.

After creating the historical eligibility file, ARC tabulated the days on which a beneficiary was eligible for the demonstration. Claims were included in the calculation of expenditures 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 will include updated values for all previous months.

2.2 Claims Data

The primary 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, 2016, and processed by CMS through November 14, 2017. 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)

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3. Basic Approach

The basic actuarial 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 each month in Demonstration Periods 1 and 2. The trend used for the projection is based on the actual experience observed in the comparison group during the Baseline Period and Demonstration Periods 1 and 2.

The PMPM amounts are calculated by dividing total incurred 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 improper 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. All of these adjustments are performed uniformly across time periods and for all cohorts in the intervention and comparison groups.

3.1 Categories of Beneficiaries

The basic approach mentioned above 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 of beneficiaries:

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

The intervention group and the comparison group had the same distribution by the prevalence of SPMI. Both groups had 26 percent prevalence of SPMI. The distributions by basis of Medicare eligibility and by facility status showed more variation. In the intervention group, 42 percent were under age 65 while in the comparison group 48 percent were under age 65. In the intervention group, 36 percent of members used HCBS and 13 percent used facility-based LTSS, whereas the prevalence in the comparison group was 15 percent HCBS and 22 percent facility-based services. Because the savings were calculated for each basis of eligibility and for each facility status category separately and weighted according to the intervention group distribution, the savings calculation appropriately takes into account this different distribution.

It is important to note that beneficiaries are categorized into cells according to their characteristics at the time that they are first placed in “cohorts,” 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 changing “mix” of beneficiaries in the

category. This will also capture the potential effect of the demonstration on slowing 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 for care. If the rate of beneficiaries in the community category moving into more resource-intensive categories (HCBS or LTSS) 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 calculation would indicate potential demonstration savings.

3.2 Cohorts

The actuarial model used for this savings calculation relies on the construction of cohorts. The purpose of employing cohorts for the analysis is to create closed groups of beneficiaries (similarly in the intervention group and the comparison group) whose monthly expenditures measured on a per member per beneficiary month (PMPM) basis can be tracked to determine the effects of the demonstration. We refer to these cohorts as “closed cohorts.” If new entrants were allowed into these groups over time, the new entrants could change the PMPM of the groups for reasons unrelated to the effects of the demonstration and instead related only to the change in the mix of the groups.

The beneficiaries are also disaggregated according to when they become eligible for the demonstration. Thus, beneficiaries are placed into cohorts based on when they first meet the eligibility requirements of the demonstration. Colorado has provided CMS with a file that lists the beneficiaries who have been determined to be eligible for the demonstration based on the State’s criteria. We performed some additional eligibility checks to exclude beneficiaries from the savings calculation if, on the date that we place them in cohorts, they meet the following disqualifying criteria:

1. Are not eligible for Medicaid
2. Do not reside in Colorado
3. Do not have both Part A and Part B coverage
4. Are enrolled in a Group Health Organization
5. Have Medicare as a secondary payer
6. Do not have at least 90 days of FFS experience as a dual eligible beneficiary during the Baseline Period²
7. Are 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. RTI constructed the comparison group from selected Metropolitan Statistical Areas (MSAs) and non-MSAs in five States—Arkansas, Georgia, Pennsylvania, Virginia, and Wisconsin—based on similarities

² Note that the baseline experience must be during a period in which the beneficiary is a FFS dual beneficiary, but (for those in the intervention group) not necessarily enrolled in the demonstration. The criteria are applied equally to those in the intervention group and those in the comparison group.

between the demonstration and comparison areas.³ Each 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.

The tables presented in this report analyze demonstration eligibility and Medicare payments for eight populations of beneficiaries: seven sub-cohorts that are all members of Cohort 1 and then Cohort 2. Cohort 1 consists of those beneficiaries who were first flagged as eligible for the demonstration by Colorado during the months of September 2014 through May 2015 (i.e., the 9-month demonstration enrollment phase-in period) and who also met all of the CMS demonstration eligibility requirements in September 2014 (the month that the demonstration began). However, there were few enrollments in November 2014 and April 2015. Therefore, Cohort 1 of the intervention group is subdivided into seven subgroups consisting of those first identified as eligible for the demonstration in each of the months September 2014 through May 2015, but with enrollments in November combined with those in December and enrollments in April combined with those in May, because of the small number of enrollments in November and April. The seven sub-cohorts are identified as Cohort 1A through 1G.

Cohort 2 consists of those beneficiaries who were eligible for the demonstration in January 2016 with at least three months of baseline experience and who were not in Cohort 1. For Cohort 2, the baseline experience consists of the portion of Demonstration Period 1 (September 2014 through December 2015) that Cohort 2 beneficiaries met all of the CMS eligibility requirements. The actuarial savings calculation methodology does not include the actual cost experience of beneficiaries until their first full year of demonstration eligibility. Therefore, although Cohort 2 enrollees were enrolled in the demonstration for a portion of Demonstration Period 1, they were not included in Cohort 1 because they were not eligible for the demonstration as of the September 1, 2014 start date with three months of baseline experience. In accordance with the Final Demonstration Agreement, to reflect the fact that Cohort 2 beneficiaries were enrolled in the demonstration during a portion of Demonstration Period 1, the actual Demonstration Period 1 savings percentage experienced by Cohort 1 was attributed to Cohort 2 enrollees for those Demonstration Period 1 months during which they were enrolled. This attribution approach will be used for each cohort after Cohort 1. For example, for this Demonstration Period 2 savings calculation, the actual cost experience for both Cohort 1 and Cohort 2 is included in the calculation, and the actual Cohort 1 experience during Demonstration Period 1 is attributed to Cohort 2 experience for enrolled months during Demonstration Period 1, while the actual Cohort 2 experience during Demonstration Period 2 is attributed to Cohort 3 for those Demonstration Period 2 months during which they were enrolled.

Initially, Cohort 1 was to consist of only those beneficiaries first identified as enrolled in the demonstration in September 2014 (instead of during the period September 2014 through May 2015). However, from those beneficiaries who were eligible in September 2014, Colorado enrolled beneficiaries into the demonstration in stages over the first 9 months of operations based on facility status and whether their Primary Care Medical Provider (PCMP) was already in the Accountable Care Collaborative (ACC). During this start-up phase, we did not include a

³ A description of the comparison group selection methodology will be included in a future Colorado evaluation report.

beneficiary's experience in the savings calculation until the beneficiary had been flagged as eligible by Colorado. 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 met the eligibility requirements for the demonstration in September 2014.

For Cohort 1, the Baseline Period consists of the 24 months immediately preceding the start of the demonstration (i.e., September 1, 2012 through August 31, 2014). As noted, for Cohort 2, the baseline experience is the period September 1, 2014 through December 31, 2015. The same beneficiaries are in the baseline and the demonstration periods. It is important that each beneficiary have relevant experience in both of these periods because the savings calculation methodology relies on determining the trend in PMPM expenditures between the Baseline Period and the demonstration periods. Thus, an individual beneficiary must have 3 months of baseline experience during which they were dually eligible, before being included in a cohort for the savings calculation.

The trend factors from the Baseline Period to the demonstration periods are calculated separately for the intervention and comparison groups, for each of the 12 categories of beneficiaries, for each cohort, and for each month of the demonstration period. For the intervention group, when aggregating across months, cells, or cohorts, expenditures and member months are simply added up and the aggregate PMPMs are obtained by performing division. For the comparison group, however, expenditures for each month, cell, and cohort are obtained by multiplying the PMPM of the 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 size and beneficiary distribution among cells as the intervention group. For the comparison group, when aggregating across months, cells, or cohorts, the reweighted expenditures and intervention group member months are added up and the aggregate PMPMs are obtained by division. Totals and PMPMs obtained in this way are referred to as "reweighted" in the following tables.

For each cohort, cell, and demonstration month, a "target" PMPM is obtained by multiplying the corresponding actual PMPM of the intervention group in the Baseline Period by the ratio of (1) the comparison group PMPM in the demonstration month and (2) the re-weighted comparison group PMPM in the Baseline Period. The ratio of (1)/(2) represents the expected trend based on the comparison group's observed experience. The target is the PMPM in the Baseline Period of the intervention group projected forward by the observed trend in the comparison group. When the Medicaid data become available, this same methodology will be applied separately to the Medicaid expenditures.

3.3 AGA and Outlier Adjustments

Adjustments to the target PMPMs are needed to reflect Federal and State policies that affect the costs in the comparison States differently from those in the demonstration States, and help ensure that calculated savings result only from the demonstration and not from these government policies. For this report, which covers only Medicare expenditures, the only such adjustment is for the Average Geographic Adjustment (AGA) factor. The AGA factor reflects varying FFS cost trends in each county over time compared with the costs of the entire nation. The AGA changes through time at different rates for each geographic area. The target PMPMs

are adjusted so that the comparison group trend is what it would have been if the AGA factors in the comparison States had changed by the same percentage amount as the change in the demonstration State from the baseline period to the demonstration period. If not adjusted for differences in the change in costs between the comparison and the demonstration group from the base period to the demonstration period, savings calculations could mask or amplify true savings from the demonstration. When the Medicaid savings calculation is conducted, other adjustments will have to be made to the Medicaid expenditures.

Another adjustment is made to both the intervention and the comparison PMPMs to account for outliers. Average health care expenditures (as represented by the PMPMs) can be significantly affected by the expenditures of 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, which may or may not be the case. The outlier adjustment is made by combining the intervention and comparison group beneficiaries and ranking them by their Medicare expenditures in the Baseline Period and demonstration periods separately. A threshold amount is calculated at the 99th percentile of these beneficiary-level costs. The costs of any individual that are above this threshold amount is truncated to the threshold amount. The costs above the threshold are subtracted from the total costs, and the PMPMs are re-calculated by excluding the amounts above the threshold. This adjustment effectively nullifies the potentially outsized effect that just a few outliers could have on the overall trends.

3.4 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 to be used in the calculation for each beneficiary. For both Cohort 1 and Cohort 2, Demonstration Periods 1 and 2 member months are tabulated for each beneficiary starting on September 1, 2014 (for Demonstration Period 1) or on January 1, 2016 (for Demonstration Period 2) and accrue until one of the following recorded dates (i.e., the first day that is not included as a member month):

1. January 1, 2017.
2. The day after a beneficiary’s death.
3. The day after a beneficiary moves outside of the intervention area or comparison area.
4. The day a beneficiary joins a Group Health Organization (GHO).
5. The day that Medicare is no longer the beneficiary’s primary payer.
6. The day of loss of beneficiary coverage for either Medicare Part A or Part B.
7. The day of loss of beneficiary Medicaid eligibility.
8. For intervention beneficiaries, the day that Colorado determines that the beneficiary is no longer eligible for the demonstration.

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 Cohort 3, the member months will be calculated beginning on January 1, 2017 and accrue until one of the above termination events or through December 31, 2017. Also, if a beneficiary meets the

demonstration eligibility criteria after being excluded previously, his or her experience would once again be included.

4. Analysis of Cohorts

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

Cohort 1 consisted of 19,778 Medicare-Medicaid enrollees in the intervention group and 57,407 Medicare-Medicaid enrollees in the comparison group. After 28 months of operations, there were 12,513 eligible intervention group members and 32,495 eligible comparison group members as of December 31, 2016. The monthly attrition rates for the intervention and comparison groups were 1.82 percent and 2.06 percent, respectively. A common reason for attrition was death and the monthly death rate for the intervention group was 0.49 percent, which is lower than the monthly death rate of 0.77 percent for the comparison group. The intervention group also experienced a lower rate of attrition because beneficiaries joined Group Health Organizations (GHO) or moved out of area. However, the intervention group experienced higher monthly rates of attrition from loss of eligibility for the demonstration. This is generally the loss of Medicaid eligibility. For the comparison group this is determined by RTI using Medicare beneficiary enrollment information and for the intervention group, this is determined by Colorado. The monthly attrition rates for loss of eligibility were 0.82 percent for the intervention group and 0.33 percent for the comparison group.

Cohort 2 consisted of 7,920 Medicare-Medicaid enrollees in the intervention group and 13,638 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 4,164 eligible intervention group members and 9,683 comparison group members as of December 31, 2016. The monthly attrition rates for the intervention and comparison groups were 4.51 percent and 2.89 percent, respectively. The intervention group experienced significantly higher monthly rates of attrition than the comparison group from loss of eligibility for the demonstration, 3.28 percent vs. 0.89 percent, and this difference accounts for nearly the entire difference in overall monthly attrition rates.

Cohort 1 for the intervention group was separated into seven subgroups denoted by 1A through 1G. The seven subgroups consist of those beneficiaries that Colorado first identified as being eligible for the demonstration during the 9 months from September 2014 through May 2015. Colorado phased in enrollment based on facility status and whether their Primary Care Medical Provider (PCMP) were already in the Accountable Care Collaborative (ACC). The following table shows the number of beneficiaries in each subgroup, the monthly death rate, and the total monthly attrition rate for each subgroup.

Subgroup	Number of beneficiaries	Monthly death rate	Total monthly attrition rate
1A	4,559	0.27%	1.69%
1B	4,389	0.53%	1.73%
1C	2,621	0.51%	1.77%
1D	2,304	0.53%	1.91%
1E	2,237	0.57%	1.91%
1F	2,262	0.63%	2.11%
1G	1,406	0.80%	1.98%

Table 1.A summarizes the reasons for ineligibility from the savings calculations for members of Cohort 1 who became ineligible during the first 28 months of demonstration operations (September 1, 2014 to December 31, 2016) and **Table 1.B** summarizes the reasons for ineligibility from the saving calculations for the members of Cohort 2 who became ineligible during the period between January 1, 2016 and December 31, 2016. (Beneficiaries may have still been considered “eligible” by the State, but they needed to meet other criteria to be included in the savings analysis.)

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	1,895	0.49%	9,274	0.77%
Loss of Part A or B	51	0.01%	277	0.02%
GHO enrollment	1,013	0.26%	5,600	0.46%
Medicare secondary payer	278	0.07%	817	0.07%
Moved out of service area	555	0.14%	2,083	0.17%
Participation in an SSP	45	0.01%	2,910	0.24%
Loss of eligibility	3,162	0.82%	3,951	0.33%
All ineligibles	6,999	1.82%	24,912	2.06%
Beneficiaries as of 1 st day of 1 st month of eligibility	19,778		57,407	
Beneficiaries as of 12/31/2016	12,513		32,495	
Total member months	385,450.52		1,206,755.81	

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	329	0.51%	1,079	0.79%
Loss of Part A or B	14	0.02%	57	0.04%
GHO enrollment	209	0.32%	973	0.71%
Medicare secondary payer	80	0.12%	130	0.09%
Moved out of service area	158	0.25%	503	0.37%
Loss of eligibility	2,109	3.28%	1,213	0.89%
All ineligibles	2,899	4.51%	3,955	2.89%
Beneficiaries as of 1 st day of 1 st month of eligibility	7,290		13,638	
Beneficiaries as of 12/31/2016	4,164		9,683	
Total member months	64,338.91		136,864.53	

GHO = Group Health Organization.

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5. Results of PMPM Cost Analysis

5.1 Medicare Savings before Adjustments

The gross Medicare savings are determined by comparing the rate of growth in expenditures between the intervention group (CO) and the comparison group (the comparison states) as measured by the average monthly costs per beneficiary, 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 period as shown in Tables 2. **Tables 2.A.1, 2.A.2 and 2.B** show the number of incurred claims, member months, PMPM costs, and trend for the comparison group, from the Baseline Period to Demonstration Periods 1 and 2. It also decomposes the descriptive statistics by cohort and beneficiary characteristics. **Tables 3.A to 3.I** exhibit the reweighted PMPM for the comparison group and the calculated trend based on reweighted PMPM. **Section 5.1** shows the effect of AGA on the trend in PMPM while **Section 5.4** shows the effect of outlier adjustment. **Section 5.2** explains the concept of attributed savings and summarizes total savings after all adjustments are taken into account.

For Cohort 1, the PMPM increases by 17 percent from \$889.81 during the Baseline Period to \$1,039.64 during Demonstration Period 1 (**Table 2.A.1**) before falling to \$989.24 during Demonstration Period 2 (**Table 2.A.2**). For Cohort 2, the PMPM decreases by 4 percent from \$1,227.34 during the Baseline Period to \$1,180.71 during Demonstration Period 2 (**Table 2.B**). It should be noted that Cohort 1 represents a cross-section of demonstration-eligible beneficiaries, whereas Cohort 2 and future cohorts represent newly eligible beneficiaries. In other words, Cohort 1 beneficiaries could have first met the requirements for demonstration eligibility at any time during the past (perhaps years ago), whereas future cohort beneficiaries will first meet the requirements for demonstration eligibility recent to the start of the cohort (otherwise they would have been included in Cohort 1). Often those newly eligible to Medicaid (which we measure in the Baseline Period) have higher than average costs, which then regress back toward the mean costs for similar individuals (which we measure in the demonstration period). After the high initial costs for newly eligible individuals have been incurred, the trend would generally return to an increasing trend. On the other hand, successive cross sections of individuals usually exhibit steadily increasing costs. When doing analysis of successive cross sections, it is important that the rate of growth in the numbers of beneficiaries in the comparison and intervention groups be similar.

As noted above, it is expected that there will be some differences between the preliminary and final savings calculations for DY 1 due to the attributed savings methodology, eligibility updates, and claims run out. Before comparing with the intervention group, as will be shown in subsequent tables, the PMPMs in each cell (specific category of beneficiary and month) of the comparison group 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 PMPM costs are adjusted for two reasons: (1) to reflect the difference in the trend in the Average Geographic Adjustment factor between Colorado 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.

Table 2.A.1.
Eligible months, incurred claims, and PMPM for the comparison group, Baseline Period, and Demonstration Period 1, by
category of beneficiary: Cohort 1

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
<i>Comparison Group</i>	1,145,672.8	\$1,019,431,245	\$889.81	779,648.5	\$810,554,140	\$1,039.64	1.16838
Facility, Age 65+, with SPMI	56,055.2	\$100,275,809	\$1,788.88	35,695.0	\$61,898,098	\$1,734.08	0.96937
Facility, Age 65+, no SPMI	152,783.4	\$202,921,086	\$1,328.16	95,278.2	\$142,263,437	\$1,493.14	1.12421
HCBS, Age 65+, with SPMI	14,193.6	\$22,622,369	\$1,593.84	9,417.4	\$16,465,481	\$1,748.41	1.09698
HCBS, Age 65+, no SPMI	75,824.7	\$93,012,882	\$1,226.68	48,884.7	\$80,820,286	\$1,653.28	1.34777
Community, Age 65+, with SPMI	21,309.1	\$19,936,643	\$935.59	14,354.9	\$17,589,468	\$1,225.33	1.30969
Community, Age 65+, no SPMI	235,599.7	\$125,880,215	\$534.30	161,212.8	\$130,511,404	\$809.56	1.51519
Facility, Age <65, with SPMI	15,767.3	\$37,899,320	\$2,403.66	10,993.8	\$25,814,527	\$2,348.10	0.97689
Facility, Age <65, no SPMI	16,833.1	\$33,676,158	\$2,000.59	11,873.7	\$24,693,352	\$2,079.67	1.03953
HCBS, Age <65, with SPMI	29,251.1	\$32,846,975	\$1,122.93	19,974.9	\$22,565,529	\$1,129.69	1.00602
HCBS, Age <65, no SPMI	69,851.0	\$67,498,216	\$966.32	48,443.5	\$52,605,324	\$1,085.91	1.12376
Community, Age <65, with SPMI	149,712.4	\$104,767,964	\$699.79	102,888.6	\$81,948,298	\$796.48	1.13816
Community, Age <65, no SPMI	308,492.1	\$178,093,608	\$577.30	220,631.2	\$153,378,937	\$695.18	1.20419

Table 2.A.2.
Eligible months, incurred claims, and PMPM for the comparison group, Baseline Period, and Demonstration Period 2, by
category of beneficiary: Cohort 1

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
<i>Comparison Group</i>	1,145,672.8	\$1,019,431,245	\$889.81	427,107.3	\$422,510,590	\$989.24	1.11174
Facility, Age 65+, with SPMI	56,055.2	\$100,275,809	\$1,788.88	17,647.3	\$30,663,252	\$1,737.56	0.97132
Facility, Age 65+, no SPMI	152,783.4	\$202,921,086	\$1,328.16	42,395.3	\$59,183,221	\$1,395.99	1.05107
HCBS, Age 65+, with SPMI	14,193.6	\$22,622,369	\$1,593.84	5,101.8	\$8,285,382	\$1,624.01	1.01892
HCBS, Age 65+, no SPMI	75,824.7	\$93,012,882	\$1,226.68	24,843.0	\$40,916,212	\$1,646.99	1.34264
Community, Age 65+, with SPMI	21,309.1	\$19,936,643	\$935.59	7,901.1	\$9,053,764	\$1,145.88	1.22476
Community, Age 65+, no SPMI	235,599.7	\$125,880,215	\$534.30	90,814.7	\$75,672,342	\$833.26	1.55955
Facility, Age <65, with SPMI	15,767.3	\$37,899,320	\$2,403.66	6,293.3	\$12,688,172	\$2,016.14	0.83878
Facility, Age <65, no SPMI	16,833.1	\$33,676,158	\$2,000.59	6,569.2	\$11,288,380	\$1,718.38	0.85893
HCBS, Age <65, with SPMI	29,251.1	\$32,846,975	\$1,122.93	12,218.3	\$13,655,156	\$1,117.60	0.99526
HCBS, Age <65, no SPMI	69,851.0	\$67,498,216	\$966.32	29,785.2	\$31,395,902	\$1,054.08	1.09082
Community, Age <65, with SPMI	149,712.4	\$104,767,964	\$699.79	58,090.3	\$43,298,947	\$745.37	1.06513
Community, Age <65, no SPMI	308,492.1	\$178,093,608	\$577.30	125,447.9	\$86,409,861	\$688.81	1.19315

Table 2.B.
Eligible months, incurred claims, and PMPM for the comparison group, Baseline Period, and Demonstration Period 2, by
category of beneficiary: Cohort 2

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Comparison Group</i>	140,199.8	\$172,073,120	\$1,227.34	136,864.5	\$161,597,134	\$1,180.71	0.96200
Facility, Age 65+, with SPMI	12,872.2	\$32,510,331	\$2,525.63	12,404.7	\$23,722,904	\$1,912.41	0.75720
Facility, Age 65+, no SPMI	16,668.7	\$32,561,316	\$1,953.44	16,202.7	\$25,408,259	\$1,568.15	0.80277
HCBS, Age 65+, with SPMI	2,422.1	\$5,270,676	\$2,176.12	2,274.4	\$4,462,442	\$1,962.01	0.90161
HCBS, Age 65+, no SPMI	6,266.9	\$8,276,867	\$1,320.73	6,032.5	\$9,831,197	\$1,629.71	1.23394
Community, Age 65+, with SPMI	3,545.3	\$4,933,212	\$1,391.46	3,669.0	\$4,415,351	\$1,203.42	0.86486
Community, Age 65+, no SPMI	23,434.2	\$15,159,343	\$646.89	24,130.8	\$18,307,717	\$758.69	1.17282
Facility, Age <65, with SPMI	2,455.0	\$8,044,778	\$3,276.83	2,429.1	\$7,901,276	\$3,252.75	0.99265
Facility, Age <65, no SPMI	1,513.5	\$4,187,873	\$2,767.10	1,535.7	\$3,439,392	\$2,239.58	0.80936
HCBS, Age <65, with SPMI	3,226.6	\$5,364,993	\$1,662.72	3,072.1	\$4,546,456	\$1,479.94	0.89007
HCBS, Age <65, no SPMI	6,657.9	\$6,308,481	\$947.51	6,353.2	\$6,838,608	\$1,076.40	1.13602
Community, Age <65, with SPMI	21,229.0	\$21,224,197	\$999.77	19,818.9	\$21,188,921	\$1,069.13	1.06937
Community, Age <65, no SPMI	39,908.4	\$28,231,052	\$707.40	38,941.4	\$31,534,610	\$809.80	1.14476

Tables 3.A through **3.I** show the development of the trend rates from the Baseline Period to Demonstration Periods 1 and 2 for the reweighted comparison group and the intervention group by category of beneficiary. The reweighting was done by category of beneficiary month by month. Thus, the comparison group PMPMs in **Tables 3.A** through **3.I** do not match exactly the PMPMs in **Table 2** by category of beneficiary, because the PMPMs in **Table 2** are weighted by the number of beneficiaries (month by month) in the comparison group. For example, in **Table 2.B**, the Cohort 2 baseline PMPM for the category “Facility, Age 65+, with SPMI” is \$2,525.63. But in **Table 3.I**, it is \$2,557.39. This is because in **Tables 3.A** through **3.I**, the weighted average PMPM across all months in the Baseline Period is based on the eligible months of the particular subcohort of the intervention group beneficiaries and not that of the comparison group beneficiaries.

Tables 3.H.1 through **3.H.2**, which show the results for the entire Cohort 1, show that the PMPM for the reweighted comparison group increased by 15.3 percent from the Baseline Period to Demonstration Period 1 and 12.7 percent from the Baseline Period to Demonstration Period 2, whereas that of the intervention group increased by 17.0 percent for Demonstration Period 1 and 21.1 percent for Demonstration Period 2, a difference of 1.7 and 8.4 percentage points, respectively. In general, there was a greater difference in these trend factors (i.e., a higher negative savings percentage) for those that were in HCBS or with SPMI than for the other categories. In fact, those 65 and over in nursing facilities and with no SPMI saved a significant 7.7 percentage points in Demonstration Period 1 and 8.3 percentage points in Demonstration Period 2.

Tables 4.A and **4.B** summarize the results of **Tables 3.A** through **3.I** by cohort for each of the two demonstration periods. Cohorts 1A and 1F show slight savings (0.5 percent and 1.3 percent, respectively) for Demonstration Period 1 and Cohorts 1F and 1G show slight savings (3.1 and 0.9 percentage point difference in trend rate, respectively) for Demonstration Period 2, because the PMPM trend from the Baseline Period to the Demonstration Period for the comparison group was greater than the trend for their respective intervention group. All of the other subgroups experienced additional costs (negative savings) with the difference in trend rate between the comparison group and intervention group ranging from 1 to 21 percent. 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.

Table 3.A.1.

MEDICARE eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, Baseline Period, and Demonstration Period 1, by category of beneficiary: Cohort 1A

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
<i>Rewighted Comparison Group</i>	82,775.1	\$66,291,638	\$800.86	61,949.7	\$58,581,011	\$945.62	1.181
Facility, Age 65+, with SPMI	182.1	\$328,577	\$1,804.38	145.6	\$252,111	\$1,731.88	0.960
Facility, Age 65+, no SPMI	771.1	\$1,040,590	\$1,349.55	581.5	\$866,778	\$1,490.55	1.104
HCBS, Age 65+, with SPMI	1,100.7	\$1,771,211	\$1,609.12	852.6	\$1,488,329	\$1,745.61	1.085
HCBS, Age 65+, no SPMI	5,497.4	\$6,767,357	\$1,231.02	3,769.9	\$6,236,367	\$1,654.24	1.344
Community, Age 65+, with SPMI	952.7	\$901,502	\$946.31	717.9	\$881,630	\$1,228.00	1.298
Community, Age 65+, no SPMI	14,399.0	\$7,789,090	\$540.95	11,464.8	\$9,278,290	\$809.29	1.496
Facility, Age <65, with SPMI	330.0	\$810,326	\$2,455.53	279.6	\$657,006	\$2,349.49	0.957
Facility, Age <65, no SPMI	578.0	\$1,202,544	\$2,080.53	533.2	\$1,107,640	\$2,077.27	0.998
HCBS, Age <65, with SPMI	6,975.7	\$7,850,202	\$1,125.37	4,880.5	\$5,513,369	\$1,129.68	1.004
HCBS, Age <65, no SPMI	16,343.7	\$15,825,852	\$968.32	11,865.3	\$12,889,870	\$1,086.35	1.122
Community, Age <65, with SPMI	10,408.7	\$7,339,253	\$705.11	7,458.3	\$5,932,944	\$795.48	1.128
Community, Age <65, no SPMI	25,236.2	\$14,665,133	\$581.11	19,400.5	\$13,476,676	\$694.66	1.195
<i>Intervention Group</i>	82,775.1	\$56,616,902	\$683.98	61,949.7	\$49,817,251	\$804.16	1.176
Facility, Age 65+, with SPMI	182.1	\$851,856	\$4,677.96	145.6	\$321,467	\$2,208.32	0.472
Facility, Age 65+, no SPMI	771.1	\$994,262	\$1,289.46	581.5	\$682,395	\$1,173.48	0.910
HCBS, Age 65+, with SPMI	1,100.7	\$1,153,746	\$1,048.16	852.6	\$1,018,143	\$1,194.14	1.139
HCBS, Age 65+, no SPMI	5,497.4	\$5,589,239	\$1,016.71	3,769.9	\$4,849,042	\$1,286.24	1.265
Community, Age 65+, with SPMI	952.7	\$771,744	\$810.10	717.9	\$790,227	\$1,100.69	1.359
Community, Age 65+, no SPMI	14,399.0	\$5,562,869	\$386.34	11,464.8	\$6,553,577	\$571.63	1.480
Facility, Age <65, with SPMI	330.0	\$785,395	\$2,379.98	279.6	\$520,584	\$1,861.64	0.782
Facility, Age <65, no SPMI	578.0	\$1,328,238	\$2,297.99	533.2	\$1,297,629	\$2,433.57	1.059
HCBS, Age <65, with SPMI	6,975.7	\$5,389,055	\$772.55	4,880.5	\$4,600,527	\$942.64	1.220
HCBS, Age <65, no SPMI	16,343.7	\$11,595,880	\$709.50	11,865.3	\$9,571,006	\$806.64	1.137
Community, Age <65, with SPMI	10,408.7	\$7,200,645	\$691.79	7,458.3	\$6,004,484	\$805.08	1.164
Community, Age <65, no SPMI	25,236.2	\$15,393,970	\$610.00	19,400.5	\$13,608,171	\$701.44	1.150

Table 3.A.2.

MEDICARE eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 1A

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
<i>Rewighted Comparison Group</i>	82,775.1	\$66,291,638	\$800.86	37,045.4	\$34,581,985	\$933.50	1.166
Facility, Age 65+, with SPMI	182.1	\$328,577	\$1,804.38	97.0	\$169,113	\$1,743.44	0.966
Facility, Age 65+, no SPMI	771.1	\$1,040,590	\$1,349.55	293.5	\$409,767	\$1,396.37	1.035
HCBS, Age 65+, with SPMI	1,100.7	\$1,771,211	\$1,609.12	501.9	\$813,871	\$1,621.67	1.008
HCBS, Age 65+, no SPMI	5,497.4	\$6,767,357	\$1,231.02	2,236.5	\$3,683,083	\$1,646.82	1.338
Community, Age 65+, with SPMI	952.7	\$901,502	\$946.31	399.6	\$456,976	\$1,143.55	1.208
Community, Age 65+, no SPMI	14,399.0	\$7,789,090	\$540.95	7,100.3	\$5,917,790	\$833.46	1.541
Facility, Age <65, with SPMI	330.0	\$810,326	\$2,455.53	168.0	\$339,358	\$2,019.99	0.823
Facility, Age <65, no SPMI	578.0	\$1,202,544	\$2,080.53	326.7	\$562,039	\$1,720.24	0.827
HCBS, Age <65, with SPMI	6,975.7	\$7,850,202	\$1,125.37	3,095.6	\$3,460,386	\$1,117.83	0.993
HCBS, Age <65, no SPMI	16,343.7	\$15,825,852	\$968.32	7,681.8	\$8,097,230	\$1,054.08	1.089
Community, Age <65, with SPMI	10,408.7	\$7,339,253	\$705.11	4,256.9	\$3,173,894	\$745.59	1.057
Community, Age <65, no SPMI	25,236.2	\$14,665,133	\$581.11	10,887.7	\$7,498,478	\$688.71	1.185
<i>Intervention Group</i>	82,775.1	\$56,616,902	\$683.98	37,045.4	\$30,959,893	\$835.73	1.222
Facility, Age 65+, with SPMI	182.1	\$851,856	\$4,677.96	97.0	\$172,267	\$1,775.95	0.380
Facility, Age 65+, no SPMI	771.1	\$994,262	\$1,289.46	293.5	\$241,663	\$823.52	0.639
HCBS, Age 65+, with SPMI	1,100.7	\$1,153,746	\$1,048.16	501.9	\$608,746	\$1,212.95	1.157
HCBS, Age 65+, no SPMI	5,497.4	\$5,589,239	\$1,016.71	2,236.5	\$2,818,851	\$1,260.39	1.240
Community, Age 65+, with SPMI	952.7	\$771,744	\$810.10	399.6	\$411,762	\$1,030.40	1.272
Community, Age 65+, no SPMI	14,399.0	\$5,562,869	\$386.34	7,100.3	\$4,146,369	\$583.97	1.512
Facility, Age <65, with SPMI	330.0	\$785,395	\$2,379.98	168.0	\$114,539	\$681.78	0.286
Facility, Age <65, no SPMI	578.0	\$1,328,238	\$2,297.99	326.7	\$609,113	\$1,864.32	0.811
HCBS, Age <65, with SPMI	6,975.7	\$5,389,055	\$772.55	3,095.6	\$3,023,865	\$976.82	1.264
HCBS, Age <65, no SPMI	16,343.7	\$11,595,880	\$709.50	7,681.8	\$8,141,179	\$1,059.81	1.494
Community, Age <65, with SPMI	10,408.7	\$7,200,645	\$691.79	4,256.9	\$3,156,063	\$741.40	1.072
Community, Age <65, no SPMI	25,236.2	\$15,393,970	\$610.00	10,887.7	\$7,515,476	\$690.27	1.132

Table 3.B.1.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 1, by category of beneficiary: Cohort 1B

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
<i>Reweighted Comparison Group</i>	91,434.2	\$87,284,757	\$954.62	56,081.0	\$62,298,033	\$1,110.86	1.164
Facility, Age 65+, with SPMI	2,553.0	\$4,554,574	\$1,784.01	1,461.8	\$2,521,631	\$1,725.00	0.967
Facility, Age 65+, no SPMI	6,661.0	\$8,824,638	\$1,324.82	3,429.2	\$5,113,949	\$1,491.31	1.126
HCBS, Age 65+, with SPMI	2,354.9	\$3,748,289	\$1,591.70	1,427.9	\$2,468,034	\$1,728.41	1.086
HCBS, Age 65+, no SPMI	10,428.4	\$12,822,871	\$1,229.61	6,631.9	\$11,071,016	\$1,669.35	1.358
Community, Age 65+, with SPMI	974.1	\$910,412	\$934.62	590.0	\$720,133	\$1,220.62	1.306
Community, Age 65+, no SPMI	16,944.1	\$9,051,953	\$534.23	10,653.4	\$8,681,680	\$814.92	1.525
Facility, Age <65, with SPMI	1,776.6	\$4,249,065	\$2,391.64	1,068.6	\$2,446,138	\$2,289.18	0.957
Facility, Age <65, no SPMI	1,791.3	\$3,553,837	\$1,983.94	1,031.1	\$2,117,853	\$2,054.01	1.035
HCBS, Age <65, with SPMI	9,434.8	\$10,575,940	\$1,120.95	5,654.8	\$6,327,273	\$1,118.92	0.998
HCBS, Age <65, no SPMI	14,761.8	\$14,253,179	\$965.54	9,046.5	\$9,822,449	\$1,085.78	1.125
Community, Age <65, with SPMI	8,334.4	\$5,838,238	\$700.50	5,201.1	\$4,148,078	\$797.54	1.139
Community, Age <65, no SPMI	15,419.8	\$8,901,761	\$577.30	9,884.8	\$6,859,799	\$693.98	1.202
<i>Intervention Group</i>	91,434.2	\$77,044,457	\$842.62	56,081.0	\$56,164,605	\$1,001.49	1.189
Facility, Age 65+, with SPMI	2,553.0	\$4,057,796	\$1,589.42	1,461.8	\$3,062,995	\$2,095.33	1.318
Facility, Age 65+, no SPMI	6,661.0	\$8,379,666	\$1,258.02	3,429.2	\$4,372,170	\$1,275.00	1.013
HCBS, Age 65+, with SPMI	2,354.9	\$2,778,010	\$1,179.67	1,427.9	\$2,368,338	\$1,658.59	1.406
HCBS, Age 65+, no SPMI	10,428.4	\$12,439,260	\$1,192.82	6,631.9	\$10,152,199	\$1,530.81	1.283
Community, Age 65+, with SPMI	974.1	\$787,814	\$808.76	590.0	\$763,911	\$1,294.82	1.601
Community, Age 65+, no SPMI	16,944.1	\$6,313,595	\$372.61	10,653.4	\$6,316,803	\$592.94	1.591
Facility, Age <65, with SPMI	1,776.6	\$3,084,047	\$1,735.89	1,068.6	\$1,905,334	\$1,783.07	1.027
Facility, Age <65, no SPMI	1,791.3	\$3,444,947	\$1,923.15	1,031.1	\$2,217,837	\$2,150.98	1.118
HCBS, Age <65, with SPMI	9,434.8	\$9,334,721	\$989.39	5,654.8	\$4,937,978	\$873.23	0.883
HCBS, Age <65, no SPMI	14,761.8	\$12,491,604	\$846.21	9,046.5	\$10,220,884	\$1,129.82	1.335
Community, Age <65, with SPMI	8,334.4	\$5,981,672	\$717.71	5,201.1	\$3,467,901	\$666.77	0.929
Community, Age <65, no SPMI	15,419.8	\$7,951,325	\$515.66	9,884.8	\$6,378,255	\$645.26	1.251

Table 3.B.2.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 1B

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
<i>Rewighted Comparison Group</i>	91,434.2	\$87,284,757	\$954.62	35,942.4	\$38,502,204	\$1,071.22	1.122
Facility, Age 65+, with SPMI	2,553.0	\$4,554,574	\$1,784.01	740.5	\$1,285,007	\$1,735.38	0.973
Facility, Age 65+, no SPMI	6,661.0	\$8,824,638	\$1,324.82	1,617.7	\$2,257,281	\$1,395.35	1.053
HCBS, Age 65+, with SPMI	2,354.9	\$3,748,289	\$1,591.70	943.2	\$1,529,593	\$1,621.70	1.019
HCBS, Age 65+, no SPMI	10,428.4	\$12,822,871	\$1,229.61	4,225.1	\$6,958,877	\$1,647.02	1.339
Community, Age 65+, with SPMI	974.1	\$910,412	\$934.62	376.1	\$430,640	\$1,144.93	1.225
Community, Age 65+, no SPMI	16,944.1	\$9,051,953	\$534.23	7,048.9	\$5,873,603	\$833.27	1.560
Facility, Age <65, with SPMI	1,776.6	\$4,249,065	\$2,391.64	684.2	\$1,377,081	\$2,012.73	0.842
Facility, Age <65, no SPMI	1,791.3	\$3,553,837	\$1,983.94	580.9	\$998,774	\$1,719.26	0.867
HCBS, Age <65, with SPMI	9,434.8	\$10,575,940	\$1,120.95	3,970.3	\$4,440,664	\$1,118.46	0.998
HCBS, Age <65, no SPMI	14,761.8	\$14,253,179	\$965.54	6,335.1	\$6,677,168	\$1,053.99	1.092
Community, Age <65, with SPMI	8,334.4	\$5,838,238	\$700.50	3,242.4	\$2,417,736	\$745.66	1.064
Community, Age <65, no SPMI	15,419.8	\$8,901,761	\$577.30	6,177.9	\$4,255,782	\$688.87	1.193
<i>Intervention Group</i>	91,434.2	\$77,044,457	\$842.62	35,942.4	\$36,921,192	\$1,027.23	1.219
Facility, Age 65+, with SPMI	2,553.0	\$4,057,796	\$1,589.42	740.5	\$1,122,389	\$1,515.77	0.954
Facility, Age 65+, no SPMI	6,661.0	\$8,379,666	\$1,258.02	1,617.7	\$1,750,651	\$1,082.18	0.860
HCBS, Age 65+, with SPMI	2,354.9	\$2,778,010	\$1,179.67	943.2	\$1,672,682	\$1,773.41	1.503
HCBS, Age 65+, no SPMI	10,428.4	\$12,439,260	\$1,192.82	4,225.1	\$7,029,212	\$1,663.67	1.395
Community, Age 65+, with SPMI	974.1	\$787,814	\$808.76	376.1	\$319,465	\$849.35	1.050
Community, Age 65+, no SPMI	16,944.1	\$6,313,595	\$372.61	7,048.9	\$4,719,023	\$669.47	1.797
Facility, Age <65, with SPMI	1,776.6	\$3,084,047	\$1,735.89	684.2	\$1,139,418	\$1,665.36	0.959
Facility, Age <65, no SPMI	1,791.3	\$3,444,947	\$1,923.15	580.9	\$955,583	\$1,644.91	0.855
HCBS, Age <65, with SPMI	9,434.8	\$9,334,721	\$989.39	3,970.3	\$4,146,081	\$1,044.26	1.055
HCBS, Age <65, no SPMI	14,761.8	\$12,491,604	\$846.21	6,335.1	\$7,121,514	\$1,124.13	1.328
Community, Age <65, with SPMI	8,334.4	\$5,981,672	\$717.71	3,242.4	\$2,734,165	\$843.25	1.175
Community, Age <65, no SPMI	15,419.8	\$7,951,325	\$515.66	6,177.9	\$4,211,008	\$681.62	1.322

Table 3.C.1
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 1, by category of beneficiary: Cohort 1C

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
<i>Rewighted Comparison Group</i>	55,360.0	\$52,445,576	\$947.35	29,325.2	\$32,747,413	\$1,116.70	1.179
Facility, Age 65+, with SPMI	792.0	\$1,414,706	\$1,786.24	388.4	\$658,858	\$1,696.52	0.950
Facility, Age 65+, no SPMI	5,589.0	\$7,390,755	\$1,322.38	2,616.3	\$3,890,201	\$1,486.91	1.124
HCBS, Age 65+, with SPMI	1,290.0	\$2,051,813	\$1,590.55	660.8	\$1,117,814	\$1,691.50	1.063
HCBS, Age 65+, no SPMI	7,327.0	\$8,981,913	\$1,225.87	3,919.4	\$6,588,529	\$1,681.01	1.371
Community, Age 65+, with SPMI	735.3	\$685,909	\$932.83	402.2	\$508,805	\$1,265.15	1.356
Community, Age 65+, no SPMI	9,568.4	\$5,114,987	\$534.57	5,322.0	\$4,376,694	\$822.38	1.538
Facility, Age <65, with SPMI	637.0	\$1,524,986	\$2,394.01	317.6	\$736,707	\$2,319.75	0.969
Facility, Age <65, no SPMI	892.0	\$1,768,523	\$1,982.65	464.9	\$940,263	\$2,022.42	1.020
HCBS, Age <65, with SPMI	5,641.2	\$6,325,963	\$1,121.39	2,974.1	\$3,289,097	\$1,105.93	0.986
HCBS, Age <65, no SPMI	8,603.9	\$8,303,144	\$965.05	4,472.2	\$4,910,698	\$1,098.04	1.138
Community, Age <65, with SPMI	5,258.2	\$3,678,104	\$699.51	2,861.8	\$2,285,720	\$798.69	1.142
Community, Age <65, no SPMI	9,026.2	\$5,204,774	\$576.63	4,925.5	\$3,444,028	\$699.23	1.213
<i>Intervention Group</i>	55,360.0	\$42,408,250	\$766.04	29,325.2	\$28,447,446	\$970.07	1.266
Facility, Age 65+, with SPMI	792.0	\$1,726,558	\$2,180.00	388.4	\$552,532	\$1,422.74	0.653
Facility, Age 65+, no SPMI	5,589.0	\$6,098,202	\$1,091.11	2,616.3	\$3,472,710	\$1,327.34	1.217
HCBS, Age 65+, with SPMI	1,290.0	\$1,495,859	\$1,159.58	660.8	\$1,128,843	\$1,708.19	1.473
HCBS, Age 65+, no SPMI	7,327.0	\$7,341,120	\$1,001.93	3,919.4	\$5,873,511	\$1,498.57	1.496
Community, Age 65+, with SPMI	735.3	\$360,396	\$490.13	402.2	\$275,991	\$686.26	1.400
Community, Age 65+, no SPMI	9,568.4	\$4,900,864	\$512.19	5,322.0	\$3,501,247	\$657.88	1.284
Facility, Age <65, with SPMI	637.0	\$996,375	\$1,564.17	317.6	\$375,208	\$1,181.46	0.755
Facility, Age <65, no SPMI	892.0	\$2,043,978	\$2,291.46	464.9	\$1,014,858	\$2,182.87	0.953
HCBS, Age <65, with SPMI	5,641.2	\$3,787,057	\$671.33	2,974.1	\$2,506,756	\$842.87	1.256
HCBS, Age <65, no SPMI	8,603.9	\$6,366,161	\$739.92	4,472.2	\$4,513,185	\$1,009.15	1.364
Community, Age <65, with SPMI	5,258.2	\$3,289,816	\$625.66	2,861.8	\$1,724,292	\$602.52	0.963
Community, Age <65, no SPMI	9,026.2	\$4,001,864	\$443.36	4,925.5	\$3,508,313	\$712.28	1.607

Table 3.C.2.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 1C

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
<i>Rewighted Comparison Group</i>	55,360.0	\$52,445,576	\$947.35	22,219.0	\$23,799,282	\$1,071.12	1.131
Facility, Age 65+, with SPMI	792.0	\$1,414,706	\$1,786.24	270.7	\$470,588	\$1,738.72	0.973
Facility, Age 65+, no SPMI	5,589.0	\$7,390,755	\$1,322.38	1,455.2	\$2,032,025	\$1,396.35	1.056
HCBS, Age 65+, with SPMI	1,290.0	\$2,051,813	\$1,590.55	513.1	\$830,575	\$1,618.87	1.018
HCBS, Age 65+, no SPMI	7,327.0	\$8,981,913	\$1,225.87	2,913.8	\$4,799,255	\$1,647.09	1.344
Community, Age 65+, with SPMI	735.3	\$685,909	\$932.83	340.2	\$389,829	\$1,145.90	1.228
Community, Age 65+, no SPMI	9,568.4	\$5,114,987	\$534.57	4,208.9	\$3,508,049	\$833.47	1.559
Facility, Age <65, with SPMI	637.0	\$1,524,986	\$2,394.01	232.4	\$466,554	\$2,007.38	0.839
Facility, Age <65, no SPMI	892.0	\$1,768,523	\$1,982.65	354.9	\$609,160	\$1,716.59	0.866
HCBS, Age <65, with SPMI	5,641.2	\$6,325,963	\$1,121.39	2,404.5	\$2,689,244	\$1,118.43	0.997
HCBS, Age <65, no SPMI	8,603.9	\$8,303,144	\$965.05	3,617.6	\$3,812,160	\$1,053.78	1.092
Community, Age <65, with SPMI	5,258.2	\$3,678,104	\$699.51	2,177.6	\$1,623,370	\$745.49	1.066
Community, Age <65, no SPMI	9,026.2	\$5,204,774	\$576.63	3,730.2	\$2,568,471	\$688.57	1.194
<i>Intervention Group</i>	55,360.0	\$42,408,250	\$766.04	22,219.0	\$21,552,666	\$970.01	1.266
Facility, Age 65+, with SPMI	792.0	\$1,726,558	\$2,180.00	270.7	\$290,447	\$1,073.14	0.492
Facility, Age 65+, no SPMI	5,589.0	\$6,098,202	\$1,091.11	1,455.2	\$1,461,263	\$1,004.14	0.920
HCBS, Age 65+, with SPMI	1,290.0	\$1,495,859	\$1,159.58	513.1	\$1,040,802	\$2,028.62	1.749
HCBS, Age 65+, no SPMI	7,327.0	\$7,341,120	\$1,001.93	2,913.8	\$3,782,576	\$1,298.17	1.296
Community, Age 65+, with SPMI	735.3	\$360,396	\$490.13	340.2	\$233,027	\$684.98	1.398
Community, Age 65+, no SPMI	9,568.4	\$4,900,864	\$512.19	4,208.9	\$3,803,264	\$903.61	1.764
Facility, Age <65, with SPMI	637.0	\$996,375	\$1,564.17	232.4	\$253,236	\$1,089.57	0.697
Facility, Age <65, no SPMI	892.0	\$2,043,978	\$2,291.46	354.9	\$681,414	\$1,920.20	0.838
HCBS, Age <65, with SPMI	5,641.2	\$3,787,057	\$671.33	2,404.5	\$2,192,517	\$911.85	1.358
HCBS, Age <65, no SPMI	8,603.9	\$6,366,161	\$739.92	3,617.6	\$3,401,735	\$940.33	1.271
Community, Age <65, with SPMI	5,258.2	\$3,289,816	\$625.66	2,177.6	\$1,519,524	\$697.81	1.115
Community, Age <65, no SPMI	9,026.2	\$4,001,864	\$443.36	3,730.2	\$2,892,861	\$775.53	1.749

Table 3.D.1.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 1, by category of beneficiary: Cohort 1D

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	46,382.5	\$41,138,325	\$886.94	23,661.9	\$24,713,673	\$1,044.45	1.178
Facility, age 65+, with SPMI	1,163.0	\$2,075,863	\$1,784.92	492.9	\$830,302	\$1,684.53	0.944
Facility, age 65+, no SPMI	3,853.0	\$5,105,773	\$1,325.14	1,645.7	\$2,421,402	\$1,471.34	1.110
HCBS, age 65+, with SPMI	665.0	\$1,066,643	\$1,603.98	379.1	\$633,824	\$1,672.07	1.042
HCBS, age 65+, no SPMI	4,494.3	\$5,517,528	\$1,227.67	2,243.2	\$3,764,106	\$1,678.00	1.367
Community, age 65+, with SPMI	396.0	\$374,632	\$946.04	223.8	\$284,188	\$1,269.62	1.342
Community, age 65+, no SPMI	10,508.7	\$5,616,867	\$534.49	5,536.8	\$4,547,178	\$821.27	1.537
Facility, age <65, with SPMI	503.0	\$1,202,840	\$2,391.33	262.1	\$604,787	\$2,307.78	0.965
Facility, age <65, no SPMI	781.0	\$1,540,226	\$1,972.12	356.5	\$707,509	\$1,984.76	1.006
HCBS, age <65, with SPMI	3,446.1	\$3,874,346	\$1,124.26	1,792.1	\$1,968,032	\$1,098.16	0.977
HCBS, age <65, no SPMI	5,958.8	\$5,756,968	\$966.13	3,038.8	\$3,336,396	\$1,097.94	1.136
Community, age <65, with SPMI	4,610.1	\$3,228,348	\$700.28	2,301.9	\$1,836,291	\$797.72	1.139
Community, age <65, no SPMI	10,003.5	\$5,778,291	\$577.63	5,389.1	\$3,779,657	\$701.36	1.214
Intervention group	46,382.5	\$27,684,868	\$596.88	23,661.9	\$18,128,486	\$766.15	1.284
Facility, age 65+, with SPMI	1,163.0	\$1,733,609	\$1,490.64	492.9	\$594,980	\$1,207.10	0.810
Facility, age 65+, no SPMI	3,853.0	\$4,704,830	\$1,221.08	1,645.7	\$2,365,481	\$1,437.36	1.177
HCBS, age 65+, with SPMI	665.0	\$648,287	\$974.87	379.1	\$747,987	\$1,973.23	2.024
HCBS, age 65+, no SPMI	4,494.3	\$3,609,624	\$803.16	2,243.2	\$2,832,540	\$1,262.72	1.572
Community, age 65+, with SPMI	396.0	\$215,743	\$544.80	223.8	\$108,132	\$483.09	0.887
Community, age 65+, no SPMI	10,508.7	\$3,262,478	\$310.45	5,536.8	\$2,633,139	\$475.57	1.532
Facility, age <65, with SPMI	503.0	\$591,539	\$1,176.02	262.1	\$260,388	\$993.60	0.845
Facility, age <65, no SPMI	781.0	\$872,356	\$1,116.97	356.5	\$661,144	\$1,854.70	1.660
HCBS, age <65, with SPMI	3,446.1	\$2,585,144	\$750.16	1,792.1	\$1,610,319	\$898.55	1.198
HCBS, age <65, no SPMI	5,958.8	\$3,191,899	\$535.66	3,038.8	\$2,162,929	\$711.78	1.329
Community, age <65, with SPMI	4,610.1	\$2,760,329	\$598.76	2,301.9	\$1,245,373	\$541.01	0.904
Community, age <65, no SPMI	10,003.5	\$3,509,030	\$350.78	5,389.1	\$2,906,073	\$539.25	1.537

Table 3.D.2.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 1D

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	46,382.5	\$41,138,325	\$886.94	18,990.3	\$19,184,388	\$1,010.22	1.139
Facility, age 65+, with SPMI	1,163.0	\$2,075,863	\$1,784.92	369.1	\$641,144	\$1,736.94	0.973
Facility, age 65+, no SPMI	3,853.0	\$5,105,773	\$1,325.14	1,018.4	\$1,420,199	\$1,394.59	1.052
HCBS, age 65+, with SPMI	665.0	\$1,066,643	\$1,603.98	290.3	\$469,537	\$1,617.26	1.008
HCBS, age 65+, no SPMI	4,494.3	\$5,517,528	\$1,227.67	1,793.3	\$2,953,369	\$1,646.88	1.341
Community, age 65+, with SPMI	396.0	\$374,632	\$946.04	176.0	\$201,586	\$1,145.37	1.211
Community, age 65+, no SPMI	10,508.7	\$5,616,867	\$534.49	4,617.6	\$3,849,193	\$833.60	1.560
Facility, age <65, with SPMI	503.0	\$1,202,840	\$2,391.33	216.4	\$434,977	\$2,010.37	0.841
Facility, age <65, no SPMI	781.0	\$1,540,226	\$1,972.12	266.7	\$457,329	\$1,715.07	0.870
HCBS, age <65, with SPMI	3,446.1	\$3,874,346	\$1,124.26	1,488.8	\$1,664,123	\$1,117.78	0.994
HCBS, age <65, no SPMI	5,958.8	\$5,756,968	\$966.13	2,624.7	\$2,764,676	\$1,053.32	1.090
Community, age <65, with SPMI	4,610.1	\$3,228,348	\$700.28	1,888.8	\$1,407,997	\$745.46	1.065
Community, age <65, no SPMI	10,003.5	\$5,778,291	\$577.63	4,240.3	\$2,920,258	\$688.69	1.192
Intervention group	46,382.5	\$27,684,868	\$596.88	18,990.3	\$15,216,143	\$801.26	1.342
Facility, age 65+, with SPMI	1,163.0	\$1,733,609	\$1,490.64	369.1	\$645,266	\$1,748.10	1.173
Facility, age 65+, no SPMI	3,853.0	\$4,704,830	\$1,221.08	1,018.4	\$1,351,222	\$1,326.86	1.087
HCBS, age 65+, with SPMI	665.0	\$648,287	\$974.87	290.3	\$601,782	\$2,072.76	2.126
HCBS, age 65+, no SPMI	4,494.3	\$3,609,624	\$803.16	1,793.3	\$2,837,532	\$1,582.29	1.970
Community, age 65+, with SPMI	396.0	\$215,743	\$544.80	176.0	\$114,719	\$651.81	1.196
Community, age 65+, no SPMI	10,508.7	\$3,262,478	\$310.45	4,617.6	\$2,532,211	\$548.39	1.766
Facility, age <65, with SPMI	503.0	\$591,539	\$1,176.02	216.4	\$325,643	\$1,505.05	1.280
Facility, age <65, no SPMI	781.0	\$872,356	\$1,116.97	266.7	\$431,542	\$1,618.37	1.449
HCBS, age <65, with SPMI	3,446.1	\$2,585,144	\$750.16	1,488.8	\$1,407,943	\$945.71	1.261
HCBS, age <65, no SPMI	5,958.8	\$3,191,899	\$535.66	2,624.7	\$1,758,501	\$669.97	1.251
Community, age <65, with SPMI	4,610.1	\$2,760,329	\$598.76	1,888.8	\$961,869	\$509.26	0.851
Community, age <65, no SPMI	10,003.5	\$3,509,030	\$350.78	4,240.3	\$2,247,915	\$530.13	1.511

Table 3.E.1.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 1, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	45,396.1	\$44,398,115	\$978.02	21,423.9	\$24,065,791	\$1,123.32	1.149
Facility, age 65+, with SPMI	1,272.0	\$2,274,566	\$1,788.18	532.9	\$895,519	\$1,680.61	0.940
Facility, age 65+, no SPMI	5,079.0	\$6,724,997	\$1,324.08	2,084.6	\$3,034,429	\$1,455.61	1.099
HCBS, age 65+, with SPMI	803.0	\$1,288,948	\$1,605.17	403.8	\$668,138	\$1,654.63	1.031
HCBS, age 65+, no SPMI	5,047.4	\$6,206,058	\$1,229.56	2,392.3	\$4,012,260	\$1,677.14	1.364
Community, age 65+, with SPMI	270.9	\$250,466	\$924.45	114.8	\$145,887	\$1,270.72	1.375
Community, age 65+, no SPMI	8,057.1	\$4,319,622	\$536.13	4,021.7	\$3,342,766	\$831.18	1.550
Facility, age <65, with SPMI	1,393.0	\$3,337,657	\$2,396.02	634.3	\$1,463,136	\$2,306.68	0.963
Facility, age <65, no SPMI	1,011.7	\$2,013,947	\$1,990.64	426.4	\$847,622	\$1,987.69	0.999
HCBS, age <65, with SPMI	3,822.0	\$4,289,319	\$1,122.26	1,771.8	\$1,942,090	\$1,096.08	0.977
HCBS, age <65, no SPMI	6,444.0	\$6,220,034	\$965.25	2,947.8	\$3,240,920	\$1,099.45	1.139
Community, age <65, with SPMI	3,510.7	\$2,456,975	\$699.85	1,772.3	\$1,411,336	\$796.32	1.138
Community, age <65, no SPMI	8,685.3	\$5,015,526	\$577.47	4,321.1	\$3,061,688	\$708.55	1.227
Intervention group	45,396.1	\$31,693,655	\$698.16	21,423.9	\$17,837,222	\$832.59	1.193
Facility, age 65+, with SPMI	1,272.0	\$2,095,465	\$1,647.38	532.9	\$945,495	\$1,774.40	1.077
Facility, age 65+, no SPMI	5,079.0	\$5,066,575	\$997.55	2,084.6	\$2,334,929	\$1,120.06	1.123
HCBS, age 65+, with SPMI	803.0	\$872,021	\$1,085.95	403.8	\$565,011	\$1,399.24	1.288
HCBS, age 65+, no SPMI	5,047.4	\$5,588,400	\$1,107.19	2,392.3	\$4,160,425	\$1,739.08	1.571
Community, age 65+, with SPMI	270.9	\$268,466	\$990.89	114.8	\$162,569	\$1,416.02	1.429
Community, age 65+, no SPMI	8,057.1	\$2,290,647	\$284.30	4,021.7	\$1,691,374	\$420.56	1.479
Facility, age <65, with SPMI	1,393.0	\$2,133,199	\$1,531.37	634.3	\$633,750	\$999.13	0.652
Facility, age <65, no SPMI	1,011.7	\$1,592,249	\$1,573.82	426.4	\$536,407	\$1,257.88	0.799
HCBS, age <65, with SPMI	3,822.0	\$2,258,769	\$590.99	1,771.8	\$1,354,736	\$764.59	1.294
HCBS, age <65, no SPMI	6,444.0	\$4,352,930	\$675.51	2,947.8	\$2,030,231	\$688.74	1.020
Community, age <65, with SPMI	3,510.7	\$1,838,256	\$523.61	1,772.3	\$1,391,321	\$785.02	1.499
Community, age <65, no SPMI	8,685.3	\$3,336,679	\$384.18	4,321.1	\$2,030,974	\$470.02	1.223

Table 3.E.2.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	45,396.1	\$44,398,115	\$978.02	18,939.9	\$20,377,454	\$1,075.90	1.100
Facility, age 65+, with SPMI	1,272.0	\$2,274,566	\$1,788.18	411.4	\$716,103	\$1,740.57	0.973
Facility, age 65+, no SPMI	5,079.0	\$6,724,997	\$1,324.08	1,572.1	\$2,193,936	\$1,395.56	1.054
HCBS, age 65+, with SPMI	803.0	\$1,288,948	\$1,605.17	364.8	\$593,331	\$1,626.46	1.013
HCBS, age 65+, no SPMI	5,047.4	\$6,206,058	\$1,229.56	2,113.6	\$3,481,596	\$1,647.22	1.340
Community, age 65+, with SPMI	270.9	\$250,466	\$924.45	91.6	\$104,796	\$1,144.31	1.238
Community, age 65+, no SPMI	8,057.1	\$4,319,622	\$536.13	3,583.4	\$2,985,669	\$833.18	1.554
Facility, age <65, with SPMI	1,393.0	\$3,337,657	\$2,396.02	537.2	\$1,084,160	\$2,018.20	0.842
Facility, age <65, no SPMI	1,011.7	\$2,013,947	\$1,990.64	306.6	\$530,594	\$1,730.68	0.869
HCBS, age <65, with SPMI	3,822.0	\$4,289,319	\$1,122.26	1,695.5	\$1,896,526	\$1,118.56	0.997
HCBS, age <65, no SPMI	6,444.0	\$6,220,034	\$965.25	2,738.5	\$2,889,640	\$1,055.17	1.093
Community, age <65, with SPMI	3,510.7	\$2,456,975	\$699.85	1,666.9	\$1,243,276	\$745.84	1.066
Community, age <65, no SPMI	8,685.3	\$5,015,526	\$577.47	3,858.2	\$2,657,827	\$688.88	1.193
Intervention group	45,396.1	\$31,693,655	\$698.16	18,939.9	\$17,343,078	\$915.69	1.312
Facility, age 65+, with SPMI	1,272.0	\$2,095,465	\$1,647.38	411.4	\$536,297	\$1,303.53	0.791
Facility, age 65+, no SPMI	5,079.0	\$5,066,575	\$997.55	1,572.1	\$1,839,186	\$1,169.90	1.173
HCBS, age 65+, with SPMI	803.0	\$872,021	\$1,085.95	364.8	\$637,479	\$1,747.48	1.609
HCBS, age 65+, no SPMI	5,047.4	\$5,588,400	\$1,107.19	2,113.6	\$3,798,324	\$1,797.07	1.623
Community, age 65+, with SPMI	270.9	\$268,466	\$990.89	91.6	\$141,308	\$1,542.99	1.557
Community, age 65+, no SPMI	8,057.1	\$2,290,647	\$284.30	3,583.4	\$2,300,978	\$642.11	2.259
Facility, age <65, with SPMI	1,393.0	\$2,133,199	\$1,531.37	537.2	\$729,980	\$1,358.88	0.887
Facility, age <65, no SPMI	1,011.7	\$1,592,249	\$1,573.82	306.6	\$394,262	\$1,286.00	0.817
HCBS, age <65, with SPMI	3,822.0	\$2,258,769	\$590.99	1,695.5	\$1,432,085	\$844.63	1.429
HCBS, age <65, no SPMI	6,444.0	\$4,352,930	\$675.51	2,738.5	\$1,951,973	\$712.78	1.055
Community, age <65, with SPMI	3,510.7	\$1,838,256	\$523.61	1,666.9	\$1,429,119	\$857.33	1.637
Community, age <65, no SPMI	8,685.3	\$3,336,679	\$384.18	3,858.2	\$2,152,085	\$557.79	1.452

Table 3.F.1.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 1, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	44,356.5	\$43,114,028	\$971.99	19,330.7	\$22,118,185	\$1,144.20	1.177
Facility, age 65+, with SPMI	1,459.0	\$2,612,530	\$1,790.63	583.8	\$983,282	\$1,684.17	0.941
Facility, age 65+, no SPMI	4,806.8	\$6,393,221	\$1,330.04	1,977.1	\$2,878,856	\$1,456.08	1.095
HCBS, age 65+, with SPMI	1,102.0	\$1,768,639	\$1,604.94	516.4	\$872,401	\$1,689.31	1.053
HCBS, age 65+, no SPMI	5,586.0	\$6,869,178	\$1,229.71	2,466.4	\$4,159,702	\$1,686.54	1.371
Community, age 65+, with SPMI	498.0	\$469,643	\$943.06	251.4	\$321,789	\$1,279.82	1.357
Community, age 65+, no SPMI	8,723.6	\$4,673,731	\$535.76	3,955.4	\$3,323,956	\$840.36	1.569
Facility, age <65, with SPMI	1,030.0	\$2,470,315	\$2,398.36	440.5	\$1,004,017	\$2,279.42	0.950
Facility, age <65, no SPMI	1,011.0	\$2,011,396	\$1,989.51	410.8	\$815,698	\$1,985.85	0.998
HCBS, age <65, with SPMI	3,151.7	\$3,542,560	\$1,124.02	1,343.6	\$1,472,631	\$1,096.05	0.975
HCBS, age <65, no SPMI	5,122.2	\$4,948,871	\$966.16	2,181.5	\$2,399,853	\$1,100.09	1.139
Community, age <65, with SPMI	3,996.4	\$2,801,888	\$701.10	1,654.2	\$1,332,344	\$805.45	1.149
Community, age <65, no SPMI	7,869.9	\$4,552,054	\$578.42	3,549.5	\$2,553,655	\$719.43	1.244
Intervention group	44,356.5	\$43,029,016	\$970.07	19,330.7	\$21,822,068	\$1,128.88	1.164
Facility, age 65+, with SPMI	1,459.0	\$2,966,976	\$2,033.57	583.8	\$907,193	\$1,553.85	0.764
Facility, age 65+, no SPMI	4,806.8	\$7,126,434	\$1,482.58	1,977.1	\$2,521,865	\$1,275.52	0.860
HCBS, age 65+, with SPMI	1,102.0	\$1,771,704	\$1,607.72	516.4	\$1,144,542	\$2,216.28	1.379
HCBS, age 65+, no SPMI	5,586.0	\$5,534,347	\$990.75	2,466.4	\$3,245,236	\$1,315.77	1.328
Community, age 65+, with SPMI	498.0	\$347,198	\$697.19	251.4	\$131,330	\$522.33	0.749
Community, age 65+, no SPMI	8,723.6	\$3,609,715	\$413.79	3,955.4	\$2,883,182	\$728.92	1.762
Facility, age <65, with SPMI	1,030.0	\$1,787,558	\$1,735.49	440.5	\$713,321	\$1,619.45	0.933
Facility, age <65, no SPMI	1,011.0	\$2,741,864	\$2,712.03	410.8	\$845,883	\$2,059.34	0.759
HCBS, age <65, with SPMI	3,151.7	\$2,724,587	\$864.49	1,343.6	\$1,299,306	\$967.04	1.119
HCBS, age <65, no SPMI	5,122.2	\$5,121,688	\$999.90	2,181.5	\$3,468,020	\$1,589.74	1.590
Community, age <65, with SPMI	3,996.4	\$2,891,240	\$723.45	1,654.2	\$1,829,518	\$1,106.00	1.529
Community, age <65, no SPMI	7,869.9	\$6,405,704	\$813.95	3,549.5	\$2,832,672	\$798.04	0.980

Table 3.F.2.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	44,356.5	\$43,114,028	\$971.99	18,412.2	\$20,098,409	\$1,091.58	1.123
Facility, age 65+, with SPMI	1,459.0	\$2,612,530	\$1,790.63	488.3	\$847,241	\$1,735.12	0.969
Facility, age 65+, no SPMI	4,806.8	\$6,393,221	\$1,330.04	1,630.8	\$2,277,364	\$1,396.51	1.050
HCBS, age 65+, with SPMI	1,102.0	\$1,768,639	\$1,604.94	429.2	\$697,748	\$1,625.61	1.013
HCBS, age 65+, no SPMI	5,586.0	\$6,869,178	\$1,229.71	2,325.6	\$3,830,611	\$1,647.14	1.339
Community, age 65+, with SPMI	498.0	\$469,643	\$943.06	237.0	\$270,764	\$1,142.47	1.211
Community, age 65+, no SPMI	8,723.6	\$4,673,731	\$535.76	3,883.5	\$3,235,366	\$833.11	1.555
Facility, age <65, with SPMI	1,030.0	\$2,470,315	\$2,398.36	415.2	\$839,338	\$2,021.36	0.843
Facility, age <65, no SPMI	1,011.0	\$2,011,396	\$1,989.51	387.0	\$663,629	\$1,714.80	0.862
HCBS, age <65, with SPMI	3,151.7	\$3,542,560	\$1,124.02	1,413.4	\$1,582,609	\$1,119.76	0.996
HCBS, age <65, no SPMI	5,122.2	\$4,948,871	\$966.16	2,200.0	\$2,318,363	\$1,053.80	1.091
Community, age <65, with SPMI	3,996.4	\$2,801,888	\$701.10	1,567.9	\$1,169,577	\$745.93	1.064
Community, age <65, no SPMI	7,869.9	\$4,552,054	\$578.42	3,434.3	\$2,365,797	\$688.87	1.191
Intervention group	44,356.5	\$43,029,016	\$970.07	18,412.2	\$19,508,081	\$1,059.52	1.092
Facility, age 65+, with SPMI	1,459.0	\$2,966,976	\$2,033.57	488.3	\$525,081	\$1,075.35	0.529
Facility, age 65+, no SPMI	4,806.8	\$7,126,434	\$1,482.58	1,630.8	\$2,270,615	\$1,392.37	0.939
HCBS, age 65+, with SPMI	1,102.0	\$1,771,704	\$1,607.72	429.2	\$653,740	\$1,523.08	0.947
HCBS, age 65+, no SPMI	5,586.0	\$5,534,347	\$990.75	2,325.6	\$2,587,575	\$1,112.64	1.123
Community, age 65+, with SPMI	498.0	\$347,198	\$697.19	237.0	\$137,195	\$578.88	0.830
Community, age 65+, no SPMI	8,723.6	\$3,609,715	\$413.79	3,883.5	\$2,712,079	\$698.36	1.688
Facility, age <65, with SPMI	1,030.0	\$1,787,558	\$1,735.49	415.2	\$668,022	\$1,608.79	0.927
Facility, age <65, no SPMI	1,011.0	\$2,741,864	\$2,712.03	387.0	\$798,912	\$2,064.37	0.761
HCBS, age <65, with SPMI	3,151.7	\$2,724,587	\$864.49	1,413.4	\$1,763,669	\$1,247.86	1.443
HCBS, age <65, no SPMI	5,122.2	\$5,121,688	\$999.90	2,200.0	\$2,542,239	\$1,155.56	1.156
Community, age <65, with SPMI	3,996.4	\$2,891,240	\$723.45	1,567.9	\$1,977,825	\$1,261.42	1.744
Community, age <65, no SPMI	7,869.9	\$6,405,704	\$813.95	3,434.3	\$2,871,127	\$836.01	1.027

Table 3.G.1.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 1, by category of beneficiary: Cohort 1G

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	29,285.7	\$31,030,498	\$1,059.58	9,882.2	\$12,021,509	\$1,216.48	1.148
Facility, age 65+, with SPMI	1,177.0	\$2,102,281	\$1,786.14	352.7	\$586,165	\$1,661.90	0.930
Facility, age 65+, no SPMI	3,794.0	\$5,035,015	\$1,327.10	1,160.1	\$1,669,349	\$1,438.93	1.084
HCBS, age 65+, with SPMI	786.7	\$1,259,195	\$1,600.67	292.0	\$475,692	\$1,629.08	1.018
HCBS, age 65+, no SPMI	4,851.7	\$5,947,528	\$1,225.87	1,642.7	\$2,734,325	\$1,664.54	1.358
Community, age 65+, with SPMI	210.7	\$196,982	\$934.89	79.0	\$101,168	\$1,280.61	1.370
Community, age 65+, no SPMI	3,548.2	\$1,895,931	\$534.33	1,261.8	\$1,048,684	\$831.11	1.555
Facility, age <65, with SPMI	646.9	\$1,552,012	\$2,399.26	217.0	\$480,751	\$2,215.44	0.923
Facility, age <65, no SPMI	740.0	\$1,476,112	\$1,994.75	240.4	\$477,787	\$1,987.75	0.996
HCBS, age <65, with SPMI	2,499.4	\$2,800,643	\$1,120.53	814.8	\$911,650	\$1,118.88	0.999
HCBS, age <65, no SPMI	5,524.1	\$5,330,728	\$965.00	1,841.2	\$2,056,592	\$1,116.99	1.157
Community, age <65, with SPMI	2,060.0	\$1,442,124	\$700.06	714.4	\$584,291	\$817.93	1.168
Community, age <65, no SPMI	3,447.1	\$1,991,947	\$577.87	1,266.2	\$895,055	\$706.90	1.223
Intervention group	29,285.7	\$39,777,576	\$1,358.26	9,882.2	\$16,822,840	\$1,702.34	1.253
Facility, age 65+, with SPMI	1,177.0	\$2,459,603	\$2,089.72	352.7	\$574,857	\$1,629.84	0.780
Facility, age 65+, no SPMI	3,794.0	\$6,159,450	\$1,623.47	1,160.1	\$1,838,115	\$1,584.40	0.976
HCBS, age 65+, with SPMI	786.7	\$958,356	\$1,218.25	292.0	\$459,161	\$1,572.47	1.291
HCBS, age 65+, no SPMI	4,851.7	\$5,321,713	\$1,096.89	1,642.7	\$2,703,939	\$1,646.04	1.501
Community, age 65+, with SPMI	210.7	\$237,961	\$1,129.38	79.0	\$108,977	\$1,379.45	1.221
Community, age 65+, no SPMI	3,548.2	\$2,205,104	\$621.46	1,261.8	\$1,187,633	\$941.23	1.515
Facility, age <65, with SPMI	646.9	\$1,820,218	\$2,813.88	217.0	\$600,070	\$2,765.30	0.983
Facility, age <65, no SPMI	740.0	\$2,701,796	\$3,651.08	240.4	\$1,210,023	\$5,034.09	1.379
HCBS, age <65, with SPMI	2,499.4	\$3,146,495	\$1,258.91	814.8	\$1,497,486	\$1,837.88	1.460
HCBS, age <65, no SPMI	5,524.1	\$7,458,027	\$1,350.10	1,841.2	\$2,958,760	\$1,606.98	1.190
Community, age <65, with SPMI	2,060.0	\$2,353,261	\$1,142.36	714.4	\$1,297,761	\$1,816.69	1.590
Community, age <65, no SPMI	3,447.1	\$4,955,593	\$1,437.63	1,266.2	\$2,386,058	\$1,884.48	1.311

Table 3.G.2.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 1G

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	29,285.7	\$31,030,498	\$1,059.58	12,246.8	\$14,353,638	\$1,172.03	1.106
Facility, age 65+, with SPMI	1,177.0	\$2,102,281	\$1,786.14	371.8	\$646,559	\$1,739.01	0.974
Facility, age 65+, no SPMI	3,794.0	\$5,035,015	\$1,327.10	1,123.0	\$1,567,470	\$1,395.83	1.052
HCBS, age 65+, with SPMI	786.7	\$1,259,195	\$1,600.67	394.3	\$640,126	\$1,623.51	1.014
HCBS, age 65+, no SPMI	4,851.7	\$5,947,528	\$1,225.87	2,149.9	\$3,540,291	\$1,646.75	1.343
Community, age 65+, with SPMI	210.7	\$196,982	\$934.89	90.6	\$103,732	\$1,144.78	1.225
Community, age 65+, no SPMI	3,548.2	\$1,895,931	\$534.33	1,598.2	\$1,332,007	\$833.44	1.560
Facility, age <65, with SPMI	646.9	\$1,552,012	\$2,399.26	272.1	\$546,174	\$2,007.28	0.837
Facility, age <65, no SPMI	740.0	\$1,476,112	\$1,994.75	264.8	\$455,516	\$1,720.33	0.862
HCBS, age <65, with SPMI	2,499.4	\$2,800,643	\$1,120.53	1,036.3	\$1,161,316	\$1,120.62	1.000
HCBS, age <65, no SPMI	5,524.1	\$5,330,728	\$965.00	2,465.0	\$2,596,510	\$1,053.37	1.092
Community, age <65, with SPMI	2,060.0	\$1,442,124	\$700.06	967.7	\$721,750	\$745.83	1.065
Community, age <65, no SPMI	3,447.1	\$1,991,947	\$577.87	1,513.2	\$1,042,187	\$688.71	1.192
Intervention group	29,285.7	\$39,777,576	\$1,358.26	12,246.8	\$18,256,268	\$1,490.69	1.097
Facility, age 65+, with SPMI	1,177.0	\$2,459,603	\$2,089.72	371.8	\$604,928	\$1,627.04	0.779
Facility, age 65+, no SPMI	3,794.0	\$6,159,450	\$1,623.47	1,123.0	\$1,736,164	\$1,546.05	0.952
HCBS, age 65+, with SPMI	786.7	\$958,356	\$1,218.25	394.3	\$854,757	\$2,167.86	1.779
HCBS, age 65+, no SPMI	4,851.7	\$5,321,713	\$1,096.89	2,149.9	\$3,111,036	\$1,447.09	1.319
Community, age 65+, with SPMI	210.7	\$237,961	\$1,129.38	90.6	\$76,519	\$844.46	0.748
Community, age 65+, no SPMI	3,548.2	\$2,205,104	\$621.46	1,598.2	\$1,272,511	\$796.21	1.281
Facility, age <65, with SPMI	646.9	\$1,820,218	\$2,813.88	272.1	\$789,335	\$2,900.93	1.031
Facility, age <65, no SPMI	740.0	\$2,701,796	\$3,651.08	264.8	\$703,790	\$2,657.98	0.728
HCBS, age <65, with SPMI	2,499.4	\$3,146,495	\$1,258.91	1,036.3	\$1,362,613	\$1,314.87	1.044
HCBS, age <65, no SPMI	5,524.1	\$7,458,027	\$1,350.10	2,465.0	\$4,019,152	\$1,630.51	1.208
Community, age <65, with SPMI	2,060.0	\$2,353,261	\$1,142.36	967.7	\$1,258,342	\$1,300.33	1.138
Community, age <65, no SPMI	3,447.1	\$4,955,593	\$1,437.63	1,513.2	\$2,467,121	\$1,630.35	1.134

Table 3.H.1.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 1, by category of beneficiary: Cohort 1 Total

Category of beneficiary	Baseline Period			Demonstration Period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	394,990.2	\$365,702,936	\$925.85	221,654.5	\$236,545,614	\$1,067.18	1.153
Facility, age 65+, with SPMI	8,598.1	\$15,363,098	\$1,786.80	3,958.0	\$6,727,869	\$1,699.80	0.951
Facility, age 65+, no SPMI	30,553.8	\$40,514,989	\$1,326.02	13,494.6	\$19,874,964	\$1,472.81	1.111
HCBS, age 65+, with SPMI	8,102.3	\$12,954,739	\$1,598.90	4,532.7	\$7,724,232	\$1,704.12	1.066
HCBS, age 65+, no SPMI	43,232.1	\$53,112,432	\$1,228.54	23,065.9	\$38,566,305	\$1,672.01	1.361
Community, age 65+, with SPMI	4,037.7	\$3,789,545	\$938.54	2,379.2	\$2,963,600	\$1,245.65	1.327
Community, age 65+, no SPMI	71,749.1	\$38,462,182	\$536.07	42,215.9	\$34,599,247	\$819.58	1.529
Facility, age <65, with SPMI	6,316.5	\$15,147,201	\$2,398.04	3,219.6	\$7,392,541	\$2,296.09	0.957
Facility, age <65, no SPMI	6,805.0	\$13,566,585	\$1,993.62	3,463.2	\$7,014,372	\$2,025.37	1.016
HCBS, age <65, with SPMI	34,970.9	\$39,258,972	\$1,122.62	19,231.7	\$21,424,141	\$1,114.00	0.992
HCBS, age <65, no SPMI	62,758.3	\$60,638,777	\$966.23	35,393.2	\$38,656,778	\$1,092.21	1.130
Community, age <65, with SPMI	38,178.5	\$26,784,930	\$701.57	21,964.0	\$17,531,005	\$798.17	1.138
Community, age <65, no SPMI	79,687.9	\$46,109,486	\$578.63	48,736.5	\$34,070,559	\$699.08	1.208
Intervention group	394,990.2	\$318,254,725	\$805.73	221,654.5	\$209,039,918	\$943.09	1.170
Facility, age 65+, with SPMI	8,598.1	\$15,891,864	\$1,848.30	3,958.0	\$6,959,519	\$1,758.32	0.951
Facility, age 65+, no SPMI	30,553.8	\$38,529,420	\$1,261.03	13,494.6	\$17,587,664	\$1,303.31	1.034
HCBS, age 65+, with SPMI	8,102.3	\$9,677,983	\$1,194.47	4,532.7	\$7,432,025	\$1,639.66	1.373
HCBS, age 65+, no SPMI	43,232.1	\$45,423,704	\$1,050.69	23,065.9	\$33,816,892	\$1,466.10	1.395
Community, age 65+, with SPMI	4,037.7	\$2,989,322	\$740.36	2,379.2	\$2,341,136	\$984.02	1.329
Community, age 65+, no SPMI	71,749.1	\$28,145,271	\$392.27	42,215.9	\$24,766,956	\$586.67	1.496
Facility, age <65, with SPMI	6,316.5	\$11,198,331	\$1,772.87	3,219.6	\$5,008,655	\$1,555.67	0.877
Facility, age <65, no SPMI	6,805.0	\$14,725,428	\$2,163.91	3,463.2	\$7,783,781	\$2,247.54	1.039
HCBS, age <65, with SPMI	34,970.9	\$29,225,829	\$835.72	19,231.7	\$17,807,107	\$925.92	1.108
HCBS, age <65, no SPMI	62,758.3	\$50,578,190	\$805.92	35,393.2	\$34,925,015	\$986.77	1.224
Community, age <65, with SPMI	38,178.5	\$26,315,219	\$689.27	21,964.0	\$16,960,650	\$772.20	1.120
Community, age <65, no SPMI	79,687.9	\$45,554,165	\$571.66	48,736.5	\$33,650,517	\$690.46	1.208

Table 3.H.2.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 1 Total

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	394,990.2	\$365,702,936	\$925.85	163,796.0	\$170,897,360	\$1,043.35	1.127
Facility, age 65+, with SPMI	8,598.1	\$15,363,098	\$1,786.80	2,748.8	\$4,775,756	\$1,737.42	0.972
Facility, age 65+, no SPMI	30,553.8	\$40,514,989	\$1,326.02	8,710.6	\$12,158,042	\$1,395.78	1.053
HCBS, age 65+, with SPMI	8,102.3	\$12,954,739	\$1,598.90	3,436.8	\$5,574,781	\$1,622.10	1.015
HCBS, age 65+, no SPMI	43,232.1	\$53,112,432	\$1,228.54	17,757.8	\$29,247,082	\$1,647.00	1.341
Community, age 65+, with SPMI	4,037.7	\$3,789,545	\$938.54	1,711.1	\$1,958,324	\$1,144.46	1.219
Community, age 65+, no SPMI	71,749.1	\$38,462,182	\$536.07	32,040.8	\$26,701,678	\$833.36	1.555
Facility, age <65, with SPMI	6,316.5	\$15,147,201	\$2,398.04	2,525.5	\$5,087,641	\$2,014.51	0.840
Facility, age <65, no SPMI	6,805.0	\$13,566,585	\$1,993.62	2,487.5	\$4,277,041	\$1,719.39	0.862
HCBS, age <65, with SPMI	34,970.9	\$39,258,972	\$1,122.62	15,104.4	\$16,894,867	\$1,118.54	0.996
HCBS, age <65, no SPMI	62,758.3	\$60,638,777	\$966.23	27,662.7	\$29,155,746	\$1,053.97	1.091
Community, age <65, with SPMI	38,178.5	\$26,784,930	\$701.57	15,768.2	\$11,757,601	\$745.65	1.063
Community, age <65, no SPMI	79,687.9	\$46,109,486	\$578.63	33,841.8	\$23,308,800	\$688.76	1.190
Intervention group	394,990.2	\$318,254,725	\$805.73	163,796.0	\$159,757,320	\$975.34	1.211
Facility, age 65+, with SPMI	8,598.1	\$15,891,864	\$1,848.30	2,748.8	\$3,896,675	\$1,417.61	0.767
Facility, age 65+, no SPMI	30,553.8	\$38,529,420	\$1,261.03	8,710.6	\$10,650,765	\$1,222.74	0.970
HCBS, age 65+, with SPMI	8,102.3	\$9,677,983	\$1,194.47	3,436.8	\$6,069,988	\$1,766.19	1.479
HCBS, age 65+, no SPMI	43,232.1	\$45,423,704	\$1,050.69	17,757.8	\$25,965,106	\$1,462.18	1.392
Community, age 65+, with SPMI	4,037.7	\$2,989,322	\$740.36	1,711.1	\$1,433,994	\$838.04	1.132
Community, age 65+, no SPMI	71,749.1	\$28,145,271	\$392.27	32,040.8	\$21,486,436	\$670.60	1.710
Facility, age <65, with SPMI	6,316.5	\$11,198,331	\$1,772.87	2,525.5	\$4,020,173	\$1,591.84	0.898
Facility, age <65, no SPMI	6,805.0	\$14,725,428	\$2,163.91	2,487.5	\$4,574,618	\$1,839.01	0.850
HCBS, age <65, with SPMI	34,970.9	\$29,225,829	\$835.72	15,104.4	\$15,328,772	\$1,014.86	1.214
HCBS, age <65, no SPMI	62,758.3	\$50,578,190	\$805.92	27,662.7	\$28,936,294	\$1,046.04	1.298
Community, age <65, with SPMI	38,178.5	\$26,315,219	\$689.27	15,768.2	\$13,036,908	\$826.78	1.200
Community, age <65, no SPMI	79,687.9	\$45,554,165	\$571.66	33,841.8	\$24,357,592	\$719.75	1.259

Table 3.I.
MEDICARE eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Period 2, by category of beneficiary: Cohort 2

Category of beneficiary	Baseline Period			Demonstration Period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period/ Baseline Period)
Rewighted comparison group	83,479.1	\$101,890,814	\$1,220.56	64,338.9	\$78,624,927	\$1,222.04	1.001
Facility, age 65+, with SPMI	3,163.0	\$8,088,953	\$2,557.39	2,123.3	\$4,061,754	\$1,912.90	0.748
Facility, age 65+, no SPMI	5,184.5	\$10,270,272	\$1,980.96	3,688.6	\$5,832,448	\$1,581.21	0.798
HCBS, age 65+, with SPMI	2,807.8	\$6,112,588	\$2,177.00	2,138.0	\$4,212,465	\$1,970.27	0.905
HCBS, age 65+, no SPMI	8,838.5	\$11,730,442	\$1,327.21	7,158.1	\$11,715,623	\$1,636.69	1.233
Community, age 65+, with SPMI	1,380.9	\$1,893,362	\$1,371.07	1,126.2	\$1,358,331	\$1,206.07	0.880
Community, age 65+, no SPMI	14,474.9	\$9,362,405	\$646.80	11,914.2	\$9,026,876	\$757.66	1.171
Facility, age <65, with SPMI	1,801.0	\$5,862,635	\$3,255.21	1,302.4	\$4,260,444	\$3,271.12	1.005
Facility, age <65, no SPMI	1,245.0	\$3,529,371	\$2,834.84	937.3	\$2,092,582	\$2,232.66	0.788
HCBS, age <65, with SPMI	8,547.3	\$14,172,589	\$1,658.14	6,404.9	\$9,572,595	\$1,494.57	0.901
HCBS, age <65, no SPMI	11,452.6	\$10,877,992	\$949.83	9,235.5	\$10,015,989	\$1,084.51	1.142
Community, age <65, with SPMI	8,937.4	\$8,920,005	\$998.05	6,450.0	\$6,882,053	\$1,066.99	1.069
Community, age <65, no SPMI	15,646.2	\$11,070,200	\$707.53	11,860.3	\$9,593,767	\$808.90	1.143
Intervention group	83,479.1	\$92,716,931	\$1,110.66	64,338.9	\$72,440,063	\$1,125.91	1.014
Facility, age 65+, with SPMI	3,163.0	\$8,582,818	\$2,713.53	2,123.3	\$4,302,467	\$2,026.27	0.747
Facility, age 65+, no SPMI	5,184.5	\$10,500,495	\$2,025.37	3,688.6	\$6,041,527	\$1,637.89	0.809
HCBS, age 65+, with SPMI	2,807.8	\$5,755,545	\$2,049.84	2,138.0	\$3,659,013	\$1,711.40	0.835
HCBS, age 65+, no SPMI	8,838.5	\$11,224,126	\$1,269.92	7,158.1	\$10,830,882	\$1,513.09	1.191
Community, age 65+, with SPMI	1,380.9	\$1,759,649	\$1,274.25	1,126.2	\$1,658,490	\$1,472.59	1.156
Community, age 65+, no SPMI	14,474.9	\$6,140,528	\$424.22	11,914.2	\$6,873,539	\$576.92	1.360
Facility, age <65, with SPMI	1,801.0	\$5,394,454	\$2,995.25	1,302.4	\$2,937,972	\$2,255.74	0.753
Facility, age <65, no SPMI	1,245.0	\$1,985,596	\$1,594.86	937.3	\$2,050,142	\$2,187.37	1.372
HCBS, age <65, with SPMI	8,547.3	\$11,132,814	\$1,302.50	6,404.9	\$8,433,357	\$1,316.70	1.011
HCBS, age <65, no SPMI	11,452.6	\$10,768,730	\$940.29	9,235.5	\$9,633,191	\$1,043.06	1.109
Community, age <65, with SPMI	8,937.4	\$8,952,278	\$1,001.67	6,450.0	\$6,771,879	\$1,049.91	1.048
Community, age <65, no SPMI	15,646.2	\$10,519,897	\$672.36	11,860.3	\$9,247,604	\$779.71	1.160

Table 4.A.
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Period 1

Cohort	Group	Baseline Period			Demonstration Period 1			Cost trend (Demonstration Period 1/Baseline Period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1 Total	C	394,990.2	\$365,702,936	\$925.85	221,654.5	\$236,545,614	\$1,067.18	1.153
	I	394,990.2	\$318,254,725	\$805.73	221,654.5	\$209,039,918	\$943.09	1.170
1A	C	82,775.1	\$66,291,638	\$800.86	61,949.7	\$58,581,011	\$945.62	1.181
	I	82,775.1	\$56,616,902	\$683.98	61,949.7	\$49,817,251	\$804.16	1.176
1B	C	91,434.2	\$87,284,757	\$954.62	56,081.0	\$62,298,033	\$1,110.86	1.164
	I	91,434.2	\$77,044,457	\$842.62	56,081.0	\$56,164,605	\$1,001.49	1.189
1C	C	55,360.0	\$52,445,576	\$947.35	29,325.2	\$32,747,413	\$1,116.70	1.179
	I	55,360.0	\$42,408,250	\$766.04	29,325.2	\$28,447,446	\$970.07	1.266
1D	C	46,382.5	\$41,138,325	\$886.94	23,661.9	\$24,713,673	\$1,044.45	1.178
	I	46,382.5	\$27,684,868	\$596.88	23,661.9	\$18,128,486	\$766.15	1.284
1E	C	45,396.1	\$44,398,115	\$978.02	21,423.9	\$24,065,791	\$1,123.32	1.149
	I	45,396.1	\$31,693,655	\$698.16	21,423.9	\$17,837,222	\$832.59	1.193
1F	C	44,356.5	\$43,114,028	\$971.99	19,330.7	\$22,118,185	\$1,144.20	1.177
	I	44,356.5	\$43,029,016	\$970.07	19,330.7	\$21,822,068	\$1,128.88	1.164
1G	C	29,285.7	\$31,030,498	\$1,059.58	9,882.2	\$12,021,509	\$1,216.48	1.148
	I	29,285.7	\$39,777,576	\$1,358.26	9,882.2	\$16,822,840	\$1,702.34	1.253

Table 4.B.
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Period 2

Cohort	Group	Baseline Period			Demonstration Period 2			Cost trend (Demonstration Period 2/Baseline Period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1 Total	C	394,990.2	\$365,702,936	\$925.85	163,796.0	\$170,897,360	\$1,043.35	1.127
	I	394,990.2	\$318,254,725	\$805.73	163,796.0	\$159,757,320	\$975.34	1.211
1A	C	82,775.1	\$66,291,638	\$800.86	37,045.4	\$34,581,985	\$933.50	1.166
	I	82,775.1	\$56,616,902	\$683.98	37,045.4	\$30,959,893	\$835.73	1.222
1B	C	91,434.2	\$87,284,757	\$954.62	35,942.4	\$38,502,204	\$1,071.22	1.122
	I	91,434.2	\$77,044,457	\$842.62	35,942.4	\$36,921,192	\$1,027.23	1.219
1C	C	55,360.0	\$52,445,576	\$947.35	22,219.0	\$23,799,282	\$1,071.12	1.131
	I	55,360.0	\$42,408,250	\$766.04	22,219.0	\$21,552,666	\$970.01	1.266
1D	C	46,382.5	\$41,138,325	\$886.94	18,990.3	\$19,184,388	\$1,010.22	1.139
	I	46,382.5	\$27,684,868	\$596.88	18,990.3	\$15,216,143	\$801.26	1.342
1E	C	45,396.1	\$44,398,115	\$978.02	18,939.9	\$20,377,454	\$1,075.90	1.100
	I	45,396.1	\$31,693,655	\$698.16	18,939.9	\$17,343,078	\$915.69	1.312
1F	C	44,356.5	\$43,114,028	\$971.99	18,412.2	\$20,098,409	\$1,091.58	1.123
	I	44,356.5	\$43,029,016	\$970.07	18,412.2	\$19,508,081	\$1,059.52	1.092
1G	C	29,285.7	\$31,030,498	\$1,059.58	12,246.8	\$14,353,638	\$1,172.03	1.106
	I	29,285.7	\$39,777,576	\$1,358.26	12,246.8	\$18,256,268	\$1,490.69	1.097
2	C	83,479.1	\$101,890,814	\$1,220.56	64,338.9	\$78,624,927	\$1,222.04	1.001
	I	83,479.1	\$92,716,931	\$1,110.66	64,338.9	\$72,440,063	\$1,125.91	1.014

5.2 Medicare AGA Adjustment

The change in health care costs over time is not uniform across the United States; it varies by geographic area. To control for geographic variation in secular cost trends, we used the Average Geographic Adjustment Factor (AGA). The AGA factors measure the difference in average Medicare FFS costs in each county from the national average. When not adjusted for differences in the change in costs between the comparison and the demonstration group from the base period to the demonstration period, savings calculations could mask or amplify true savings from the demonstration. Hospice expenditures are excluded in the calculation of the AGA factors. We calculated the average AGA factor for beneficiaries in each cohort in the intervention group and the comparison group for the Baseline Period and both demonstration periods separately based on the AGA-adjusted and the AGA-unadjusted Medicare claims. 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.⁴ **Tables 5.A** and **5.B** show the results of the calculations.

For each cohort, the AGA adjustment factor was determined by comparing the trend in the AGA factor from the Baseline Period to Demonstration Periods 1 and 2 for the intervention group versus that of the comparison group. For Cohort 1, the AGA decreased from the Baseline Period to Demonstration Period 1 by 0.84 percent (a factor of 0.99163) for the intervention group and by 0.77 percent (a factor of 0.99231) for the comparison group. If the AGA had decreased by the same 0.84 percent in the comparison area as it did in the intervention area, instead of by 0.77 percent, then the trend of the comparison group would have decreased by 0.07 percent more than it did ($0.99163/0.99231 = 0.99931$), which is the AGA adjustment factor that we apply to the comparison group trend. For Demonstration Period 2, the AGA adjustment factors applied to the comparison group trends are 1.00427 and 0.99964 for Cohorts 1 and 2, respectively.

Table 5.A.
Average AGA factor by group for Demonstration Period 1

Cohort	Group	Baseline Period	Demonstration Period 1	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.92717	0.92004	0.99231	0.99931
	I	0.95746	0.94944	0.99163	

⁴ The non-hospice expenditures of each beneficiary were divided by the AGA factor for their county and year and the sum of this product was divided into the total non-hospice expenditures of the cohort.

Table 5.B.
Average AGA factor by group for Demonstration Period 2

Cohort	Group	Baseline Period	Demonstration Period 2	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.92717	0.91425	0.98607	1.00427
	I	0.95746	0.94816	0.99029	
2	C	0.91987	0.91577	0.99555	0.99964
	I	0.95180	0.94722	0.99520	

Tables 6.A through *6.I* show the savings calculations for each cohort and demonstration period, taking into account the AGA adjustment factors (but still excluding the outlier adjustment). Column (a) shows the number of member months during demonstration period for the intervention group for each category of beneficiary. Column (b) shows 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 period. Column (f) shows the PMPM savings, which is obtained by subtracting the actual PMPM in column (e) from 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.H.1 and **6.H.2** display the Medicare savings calculation for Cohort 1 in total. The baseline PMPM for the intervention group was \$805.73. For Demonstration Period 1, the AGA adjusted trend from the comparison group was 1.131, resulting in a target PMPM of \$910.89 and for Demonstration Period 2, the AGA adjusted trend was 1.118, resulting in a target PMPM of \$900.79. The PMPM costs of the intervention group were actually \$943.09 in Demonstration Period 1, an increase of 17.0 percent, and \$975.34 in Demonstration Period 2, an increase of 21.1 percent, over the \$805.73 baseline PMPM. Because the intervention group PMPM costs increased at a faster rate (17.0 percent and 21.1 percent, respectively) than the comparison group costs (13.1 percent and 11.8 percent, respectively), we estimate a PMPM negative savings of \$32.20 for Demonstration Period 1 and \$74.55 for Demonstration Period 2, or a savings rate of –3.5 percent and –8.3 percent, respectively. The additional Medicare costs (negative savings) dollar amount was \$7,137,443 for Demonstration Period 1 and \$12,210,927 for Demonstration Period 2.

Table 6.I displays the Medicare savings calculation for Cohort 2. The baseline PMPM for the intervention group was \$1,110.66. The AGA adjusted trend from the comparison group was 0.996, resulting in a target PMPM of \$1,106.09. The PMPM costs of the intervention group were actually \$1,125.91, an increase of 1.4 percent, over the \$1,110.66 baseline PMPM. Because the intervention group PMPM costs increased at a faster rate (1.4 percent) than the comparison

group costs (negative 0.4 percent), we estimate a PMPM negative savings of \$19.82, or a savings rate of -1.8 percent. The additional costs (negative savings) dollar amount was \$1,275,500 for Cohort 2 in Demonstration Period 2.

Table 6.A.1.

MEDICARE Demonstration Period 1 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A (including AGA adjustments and excluding outlier adjustment)

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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	61,949.7	\$683.98	1.180	\$807.22	\$804.16	\$3.06	\$189,605	0.4%
Facility, age 65+, with SPMI	145.6	\$4,677.96	0.959	\$4,487.30	\$2,208.32	\$2,278.98	\$331,754	50.8%
Facility, age 65+, no SPMI	581.5	\$1,289.46	1.104	\$1,423.38	\$1,173.48	\$249.91	\$145,323	17.6%
HCBS, age 65+, with SPMI	852.6	\$1,048.16	1.084	\$1,136.34	\$1,194.14	–\$57.81	–\$49,288	–5.1%
HCBS, age 65+, no SPMI	3,769.9	\$1,016.71	1.343	\$1,365.41	\$1,286.24	\$79.16	\$298,446	5.8%
Community, age 65+, with SPMI	717.9	\$810.10	1.297	\$1,050.55	\$1,100.69	–\$50.14	–\$35,996	–4.8%
Community, age 65+, no SPMI	11,464.8	\$386.34	1.495	\$577.60	\$571.63	\$5.97	\$68,493	1.0%
Facility, age <65, with SPMI	279.6	\$2,379.98	0.956	\$2,275.70	\$1,861.64	\$414.06	\$115,788	18.2%
Facility, age <65, no SPMI	533.2	\$2,297.99	0.998	\$2,292.89	\$2,433.57	–\$140.68	–\$75,014	–6.1%
HCBS, age <65, with SPMI	4,880.5	\$772.55	1.003	\$774.99	\$942.64	–\$167.65	–\$818,224	–21.6%
HCBS, age <65, no SPMI	11,865.3	\$709.50	1.121	\$795.45	\$806.64	–\$11.19	–\$132,738	–1.4%
Community, age <65, with SPMI	7,458.3	\$691.79	1.127	\$779.93	\$805.08	–\$25.15	–\$187,565	–3.2%
Community, age <65, no SPMI	19,400.5	\$610.00	1.195	\$728.68	\$701.44	\$27.25	\$528,625	3.7%

Table 6.A.2.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A (including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	37,045.4	\$683.98	1.160	\$793.18	\$835.73	–\$42.55	–\$1,576,259	–5.4%
Facility, age 65+, with SPMI	97.0	\$4,677.96	0.970	\$4,536.43	\$1,775.95	\$2,760.47	\$267,766	60.9%
Facility, age 65+, no SPMI	293.5	\$1,289.46	1.038	\$1,338.77	\$823.52	\$515.25	\$151,201	38.5%
HCBS, age 65+, with SPMI	501.9	\$1,048.16	1.012	\$1,060.53	\$1,212.95	–\$152.42	–\$76,497	–14.4%
HCBS, age 65+, no SPMI	2,236.5	\$1,016.71	1.343	\$1,365.29	\$1,260.39	\$104.89	\$234,594	7.7%
Community, age 65+, with SPMI	399.6	\$810.10	1.213	\$983.02	\$1,030.40	–\$47.38	–\$18,934	–4.8%
Community, age 65+, no SPMI	7,100.3	\$386.34	1.547	\$597.69	\$583.97	\$13.72	\$97,386	2.3%
Facility, age <65, with SPMI	168.0	\$2,379.98	0.826	\$1,965.78	\$681.78	\$1,284.00	\$215,712	65.3%
Facility, age <65, no SPMI	326.7	\$2,297.99	0.830	\$1,907.77	\$1,864.32	\$43.45	\$14,198	2.3%
HCBS, age <65, with SPMI	3,095.6	\$772.55	0.997	\$770.56	\$976.82	–\$206.26	–\$638,505	–26.8%
HCBS, age <65, no SPMI	7,681.8	\$709.50	1.093	\$775.59	\$1,059.81	–\$284.22	–\$2,183,297	–36.6%
Community, age <65, with SPMI	4,256.9	\$691.79	1.062	\$734.62	\$741.40	–\$6.78	–\$28,874	–0.9%
Community, age <65, no SPMI	10,887.7	\$610.00	1.190	\$726.00	\$690.27	\$35.73	\$388,993	4.9%

Table 6.B.1.

MEDICARE Demonstration Period 1 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B (including AGA adjustments and excluding outlier adjustment)

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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	56,081.0	\$842.62	1.158	\$975.62	\$1,001.49	–\$25.87	–\$1,451,047	–2.7%
Facility, age 65+, with SPMI	1,461.8	\$1,589.42	0.966	\$1,535.92	\$2,095.33	–\$559.41	–\$817,753	–36.4%
Facility, age 65+, no SPMI	3,429.2	\$1,258.02	1.125	\$1,415.31	\$1,275.00	\$140.31	\$481,155	9.9%
HCBS, age 65+, with SPMI	1,427.9	\$1,179.67	1.085	\$1,280.17	\$1,658.59	–\$378.42	–\$540,354	–29.6%
HCBS, age 65+, no SPMI	6,631.9	\$1,192.82	1.357	\$1,618.41	\$1,530.81	\$87.60	\$580,936	5.4%
Community, age 65+, with SPMI	590.0	\$808.76	1.305	\$1,055.54	\$1,294.82	–\$239.28	–\$141,167	–22.7%
Community, age 65+, no SPMI	10,653.4	\$372.61	1.524	\$568.02	\$592.94	–\$24.92	–\$265,459	–4.4%
Facility, age <65, with SPMI	1,068.6	\$1,735.89	0.957	\$1,660.43	\$1,783.07	–\$122.64	–\$131,053	–7.4%
Facility, age <65, no SPMI	1,031.1	\$1,923.15	1.035	\$1,989.77	\$2,150.98	–\$161.21	–\$166,219	–8.1%
HCBS, age <65, with SPMI	5,654.8	\$989.39	0.998	\$986.93	\$873.23	\$113.70	\$642,950	11.5%
HCBS, age <65, no SPMI	9,046.5	\$846.21	1.124	\$950.94	\$1,129.82	–\$178.88	–\$1,618,212	–18.8%
Community, age <65, with SPMI	5,201.1	\$717.71	1.138	\$816.58	\$666.77	\$149.81	\$779,184	18.3%
Community, age <65, no SPMI	9,884.8	\$515.66	1.201	\$619.46	\$645.26	–\$25.80	–\$255,055	–4.2%

Table 6.B.2.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B (including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	35,942.4	\$842.62	1.116	\$940.26	\$1,027.23	–\$86.98	–\$3,126,111	–9.3%
Facility, age 65+, with SPMI	740.5	\$1,589.42	0.976	\$1,551.73	\$1,515.77	\$35.96	\$26,630	2.3%
Facility, age 65+, no SPMI	1,617.7	\$1,258.02	1.057	\$1,329.53	\$1,082.18	\$247.35	\$400,147	18.6%
HCBS, age 65+, with SPMI	943.2	\$1,179.67	1.023	\$1,206.68	\$1,773.41	–\$566.73	–\$534,541	–47.0%
HCBS, age 65+, no SPMI	4,225.1	\$1,192.82	1.345	\$1,603.81	\$1,663.67	–\$59.86	–\$252,905	–3.7%
Community, age 65+, with SPMI	376.1	\$808.76	1.230	\$994.87	\$849.35	\$145.52	\$54,733	14.6%
Community, age 65+, no SPMI	7,048.9	\$372.61	1.566	\$583.58	\$669.47	–\$85.90	–\$605,466	–14.7%
Facility, age <65, with SPMI	684.2	\$1,735.89	0.845	\$1,466.79	\$1,665.36	–\$198.57	–\$135,857	–13.5%
Facility, age <65, no SPMI	580.9	\$1,923.15	0.870	\$1,673.36	\$1,644.91	\$28.45	\$16,526	1.7%
HCBS, age <65, with SPMI	3,970.3	\$989.39	1.002	\$991.29	\$1,044.26	–\$52.97	–\$210,328	–5.3%
HCBS, age <65, no SPMI	6,335.1	\$846.21	1.096	\$927.60	\$1,124.13	–\$196.53	–\$1,245,030	–21.2%
Community, age <65, with SPMI	3,242.4	\$717.71	1.069	\$767.23	\$843.25	–\$76.02	–\$246,501	–9.9%
Community, age <65, no SPMI	6,177.9	\$515.66	1.198	\$617.93	\$681.62	–\$63.70	–\$393,518	–10.3%

Table 6.C.1.

MEDICARE Demonstration Period 1 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C (including AGA adjustments and excluding outlier adjustment)

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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	29,325.2	\$766.04	1.186	\$908.85	\$970.07	–\$61.22	–\$1,795,346	–6.7%
Facility, age 65+, with SPMI	388.4	\$2,180.00	0.949	\$2,069.26	\$1,422.74	\$646.52	\$251,081	31.2%
Facility, age 65+, no SPMI	2,616.3	\$1,091.11	1.124	\$1,226.17	\$1,327.34	–\$101.17	–\$264,684	–8.3%
HCBS, age 65+, with SPMI	660.8	\$1,159.58	1.063	\$1,232.39	\$1,708.19	–\$475.81	–\$314,432	–38.6%
HCBS, age 65+, no SPMI	3,919.4	\$1,001.93	1.370	\$1,373.07	\$1,498.57	–\$125.51	–\$491,914	–9.1%
Community, age 65+, with SPMI	402.2	\$490.13	1.355	\$664.30	\$686.26	–\$21.95	–\$8,829	–3.3%
Community, age 65+, no SPMI	5,322.0	\$512.19	1.537	\$787.43	\$657.88	\$129.55	\$689,465	16.5%
Facility, age <65, with SPMI	317.6	\$1,564.17	0.968	\$1,514.65	\$1,181.46	\$333.19	\$105,815	22.0%
Facility, age <65, no SPMI	464.9	\$2,291.46	1.019	\$2,335.90	\$2,182.87	\$153.03	\$71,145	6.6%
HCBS, age <65, with SPMI	2,974.1	\$671.33	0.986	\$661.62	\$842.87	–\$181.25	–\$539,054	–27.4%
HCBS, age <65, no SPMI	4,472.2	\$739.92	1.137	\$841.32	\$1,009.15	–\$167.84	–\$750,610	–19.9%
Community, age <65, with SPMI	2,861.8	\$625.66	1.141	\$713.89	\$602.52	\$111.37	\$318,735	15.6%
Community, age <65, no SPMI	4,925.5	\$443.36	1.212	\$537.26	\$712.28	–\$175.02	–\$862,066	–32.6%

Table 6.C.2.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C (including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	22,219.0	\$766.04	1.139	\$872.72	\$970.01	–\$97.29	–\$2,161,779	–11.1%
Facility, age 65+, with SPMI	270.7	\$2,180.00	0.977	\$2,129.72	\$1,073.14	\$1,056.58	\$285,966	49.6%
Facility, age 65+, no SPMI	1,455.2	\$1,091.11	1.060	\$1,156.09	\$1,004.14	\$151.95	\$221,126	13.1%
HCBS, age 65+, with SPMI	513.1	\$1,159.58	1.022	\$1,184.90	\$2,028.62	–\$843.71	–\$432,875	–71.2%
HCBS, age 65+, no SPMI	2,913.8	\$1,001.93	1.349	\$1,351.31	\$1,298.17	\$53.14	\$154,846	3.9%
Community, age 65+, with SPMI	340.2	\$490.13	1.234	\$604.59	\$684.98	–\$80.39	–\$27,348	–13.3%
Community, age 65+, no SPMI	4,208.9	\$512.19	1.566	\$801.86	\$903.61	–\$101.75	–\$428,275	–12.7%
Facility, age <65, with SPMI	232.4	\$1,564.17	0.842	\$1,316.87	\$1,089.57	\$227.31	\$52,831	17.3%
Facility, age <65, no SPMI	354.9	\$2,291.46	0.869	\$1,992.03	\$1,920.20	\$71.83	\$25,489	3.6%
HCBS, age <65, with SPMI	2,404.5	\$671.33	1.001	\$672.33	\$911.85	–\$239.52	–\$575,916	–35.6%
HCBS, age <65, no SPMI	3,617.6	\$739.92	1.097	\$811.34	\$940.33	–\$128.99	–\$466,621	–15.9%
Community, age <65, with SPMI	2,177.6	\$625.66	1.070	\$669.63	\$697.81	–\$28.18	–\$61,357	–4.2%
Community, age <65, no SPMI	3,730.2	\$443.36	1.199	\$531.67	\$775.53	–\$243.86	–\$909,645	–45.9%

Table 6.D.1.

MEDICARE Demonstration Period 1 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D (including AGA adjustments and excluding outlier adjustment)

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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) - (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	23,661.9	\$596.88	1.154	\$688.58	\$766.15	-\$77.56	-\$1,835,273	-11.3%
Facility, age 65+, with SPMI	492.9	\$1,490.64	0.943	\$1,405.95	\$1,207.10	\$198.85	\$98,013	14.1%
Facility, age 65+, no SPMI	1,645.7	\$1,221.08	1.110	\$1,355.03	\$1,437.36	-\$82.33	-\$135,493	-6.1%
HCBS, age 65+, with SPMI	379.1	\$974.87	1.042	\$1,015.60	\$1,973.23	-\$957.63	-\$363,007	-94.3%
HCBS, age 65+, no SPMI	2,243.2	\$803.16	1.366	\$1,097.08	\$1,262.72	-\$165.64	-\$371,559	-15.1%
Community, age 65+, with SPMI	223.8	\$544.80	1.341	\$730.66	\$483.09	\$247.58	\$55,417	33.9%
Community, age 65+, no SPMI	5,536.8	\$310.45	1.536	\$476.71	\$475.57	\$1.13	\$6,284	0.2%
Facility, age <65, with SPMI	262.1	\$1,176.02	0.964	\$1,134.19	\$993.60	\$140.58	\$36,842	12.4%
Facility, age <65, no SPMI	356.5	\$1,116.97	1.006	\$1,123.40	\$1,854.70	-\$731.30	-\$260,686	-65.1%
HCBS, age <65, with SPMI	1,792.1	\$750.16	0.976	\$732.25	\$898.55	-\$166.31	-\$298,040	-22.7%
HCBS, age <65, no SPMI	3,038.8	\$535.66	1.136	\$608.33	\$711.78	-\$103.44	-\$314,343	-17.0%
Community, age <65, with SPMI	2,301.9	\$598.76	1.138	\$681.61	\$541.01	\$140.59	\$323,636	20.6%
Community, age <65, no SPMI	5,389.1	\$350.78	1.213	\$425.63	\$539.25	-\$113.63	-\$612,338	-26.7%

Table 6.D.2.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D (including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	18,990.3	\$596.88	1.108	\$661.24	\$801.26	–\$140.02	–\$2,659,101	–21.2%
Facility, age 65+, with SPMI	369.1	\$1,490.64	0.977	\$1,455.85	\$1,748.10	–\$292.26	–\$107,878	–20.1%
Facility, age 65+, no SPMI	1,018.4	\$1,221.08	1.056	\$1,289.48	\$1,326.86	–\$37.38	–\$38,068	–2.9%
HCBS, age 65+, with SPMI	290.3	\$974.87	1.012	\$986.84	\$2,072.76	–\$1,085.92	–\$315,273	–110.0%
HCBS, age 65+, no SPMI	1,793.3	\$803.16	1.347	\$1,081.50	\$1,582.29	–\$500.79	–\$898,076	–46.3%
Community, age 65+, with SPMI	176.0	\$544.80	1.216	\$662.34	\$651.81	\$10.53	\$1,853	1.6%
Community, age 65+, no SPMI	4,617.6	\$310.45	1.566	\$486.17	\$548.39	–\$62.22	–\$287,286	–12.8%
Facility, age <65, with SPMI	216.4	\$1,176.02	0.844	\$992.68	\$1,505.05	–\$512.37	–\$110,860	–51.6%
Facility, age <65, no SPMI	266.7	\$1,116.97	0.873	\$975.34	\$1,618.37	–\$643.03	–\$171,466	–65.9%
HCBS, age <65, with SPMI	1,488.8	\$750.16	0.998	\$748.93	\$945.71	–\$196.78	–\$292,957	–26.3%
HCBS, age <65, no SPMI	2,624.7	\$535.66	1.095	\$586.45	\$669.97	–\$83.52	–\$219,218	–14.2%
Community, age <65, with SPMI	1,888.8	\$598.76	1.069	\$640.10	\$509.26	\$130.84	\$247,126	20.4%
Community, age <65, no SPMI	4,240.3	\$350.78	1.197	\$420.00	\$530.13	–\$110.13	–\$466,997	–26.2%

Table 6.E.1.

MEDICARE Demonstration Period 1 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E (including AGA adjustments and excluding outlier adjustment)

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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	21,423.9	\$698.16	1.142	\$797.38	\$832.59	–\$35.21	–\$754,280	–4.4%
Facility, age 65+, with SPMI	532.9	\$1,647.38	0.939	\$1,547.35	\$1,774.40	–\$227.05	–\$120,984	–14.7%
Facility, age 65+, no SPMI	2,084.6	\$997.55	1.099	\$1,096.03	\$1,120.06	–\$24.03	–\$50,103	–2.2%
HCBS, age 65+, with SPMI	403.8	\$1,085.95	1.030	\$1,118.70	\$1,399.24	–\$280.54	–\$113,281	–25.1%
HCBS, age 65+, no SPMI	2,392.3	\$1,107.19	1.363	\$1,509.28	\$1,739.08	–\$229.79	–\$549,739	–15.2%
Community, age 65+, with SPMI	114.8	\$990.89	1.374	\$1,361.14	\$1,416.02	–\$54.89	–\$6,301	–4.0%
Community, age 65+, no SPMI	4,021.7	\$284.30	1.549	\$440.47	\$420.56	\$19.91	\$80,089	4.5%
Facility, age <65, with SPMI	634.3	\$1,531.37	0.962	\$1,473.30	\$999.13	\$474.18	\$300,772	32.2%
Facility, age <65, no SPMI	426.4	\$1,573.82	0.998	\$1,570.47	\$1,257.88	\$312.58	\$133,296	19.9%
HCBS, age <65, with SPMI	1,771.8	\$590.99	0.976	\$576.81	\$764.59	–\$187.78	–\$332,714	–32.6%
HCBS, age <65, no SPMI	2,947.8	\$675.51	1.138	\$768.91	\$688.74	\$80.17	\$236,312	10.4%
Community, age <65, with SPMI	1,772.3	\$523.61	1.137	\$595.38	\$785.02	–\$189.64	–\$336,110	–31.9%
Community, age <65, no SPMI	4,321.1	\$384.18	1.226	\$471.05	\$470.02	\$1.04	\$4,484	0.2%

Table 6.E.2.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E (including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	18,939.9	\$698.16	1.092	\$762.07	\$915.69	–\$153.62	–\$2,909,535	–20.2%
Facility, age 65+, with SPMI	411.4	\$1,647.38	0.977	\$1,609.35	\$1,303.53	\$305.83	\$125,823	19.0%
Facility, age 65+, no SPMI	1,572.1	\$997.55	1.058	\$1,055.00	\$1,169.90	–\$114.90	–\$180,629	–10.9%
HCBS, age 65+, with SPMI	364.8	\$1,085.95	1.017	\$1,104.72	\$1,747.48	–\$642.75	–\$234,477	–58.2%
HCBS, age 65+, no SPMI	2,113.6	\$1,107.19	1.345	\$1,488.91	\$1,797.07	–\$308.16	–\$651,339	–20.7%
Community, age 65+, with SPMI	91.6	\$990.89	1.243	\$1,231.64	\$1,542.99	–\$311.35	–\$28,514	–25.3%
Community, age 65+, no SPMI	3,583.4	\$284.30	1.560	\$443.64	\$642.11	–\$198.47	–\$711,214	–44.7%
Facility, age <65, with SPMI	537.2	\$1,531.37	0.846	\$1,295.12	\$1,358.88	–\$63.76	–\$34,252	–4.9%
Facility, age <65, no SPMI	306.6	\$1,573.82	0.873	\$1,373.86	\$1,286.00	\$87.86	\$26,938	6.4%
HCBS, age <65, with SPMI	1,695.5	\$590.99	1.001	\$591.48	\$844.63	–\$253.15	–\$429,226	–42.8%
HCBS, age <65, no SPMI	2,738.5	\$675.51	1.098	\$741.54	\$712.78	\$28.76	\$78,754	3.9%
Community, age <65, with SPMI	1,666.9	\$523.61	1.070	\$560.40	\$857.33	–\$296.94	–\$494,973	–53.0%
Community, age <65, no SPMI	3,858.2	\$384.18	1.198	\$460.23	\$557.79	–\$97.56	–\$376,426	–21.2%

Table 6.F.1.

MEDICARE Demonstration Period 1 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F (including AGA adjustments and excluding outlier adjustment)

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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	19,330.7	\$970.07	1.161	\$1,125.94	\$1,128.88	–\$2.94	–\$56,885	–0.3%
Facility, age 65+, with SPMI	583.8	\$2,033.57	0.940	\$1,911.53	\$1,553.85	\$357.68	\$208,827	18.7%
Facility, age 65+, no SPMI	1,977.1	\$1,482.58	1.094	\$1,622.15	\$1,275.52	\$346.64	\$685,342	21.4%
HCBS, age 65+, with SPMI	516.4	\$1,607.72	1.052	\$1,691.15	\$2,216.28	–\$525.13	–\$271,190	–31.1%
HCBS, age 65+, no SPMI	2,466.4	\$990.75	1.371	\$1,357.96	\$1,315.77	\$42.19	\$104,052	3.1%
Community, age 65+, with SPMI	251.4	\$697.19	1.356	\$945.51	\$522.33	\$423.19	\$106,403	44.8%
Community, age 65+, no SPMI	3,955.4	\$413.79	1.568	\$648.62	\$728.92	–\$80.31	–\$317,646	–12.4%
Facility, age <65, with SPMI	440.5	\$1,735.49	0.950	\$1,648.34	\$1,619.45	\$28.89	\$12,725	1.8%
Facility, age <65, no SPMI	410.8	\$2,712.03	0.998	\$2,705.28	\$2,059.34	\$645.94	\$265,325	23.9%
HCBS, age <65, with SPMI	1,343.6	\$864.49	0.974	\$842.40	\$967.04	–\$124.64	–\$167,466	–14.8%
HCBS, age <65, no SPMI	2,181.5	\$999.90	1.138	\$1,137.74	\$1,589.74	–\$452.00	–\$986,039	–39.7%
Community, age <65, with SPMI	1,654.2	\$723.45	1.148	\$830.57	\$1,106.00	–\$275.44	–\$455,623	–33.2%
Community, age <65, no SPMI	3,549.5	\$813.95	1.243	\$1,011.70	\$798.04	\$213.66	\$758,406	21.1%

Table 6.F.2.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F(including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	18,412.2	\$970.07	1.105	\$1,071.45	\$1,059.52	\$11.93	\$219,633	1.1%
Facility, age 65+, with SPMI	488.3	\$2,033.57	0.973	\$1,977.71	\$1,075.35	\$902.36	\$440,612	45.6%
Facility, age 65+, no SPMI	1,630.8	\$1,482.58	1.054	\$1,562.00	\$1,392.37	\$169.63	\$276,620	10.9%
HCBS, age 65+, with SPMI	429.2	\$1,607.72	1.017	\$1,634.89	\$1,523.08	\$111.80	\$47,989	6.8%
HCBS, age 65+, no SPMI	2,325.6	\$990.75	1.345	\$1,332.10	\$1,112.64	\$219.46	\$510,377	16.5%
Community, age 65+, with SPMI	237.0	\$697.19	1.216	\$848.11	\$578.88	\$269.23	\$63,808	31.7%
Community, age 65+, no SPMI	3,883.5	\$413.79	1.561	\$646.09	\$698.36	–\$52.28	–\$203,019	–8.1%
Facility, age <65, with SPMI	415.2	\$1,735.49	0.846	\$1,468.62	\$1,608.79	–\$140.17	–\$58,203	–9.5%
Facility, age <65, no SPMI	387.0	\$2,712.03	0.865	\$2,347.07	\$2,064.37	\$282.70	\$109,404	12.0%
HCBS, age <65, with SPMI	1,413.4	\$864.49	1.000	\$864.78	\$1,247.86	–\$383.09	–\$541,434	–44.3%
HCBS, age <65, no SPMI	2,200.0	\$999.90	1.095	\$1,095.18	\$1,155.56	–\$60.39	–\$132,848	–5.5%
Community, age <65, with SPMI	1,567.9	\$723.45	1.068	\$772.99	\$1,261.42	–\$488.43	–\$765,820	–63.2%
Community, age <65, no SPMI	3,434.3	\$813.95	1.196	\$973.49	\$836.01	\$137.48	\$472,146	14.1%

Table 6.G.1.

MEDICARE Demonstration Period 1 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1G (including AGA adjustments and excluding outlier adjustment)

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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	9,882.2	\$1,358.26	1.146	\$1,557.21	\$1,702.34	–\$145.13	–\$1,434,217	–9.3%
Facility, age 65+, with SPMI	352.7	\$2,089.72	0.930	\$1,943.21	\$1,629.84	\$313.37	\$110,530	16.1%
Facility, age 65+, no SPMI	1,160.1	\$1,623.47	1.084	\$1,759.28	\$1,584.40	\$174.88	\$202,887	9.9%
HCBS, age 65+, with SPMI	292.0	\$1,218.25	1.017	\$1,239.08	\$1,572.47	–\$333.39	–\$97,350	–26.9%
HCBS, age 65+, no SPMI	1,642.7	\$1,096.89	1.357	\$1,488.46	\$1,646.04	–\$157.58	–\$258,854	–10.6%
Community, age 65+, with SPMI	79.0	\$1,129.38	1.369	\$1,545.99	\$1,379.45	\$166.53	\$13,156	10.8%
Community, age 65+, no SPMI	1,261.8	\$621.46	1.554	\$966.01	\$941.23	\$24.77	\$31,260	2.6%
Facility, age <65, with SPMI	217.0	\$2,813.88	0.923	\$2,596.59	\$2,765.30	–\$168.71	–\$36,610	–6.5%
Facility, age <65, no SPMI	240.4	\$3,651.08	0.996	\$3,635.90	\$5,034.09	–\$1,398.19	–\$336,077	–38.5%
HCBS, age <65, with SPMI	814.8	\$1,258.91	0.998	\$1,256.20	\$1,837.88	–\$581.68	–\$473,946	–46.3%
HCBS, age <65, no SPMI	1,841.2	\$1,350.10	1.157	\$1,561.68	\$1,606.98	–\$45.30	–\$83,399	–2.9%
Community, age <65, with SPMI	714.4	\$1,142.36	1.168	\$1,333.79	\$1,816.69	–\$482.90	–\$344,963	–36.2%
Community, age <65, no SPMI	1,266.2	\$1,437.63	1.222	\$1,757.44	\$1,884.48	–\$127.04	–\$160,851	–7.2%

Table 6.G.2.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1G (including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	12,246.8	\$1,358.26	1.098	\$1,490.87	\$1,490.69	\$0.18	\$2,224	0.0%
Facility, age 65+, with SPMI	371.8	\$2,089.72	0.977	\$2,042.00	\$1,627.04	\$414.97	\$154,283	20.3%
Facility, age 65+, no SPMI	1,123.0	\$1,623.47	1.055	\$1,713.40	\$1,546.05	\$167.34	\$187,922	9.8%
HCBS, age 65+, with SPMI	394.3	\$1,218.25	1.018	\$1,240.53	\$2,167.86	–\$927.33	–\$365,634	–74.8%
HCBS, age 65+, no SPMI	2,149.9	\$1,096.89	1.348	\$1,479.07	\$1,447.09	\$31.98	\$68,756	2.2%
Community, age 65+, with SPMI	90.6	\$1,129.38	1.230	\$1,388.68	\$844.46	\$544.23	\$49,314	39.2%
Community, age 65+, no SPMI	1,598.2	\$621.46	1.566	\$973.32	\$796.21	\$177.11	\$283,066	18.2%
Facility, age <65, with SPMI	272.1	\$2,813.88	0.840	\$2,363.70	\$2,900.93	–\$537.23	–\$146,179	–22.7%
Facility, age <65, no SPMI	264.8	\$3,651.08	0.866	\$3,161.61	\$2,657.98	\$503.63	\$133,353	15.9%
HCBS, age <65, with SPMI	1,036.3	\$1,258.91	1.004	\$1,264.23	\$1,314.87	–\$50.63	–\$52,474	–4.0%
HCBS, age <65, no SPMI	2,465.0	\$1,350.10	1.096	\$1,479.91	\$1,630.51	–\$150.60	–\$371,224	–10.2%
Community, age <65, with SPMI	967.7	\$1,142.36	1.070	\$1,222.22	\$1,300.33	–\$78.11	–\$75,584	–6.4%
Community, age <65, no SPMI	1,513.2	\$1,437.63	1.197	\$1,720.64	\$1,630.35	\$90.29	\$136,623	5.2%

Table 6.H.1.
MEDICARE Demonstration Period 1 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 Total (including AGA adjustments and excluding outlier adjustment)

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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	221,654.5	\$805.73	1.131	\$910.89	\$943.09	–\$32.20	–\$7,137,443	–3.5%
Facility, age 65+, with SPMI	3,958.0	\$1,848.30	0.960	\$1,773.85	\$1,758.32	\$15.53	\$61,466	0.9%
Facility, age 65+, no SPMI	13,494.6	\$1,261.03	1.096	\$1,382.19	\$1,303.31	\$78.88	\$1,064,428	5.7%
HCBS, age 65+, with SPMI	4,532.7	\$1,194.47	1.050	\$1,253.81	\$1,639.66	–\$385.84	–\$1,748,902	–30.8%
HCBS, age 65+, no SPMI	23,065.9	\$1,050.69	1.367	\$1,436.25	\$1,466.10	–\$29.85	–\$688,632	–2.1%
Community, age 65+, with SPMI	2,379.2	\$740.36	1.319	\$976.74	\$984.02	–\$7.28	–\$17,317	–0.7%
Community, age 65+, no SPMI	42,215.9	\$392.27	1.513	\$593.60	\$586.67	\$6.93	\$292,486	1.2%
Facility, age <65, with SPMI	3,219.6	\$1,772.87	0.948	\$1,681.23	\$1,555.67	\$125.57	\$404,279	7.5%
Facility, age <65, no SPMI	3,463.2	\$2,163.91	0.990	\$2,141.21	\$2,247.54	–\$106.32	–\$368,230	–5.0%
HCBS, age <65, with SPMI	19,231.7	\$835.72	0.984	\$822.63	\$925.92	–\$103.29	–\$1,986,493	–12.6%
HCBS, age <65, no SPMI	35,393.2	\$805.92	1.096	\$883.67	\$986.77	–\$103.10	–\$3,649,028	–11.7%
Community, age <65, with SPMI	21,964.0	\$689.27	1.127	\$776.63	\$772.20	\$4.43	\$97,296	0.6%
Community, age <65, no SPMI	48,736.5	\$571.66	1.186	\$678.17	\$690.46	–\$12.29	–\$598,796	–1.8%

Table 6.H.2.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 Total (including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	163,796.0	\$805.73	1.118	\$900.79	\$975.34	–\$74.55	–\$12,210,927	–8.3%
Facility, age 65+, with SPMI	2,748.8	\$1,848.30	1.002	\$1,851.70	\$1,417.61	\$434.09	\$1,193,201	23.4%
Facility, age 65+, no SPMI	8,710.6	\$1,261.03	1.062	\$1,339.65	\$1,222.74	\$116.91	\$1,018,319	8.7%
HCBS, age 65+, with SPMI	3,436.8	\$1,194.47	1.013	\$1,210.06	\$1,766.19	–\$556.14	–\$1,911,307	–46.0%
HCBS, age 65+, no SPMI	17,757.8	\$1,050.69	1.347	\$1,415.23	\$1,462.18	–\$46.95	–\$833,746	–3.3%
Community, age 65+, with SPMI	1,711.1	\$740.36	1.207	\$893.51	\$838.04	\$55.47	\$94,912	6.2%
Community, age 65+, no SPMI	32,040.8	\$392.27	1.562	\$612.71	\$670.60	–\$57.89	–\$1,854,809	–9.4%
Facility, age <65, with SPMI	2,525.5	\$1,772.87	0.849	\$1,505.99	\$1,591.84	–\$85.85	–\$216,808	–5.7%
Facility, age <65, no SPMI	2,487.5	\$2,163.91	0.879	\$1,901.10	\$1,839.01	\$62.09	\$154,443	3.3%
HCBS, age <65, with SPMI	15,104.4	\$835.72	0.997	\$833.40	\$1,014.86	–\$181.46	–\$2,740,839	–21.8%
HCBS, age <65, no SPMI	27,662.7	\$805.92	1.094	\$881.94	\$1,046.04	–\$164.10	–\$4,539,485	–18.6%
Community, age <65, with SPMI	15,768.2	\$689.27	1.068	\$736.35	\$826.78	–\$90.43	–\$1,425,983	–12.3%
Community, age <65, no SPMI	33,841.8	\$571.66	1.200	\$685.80	\$719.75	–\$33.95	–\$1,148,823	–4.9%

Table 6.I.

MEDICARE Demonstration Period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2 (including AGA adjustments and excluding outlier adjustment)

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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	64,338.9	\$1,110.66	0.996	\$1,106.09	\$1,125.91	–\$19.82	–\$1,275,500	–1.8%
Facility, age 65+, with SPMI	2,123.3	\$2,713.53	0.748	\$2,029.05	\$2,026.27	\$2.79	\$5,919	0.1%
Facility, age 65+, no SPMI	3,688.6	\$2,025.37	0.798	\$1,616.18	\$1,637.89	–\$21.71	–\$80,079	–1.3%
HCBS, age 65+, with SPMI	2,138.0	\$2,049.84	0.905	\$1,854.58	\$1,711.40	\$143.17	\$306,107	7.7%
HCBS, age 65+, no SPMI	7,158.1	\$1,269.92	1.233	\$1,565.57	\$1,513.09	\$52.47	\$375,621	3.4%
Community, age 65+, with SPMI	1,126.2	\$1,274.25	0.879	\$1,120.52	\$1,472.59	–\$352.07	–\$396,513	–31.4%
Community, age 65+, no SPMI	11,914.2	\$424.22	1.171	\$496.76	\$576.92	–\$80.16	–\$955,074	–16.1%
Facility, age <65, with SPMI	1,302.4	\$2,995.25	1.005	\$3,008.85	\$2,255.74	\$753.11	\$980,878	25.0%
Facility, age <65, no SPMI	937.3	\$1,594.86	0.787	\$1,255.66	\$2,187.37	–\$931.71	–\$873,259	–74.2%
HCBS, age <65, with SPMI	6,404.9	\$1,302.50	0.901	\$1,173.60	\$1,316.70	–\$143.10	–\$916,563	–12.2%
HCBS, age <65, no SPMI	9,235.5	\$940.29	1.141	\$1,073.24	\$1,043.06	\$30.18	\$278,771	2.8%
Community, age <65, with SPMI	6,450.0	\$1,001.67	1.069	\$1,070.47	\$1,049.91	\$20.57	\$132,648	1.9%
Community, age <65, no SPMI	11,860.3	\$672.36	1.143	\$768.42	\$779.71	–\$11.29	–\$133,956	–1.5%

Tables 7.A.1 through **7.A.3** summarize the gross Medicare savings calculation by cohort for each demonstration period separately and the total demonstration period, and include the AGA adjustment but exclude the outlier adjustment. For Cohort 1, the total additional cost (negative savings) was \$7.1 million, or –3.5 percent, in Demonstration Period 1 and \$12.2 million, or –8.3 percent, in Demonstration Period 2 with the largest additional cost coming from Cohorts 1C, 1D, and 1E. For Cohort 2, the total additional cost (negative savings) was \$1.3 million, or –1.8 percent, in Demonstration Period 2.

Tables 7.B.1 through **7.B.4** summarize the savings calculation by age, SPMI status and Facility Status for each cohort and each demonstration period. Both the under 65 (disabled) and over 65 (aged) experienced additional costs in both cohorts and for both demonstration periods. However, for Cohort 1 the aged experienced greater additional costs than the disabled, –8.4 percent for aged compared to –2.1 percent for disabled, whereas for Cohort 2 the disabled experienced greater additional costs than the aged, –2.3 percent compared to –1.4 percent. For Cohort 1, both those with and without SPMI experienced additional costs, –8.9 percent for those with SPMI and –4.3 percent for those without SPMI. Cohort 2 beneficiaries without SPMI experienced additional costs similar to those in Cohort 1, –3.2 percent, but those with SPMI actually experienced modest savings, 0.4 percent.

By Facility Status, Cohort 1 experience shifted significantly from Demonstration Period 1 to Demonstration Period 2. In Demonstration Period 1, only the HCBS category experienced significant additional costs (–9.4 percent), while those in a facility experienced savings of 3.0 percent and those in the community experienced a small additional cost of –0.3 percent. In Demonstration Period 2, both the HCBS and community categories experienced significant additional costs, –15.1 percent and –7.7 percent, respectively, while those in a facility experienced savings of 8.5 percent. For Cohort 2, only the community category experienced significant additional costs (–5.8 percent), while those in the facility and HCBS categories experienced small savings, 0.2 percent and 0.1 percent, respectively.

Table 7.A.1.
Summary of demonstration savings by cohort, including AGA but excluding outlier, Total Demonstration Period

Cohort	(a) Eligible months N	(b) Baseline period PMPM	(c) AGA adjusted cost trend comparison group	(d) AGA adjusted target demonstration period PMPM	(e) Actual demonstration period PMPM	(f) PMPM savings = d-e	(g) Total savings = a*f	(h) Percentage savings = f/d
1A	98,995.1	\$683.98	1.172	\$801.96	\$815.97	-\$14.01	-\$1,386,655	-1.7%
1B	92,023.4	\$842.62	1.141	\$961.81	\$1,011.54	-\$49.74	-\$4,577,158	-5.2%
1C	51,544.1	\$766.04	1.166	\$893.27	\$970.04	-\$76.77	-\$3,957,125	-8.6%
1D	42,652.2	\$596.88	1.133	\$676.41	\$781.78	-\$105.37	-\$4,494,374	-15.6%
1E	40,363.8	\$698.16	1.118	\$780.81	\$871.58	-\$90.77	-\$3,663,815	-11.6%
1F	37,742.9	\$970.07	1.133	\$1,099.36	\$1,095.05	\$4.31	\$162,748	0.4%
1G	22,129.0	\$1,358.26	1.119	\$1,520.50	\$1,585.21	-\$64.71	-\$1,431,992	-4.3%
1 - Total	385,450.5	\$805.73	1.125	\$906.60	\$956.80	-\$50.20	-\$19,348,370	-5.5%
2	64,338.9	\$1,110.66	0.996	\$1,106.09	\$1,125.91	-\$19.82	-\$1,275,500	-1.8%
Total 1+2	449,789.4	\$858.93	1.089	\$935.13	\$980.99	-\$45.85	-\$20,623,870	-4.9%

Table 7.A.2.
Summary of demonstration savings by cohort, including AGA but excluding outlier, Demonstration Period 1

Cohort	(a) Eligible months N	(b) Baseline period PMPM	(c) AGA adjusted cost trend comparison group	(d) AGA adjusted target demonstration period PMPM	(e) Actual demonstration period PMPM	(f) PMPM savings = d-e	(g) Total savings = a*f	(h) Percentage savings = f/d
1A	61,949.7	\$683.98	1.180	\$807.22	\$804.16	\$3.06	\$189,605	0.4%
1B	56,081.0	\$842.62	1.158	\$975.62	\$1,001.49	-\$25.87	-\$1,451,047	-2.7%
1C	29,325.2	\$766.04	1.186	\$908.85	\$970.07	-\$61.22	-\$1,795,346	-6.7%
1D	23,661.9	\$596.88	1.154	\$688.58	\$766.15	-\$77.56	-\$1,835,273	-11.3%
1E	21,423.9	\$698.16	1.142	\$797.38	\$832.59	-\$35.21	-\$754,280	-4.4%
1F	19,330.7	\$970.07	1.161	\$1,125.94	\$1,128.88	-\$2.94	-\$56,885	-0.3%
1G	9,882.2	\$1,358.26	1.146	\$1,557.21	\$1,702.34	-\$145.13	-\$1,434,217	-9.3%
Total 1	221,654.5	\$858.93	1.060	\$910.89	\$943.09	-\$32.20	-\$7,137,443	-3.5%

Table 7.A.3.
Summary of demonstration savings by cohort, including AGA but excluding outlier, Demonstration Period 2

Cohort	(a) Eligible months N	(b) Baseline period PMPM	(c) AGA adjusted cost trend comparison group	(d) AGA adjusted target demonstration period PMPM	(e) Actual demonstration period PMPM	(f) PMPM savings = d-e	(g) Total savings = a*f	(h) Percentage savings = f/d
1A	37,045.4	\$683.98	1.160	\$793.18	\$835.73	-\$42.55	-\$1,576,259	-5.4%
1B	35,942.4	\$842.62	1.116	\$940.26	\$1,027.23	-\$86.98	-\$3,126,111	-9.3%
1C	22,219.0	\$766.04	1.139	\$872.72	\$970.01	-\$97.29	-\$2,161,779	-11.1%
1D	18,990.3	\$596.88	1.108	\$661.24	\$801.26	-\$140.02	-\$2,659,101	-21.2%
1E	18,939.9	\$698.16	1.092	\$762.07	\$915.69	-\$153.62	-\$2,909,535	-20.2%
1F	18,412.2	\$970.07	1.105	\$1,071.45	\$1,059.52	\$11.93	\$219,633	1.1%
1G	12,246.8	\$1,358.26	1.098	\$1,490.87	\$1,490.69	\$0.18	\$2,224	0.0%
1 - Total	163,796.0	\$805.73	1.118	\$900.79	\$975.34	-\$74.55	-\$12,210,927	-8.3%
2	64,338.9	\$1,110.66	0.996	\$1,106.09	\$1,125.91	-\$19.82	-\$1,275,500	-1.8%
Total 1+2	228,134.9	\$858.93	1.116	\$958.69	\$1,017.81	-\$59.12	-\$13,486,427	-6.2%

Table 7.B.1.

Summary of demonstration savings by age, SPMI and facility status, including AGA but excluding outlier – Cohort 1, Total Demonstration Period

Cohort	(a) Eligible months N	(b) Baseline period PMPM	(c) AGA adjusted cost trend comparison group	(d) AGA adjusted target demonstration period PMPM	(e) Actual demonstration period PMPM	(f) PMPM savings = d-e	(g) Total savings = a*f	(h) Percentage savings = f/d
<65	156,052.0	\$845.94	1.205	\$1,019.39	\$1,040.72	-\$21.34	-\$3,329,902	-2.1%
65+	229,398.5	\$776.49	1.069	\$829.87	\$899.70	-\$69.83	-\$16,018,468	-8.4%
no SPMI	288,870.6	\$756.33	1.178	\$890.88	\$929.49	-\$38.61	-\$11,151,874	-4.3%
with SPMI	96,579.9	\$951.05	1.003	\$953.61	\$1,038.47	-\$84.87	-\$8,196,497	-8.9%
Facility	40,607.9	\$1,537.01	1.022	\$1,570.95	\$1,489.41	\$81.54	\$3,311,098	5.2%
HCBS	146,185.2	\$905.02	1.150	\$1,041.03	\$1,164.83	-\$123.80	-\$18,098,433	-11.9%
Community	198,657.5	\$531.90	1.263	\$671.88	\$694.84	-\$22.96	-\$4,561,035	-3.4%
Total	385,450.5	\$805.73	1.125	\$906.60	\$956.80	-\$50.20	-\$19,348,370	-5.5%

Table 7.B.2.
Summary of demonstration savings by age, SPMI and facility status, including AGA but excluding outlier – Cohort 1,
Demonstration Period 1

Cohort	(a) Eligible months N	(b) Baseline period PMPM	(c) AGA adjusted cost trend comparison group	(d) AGA adjusted target demonstration period PMPM	(e) Actual demonstration period PMPM	(f) PMPM savings = d-e	(g) Total savings = a*f	(h) Percentage savings = f/d
<65	89,646.2	\$845.94	1.211	\$1,024.78	\$1,036.34	-\$11.56	-\$1,036,471	-1.1%
65+	132,008.3	\$776.49	1.073	\$833.54	\$879.76	-\$46.22	-\$6,100,972	-5.5%
no SPMI	166,369.3	\$756.33	1.181	\$893.09	\$916.82	-\$23.73	-\$3,947,771	-2.7%
with SPMI	55,285.2	\$951.05	1.014	\$964.44	\$1,022.14	-\$57.69	-\$3,189,672	-6.0%
Facility	24,135.5	\$1,537.01	1.038	\$1,595.23	\$1,547.08	\$48.14	\$1,161,944	3.0%
HCBS	82,223.5	\$905.02	1.154	\$1,044.81	\$1,142.99	-\$98.18	-\$8,073,055	-9.4%
Community	115,295.5	\$531.90	1.264	\$672.12	\$674.09	-\$1.96	-\$226,332	-0.3%
Total	385,450.5	\$805.73	1.131	\$906.60	\$956.80	-\$32.20	-\$7,137,443	-3.6%

Table 7.B.3.
Summary of demonstration savings by age, SPMI and facility status, including AGA but excluding outlier – Cohort 1,
Demonstration Period 2

Cohort	(a) Eligible months N	(b) Baseline period PMPM	(c) AGA adjusted cost trend comparison group	(d) AGA adjusted target demonstration period PMPM	(e) Actual demonstration period PMPM	(f) PMPM savings = d-e	(g) Total savings = a*f	(h) Percentage savings = f/d
<65	66,405.9	\$845.94	1.196	\$1,012.10	\$1,046.64	-\$34.54	-\$2,293,431	-3.4%
65+	97,390.2	\$776.49	1.062	\$824.90	\$926.73	-\$101.83	-\$9,917,496	-12.3%
no SPMI	122,501.3	\$756.33	1.174	\$887.88	\$946.69	-\$58.81	-\$7,204,102	-6.6%
with SPMI	41,294.7	\$951.05	0.987	\$939.09	\$1,060.34	-\$121.25	-\$5,006,825	-12.9%
Facility	16,472.4	\$1,537.01	0.999	\$1,535.38	\$1,404.91	\$130.47	\$2,149,154	8.5%
HCBS	63,961.7	\$905.02	1.145	\$1,036.16	\$1,192.90	-\$156.74	-\$10,025,379	-15.1%
Community	83,362.0	\$531.90	1.263	\$671.53	\$723.53	-\$52.00	-\$4,334,703	-7.7%
Total	385,450.5	\$805.73	1.118	\$906.60	\$956.80	-\$74.55	-\$12,210,927	-8.2%

Table 7.B.4.
Summary of demonstration savings by age, SPMI and facility status, including AGA but excluding outlier – Cohort 2,
Demonstration Period 2

Cohort	(a) Eligible months N	(b) Baseline period PMPM	(c) AGA adjusted cost trend comparison group	(d) AGA adjusted target demonstration period PMPM	(e) Actual demonstration period PMPM	(f) PMPM savings = d-e	(g) Total savings = a*f	(h) Percentage savings = f/d
<65	28,148.5	\$1,226.32	0.945	\$1,158.92	\$1,185.35	-\$26.43	-\$744,019	-2.3%
65+	36,190.4	\$1,023.60	1.040	\$1,065.00	\$1,079.68	-\$14.69	-\$531,481	-1.4%
no SPMI	44,794.0	\$899.68	1.074	\$966.40	\$997.39	-\$30.99	-\$1,387,975	-3.2%
with SPMI	19,544.9	\$1,560.87	0.914	\$1,426.23	\$1,420.48	\$5.75	\$112,475	0.4%
Facility	8,051.7	\$2,322.68	0.822	\$1,908.37	\$1,904.22	\$4.16	\$33,460	0.2%
HCBS	24,936.6	\$1,228.62	1.064	\$1,307.33	\$1,305.57	\$1.76	\$43,935	0.1%
Community	31,350.7	\$676.87	1.093	\$739.97	\$783.13	-\$43.15	-\$1,352,895	-5.8%
Total	64,338.9	\$1,110.66	0.996	\$1,106.09	\$1,125.91	-\$19.82	-\$1,275,500	-1.8%

5.3 Outlier Adjustment

To ensure that a disproportionate number of high-cost beneficiaries were not making an undue impact on either the intervention or the comparison group, we adjusted costs for outliers. To do that, we tabulated the Medicare costs of each beneficiary in Cohort 1 separately for the baseline and Demonstration Periods 1 and 2, but for the intervention and comparison groups combined. The beneficiaries were then ranked by total Medicare costs and the costs for the 99th percentile were determined. **Table 8** shows the results of this tabulation. These results are used to make the outlier adjustment as shown in **Tables 9.A** and **9.B**, which have the same column headings as **Table 7.A**. For the intervention group PMPM in the Baseline Period, Demonstration Period 1 and Demonstration Period 2, the truncated PMPMs are substituted for the un-truncated PMPMs.

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 un-truncated PMPMs. For Cohort 1, the trend factor from the Baseline Period to Demonstration Period 2 is 1.11174 ($= \$989.24 / \889.81) for the untruncated PMPMs, and it is 1.08773 ($= \$927.33 / \852.54) for the truncated PMPMs. The ratio of these trend factors is the outlier adjustment factor 0.97840 ($= 1.08773 / 1.11174$) that is to be applied to the comparison group trend. For Cohort 2, the trend factor from the Baseline Period to Demonstration Period 2 is 0.96201 for the un-truncated PMPMs and 0.95844 for the truncated PMPMs. The outlier adjustment factor of 0.99629 represents the ratio of these trend factors. Compared to the savings determined with the unadjusted PMPMs, the truncated PMPMs will show more savings if there are more outliers in the intervention group than the comparison group during Demonstration Period 1 and less if such is the case during the Baseline Period. In Demonstration Period 1, adjusting for outliers increases the cost (i.e., negative savings) from 3.5 percent to 4.1 percent for Cohort 1. In Demonstration Period 2, adjusting for outliers decreases the cost (i.e., negative savings) from 8.3 percent to 6.9 percent for Cohort 1 and from 1.8 percent to 1.4 percent for Cohort 2. For both cohorts combined and for both demonstration periods combined, the outlier adjustment reduced the additional cost (i.e., went in the direction of increased savings) from \$20.6 million to \$18.6 million, or from -4.9 percent to -4.6 percent.

5.4 Attributed Medicare Savings and Summary of Total Gross Medicare Savings

Cohort 1 consists of those who are eligible for the demonstration on the start date of September 1, 2014, would have been eligible at least three months during the Baseline Period, and who the State indicated were eligible during the phase in period from September 2014 through May 2015. On every succeeding January 1, starting in 2016, a new cohort is formed based on meeting the eligibility criteria for the demonstration. These newly eligible beneficiaries did not meet the eligibility criteria for inclusion in a previous cohort for the actuarial analysis but may have subsequently met the eligibility criteria prior to their first cohort Demonstration Period. For example, beneficiaries in Cohort 2 have to be eligible on January 1, 2016, and most likely become eligible and enrolled in the demonstration sometime during Demonstration Period 1. The dates of first eligibility and enrollment may not be the same so that some months of eligibility may not have been months of enrollment.

In accordance with the Final Demonstration Agreement, to reflect the fact that Cohort 2 beneficiaries were eligible for the demonstration during a portion of Demonstration Period 1 even though their actual cost experience would not be included in the Demonstration Period 1 savings calculation, the actual Demonstration Period 1 savings experienced by Cohort 1 was proportionately attributed to Cohort 2 enrollees for the months that Cohort 2 beneficiaries were eligible for the demonstration during Demonstration Period 1.

This attribution approach will continue throughout the demonstration. For this Demonstration Period 2 savings calculation, the actual cost experience for both Cohort 1 and Cohort 2 will be included in the calculation, along with the attributed savings for Cohort 2 during Demonstration Period 1, and the actual Cohort 2 experience will be attributed to a new Cohort 3 for its Demonstration Period 2 experience. During the baseline period for each cohort, all months for which a beneficiary meets the basic eligibility requirements are included in determining the baseline PMPMs, and those months for which Colorado also flagged demonstration eligibility are included in the attributed savings calculation.

Tables 9.A and **9.B** show the total gross Medicare savings for both cohorts, including the outlier adjustment and the attributed savings. Before adding the attributed savings, the total dollar additional cost (negative savings) for Demonstration Period 1 was \$8,025,524. The total PMPM additional cost was \$36.21 for Cohort 1, which represents a 4.1 percent additional cost rate. The number of months that Cohort 2 beneficiaries were eligible during Demonstration Period 1 was 60,828.18 and their PMPM during this period was \$1,002.18. Applying the 4.1 percent negative savings to the PMPM yields a PMPM additional cost of \$41.56. Applying this additional PMPM costs to the 60,828.18 months yields the attributed additional costs of \$2,528,190 for Cohort 2. Thus, for Demonstration Period 1, the final total additional Medicare costs for both cohorts is \$10,553,714, or \$37.36 PMPM.

In Demonstration Period 2, before attributed savings for Cohort 3, the preliminary total additional Medicare cost for was \$9,574,930 for Cohort 1 (\$58.46 PMPM) and was \$976,882 for Cohort 2 (\$15.18 PMPM). The total additional costs for both cohorts was \$10,551,812, which represents \$46.25 PMPM or -5.1 percent. The number of months that Cohort 3 beneficiaries were eligible during Demonstration Period 2 was 36,927.76. Applying the \$15.18 PMPM negative savings for these months yields the attributed additional costs of \$560,685 for Cohort 3. Thus, for Demonstration Period 2, the preliminary total additional costs for both cohorts including the attributed savings is \$11,112,497, or \$41.92 PMPM.

For Cohorts 1 and 2 in Demonstration Periods 1 (final figures) and 2 (preliminary figures) combined, total additional gross Medicare costs, including the attributed savings, was \$21,105,526, a PMPM of \$41.33 or 4.55 percent. The savings for Demonstration Period 1 is now considered to be final. The savings for Demonstration Period 2 is considered to be preliminary and will be updated to include any retroactive adjustments to claims and eligibility for beneficiaries in both the intervention and comparison groups as well as to include Cohort 3 attributed savings. As both claims run out and retroactive eligibility adjustment affect attributed savings calculation, attributed Medicare savings presented in this report should be considered preliminary.

Table 8.
MEDICARE Outlier adjustment data (all periods)

Group	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 1 – Baseline Period					
Intervention	19,778	171	\$805.73	\$773.92	96.053%
Comparison	57,407	601	\$889.81	\$852.54	95.812%
Cohort 1 – Demonstration Period 1					
Intervention	19,778	156	\$943.09	\$909.26	96.413%
Comparison	57,407	616	\$1,039.64	\$993.96	95.606%
Comparison group trend			1.16838	1.16588	0.99787
Cohort 1 – Demonstration Period 2					
Intervention	19,778	218	\$975.34	\$905.00	92.788%
Comparison	57,407	554	\$989.24	\$927.33	93.742%
Comparison group trend			1.11174	1.08773	0.97840
Cohort 2 – Baseline Period					
Intervention	7,290	84	\$1,110.66	\$1,063.13	95.720%
Comparison	13,638	126	\$1,227.34	\$1,173.32	95.598%
Cohort 2 – Demonstration Period 2					
Intervention	7,290	63	\$1,125.91	\$1,070.01	95.035%
Comparison	13,638	147	\$1,180.71	\$1,121.55	95.244%
Comparison group trend			0.96201	0.95587	0.99363

NOTE: The 99th percentile costs were:

Cohort 1 – Baseline Period = \$152,954.36

Cohort 1 – Demonstration Period 1 = \$125,717.86

Cohort 1 – Demonstration Period 2 = \$92,118.34

Cohort 2 – Baseline Period = \$119,535.03

Cohort 2 – Demonstration Period 2 = \$109,858.00

Table 9.A.

MEDICARE Summary of Demonstration Period 1 savings by cohort, 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 Period 1 PMPM	(e) Actual Demonstration Period 1 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 1 – total	221,654.5	\$805.73	1.131	\$910.89	\$943.09	–\$32.20	–\$7,137,443	–3.5%
Outlier adjusted	221,654.5	\$773.92	1.128	\$873.05	\$909.26	–\$36.21	–\$8,025,524	–4.1%
Cohort 2								
Attributed Savings	60,828.7	\$1,002.18				–\$41.56	–\$2,528,190	–4.1%
Total Cohorts 1+2	282,483.2	\$823.08				–\$37.36	–\$10,553,714	

Table 9.B.

MEDICARE Summary of Demonstration Period 2 savings by cohort, 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 Period 2 PMPM	(e) Actual Demonstration Period 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 1 – total	163,796.0	\$805.73	1.118	\$900.79	\$975.34	–\$74.55	–\$12,210,927	–8.3%
Outlier adjusted	163,796.0	\$773.92	1.094	\$846.54	\$905.00	–\$58.46	–\$9,574,930	–6.9%
Cohort 2 – total	64,338.9	\$1,110.66	0.996	\$1,106.09	\$1,125.91	–\$19.82	–\$1,275,500	–1.8%
Outlier adjusted	64,338.9	\$1,063.13	0.992	\$1,054.82	\$1,070.01	–\$15.18	–\$976,882	–1.4%
Preliminary Cohort 3								
Attributed Savings	36,927.8					–\$15.18	–\$560,685	
Cohorts 1 + 2	228,134.9	\$891.73	1.075	\$958.69	\$1,017.81	–\$59.12	–\$13,486,427	–6.2%
Outlier adjusted	228,134.9	\$855.49	1.058	\$905.28	\$951.54	–\$46.25	–\$10,551,812	–5.1%
Total Cohorts 1 + 2 + Preliminary 3	265,062.7					–\$41.92	–\$11,112,497	

5.5 Additional Analysis

Tables 10.A, 10.B, 11.A, and 11.B show additional analysis of the gross Medicare savings by month and by type of service, respectively. These tables include the AGA adjustment but not the outlier adjustment (which cannot be disaggregated to individual months or types of service because it is calculated in aggregate across all months and types of service). *Table 10.A* shows, for Cohort 1 for each month of the entire demonstration period, the target PMPM, the actual intervention PMPM, and the ratio of the intervention PMPM to the target PMPM (the I/T ratio). *Table 10.B* shows the same for Cohort 2 for Demonstration Period 2. A ratio less than 1.00 shows savings, whereas a ratio greater than 1.00 shows negative savings.

For Cohort 1, the I/T ratio varies from a low of 0.93 in October 2014 to a high of 1.13 in March 2016. For Cohort 2, the I/T ratio varies from a low of 0.91 in May 2016 to a high of 1.20 in July 2016. Generally, the ratio is above 1.00 and does not exhibit any trend or seasonality.

Tables 11.A and 11.B show the I/T ratios by type of service for Cohort 1 and Cohort 2, respectively. For Cohort 1, the lowest I/T ratio is 0.72 for hospice services, which represents \$14.13 PMPM savings. In addition, there is significant savings in dollar terms (\$9.71 PMPM) for professional services. For Cohort 2, the lowest I/T ratio is 0.77, also for hospice services, which represents \$15.70 PMPM savings. In addition, there is significant savings in dollar terms (\$11.64 PMPM) for home health services.

Table 10.A.
MEDICARE PMPM costs for intervention and comparison groups, by month: Cohort 1

Month	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Member months	Intervention	Comparison	Target	
Baseline	\$318,254,725	394,990.2	\$806	\$926	-----	---
Sep-14	\$3,663,347	4,544.4	\$806	\$937	\$807	1.00
Oct-14	\$7,406,533	8,698.0	\$852	\$1,048	\$913	0.93
Nov-14	\$7,156,114	8,548.6	\$837	\$954	\$831	1.01
Dec-14	\$10,038,739	10,902.6	\$921	\$1,078	\$922	1.00
Jan-15	\$11,584,315	12,652.3	\$916	\$1,024	\$843	1.09
Feb-15	\$11,642,769	14,569.8	\$799	\$1,003	\$805	0.99
Mar-15	\$15,064,119	16,441.1	\$916	\$1,076	\$895	1.02
Apr-15	\$15,436,253	16,250.1	\$950	\$1,112	\$922	1.03
May-15	\$16,874,390	17,115.0	\$986	\$1,076	\$936	1.05
Jun-15	\$16,322,673	16,786.5	\$972	\$1,113	\$966	1.01
Jul-15	\$17,362,489	16,484.5	\$1,053	\$1,101	\$953	1.11
Aug-15	\$16,308,121	16,265.6	\$1,003	\$1,088	\$937	1.07
Sep-15	\$15,231,876	15,993.5	\$952	\$1,079	\$935	1.02
Oct-15	\$15,400,133	15,751.0	\$978	\$1,106	\$952	1.03
Nov-15	\$14,489,532	15,515.6	\$934	\$1,034	\$894	1.04
Dec-15	\$15,058,513	15,135.8	\$995	\$1,075	\$928	1.07
Jan-16	\$13,754,797	14,732.7	\$934	\$982	\$848	1.10
Feb-16	\$13,200,234	14,448.7	\$914	\$1,091	\$937	0.97
Mar-16	\$15,266,519	14,316.1	\$1,066	\$1,090	\$943	1.13
Apr-16	\$14,427,667	14,296.4	\$1,009	\$1,043	\$900	1.12
May-16	\$13,056,673	14,105.6	\$926	\$1,027	\$884	1.05
Jun-16	\$14,263,545	13,904.7	\$1,026	\$1,093	\$942	1.09
Jul-16	\$12,780,277	13,407.2	\$953	\$1,035	\$893	1.07
Aug-16	\$13,354,638	13,243.4	\$1,008	\$1,075	\$932	1.08
Sep-16	\$13,420,547	13,112.1	\$1,024	\$997	\$864	1.18
Oct-16	\$12,736,390	12,900.7	\$987	\$1,050	\$907	1.09
Nov-16	\$11,625,482	12,762.5	\$911	\$1,005	\$869	1.05
Dec-16	\$11,870,551	12,565.8	\$945	\$1,026	\$887	1.06
Total demonstration	\$368,797,238	385,450.5	\$957	\$1,057	\$907	1.06

Table 10.B.
MEDICARE PMPM costs for intervention and comparison groups, by month: Cohort 2

Month	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Member months	Intervention	Comparison	Target	
Baseline	\$92,716,931	83,479.1	\$1,111	\$1,221	-----	---
Jan-16	\$7,185,188	6,730.9	1,067.5	1,193.3	\$1,085	0.98
Feb-16	\$7,542,273	6,495.0	1,161.2	1,259.5	\$1,150	1.01
Mar-16	\$7,365,596	6,344.8	1,160.9	1,347.4	\$1,221	0.95
Apr-16	\$6,741,976	6,236.3	1,081.1	1,233.7	\$1,115	0.97
May-16	\$6,680,324	6,068.8	1,100.8	1,343.6	\$1,212	0.91
Jun-16	\$6,924,501	5,955.8	1,162.6	1,202.5	\$1,090	1.07
Jul-16	\$5,471,471	4,677.3	1,169.8	1,078.0	\$973	1.20
Aug-16	\$5,547,204	4,562.5	1,215.8	1,195.4	\$1,072	1.13
Sep-16	\$4,963,479	4,446.8	1,116.2	1,206.7	\$1,092	1.02
Oct-16	\$5,087,683	4,361.5	1,166.5	1,207.3	\$1,095	1.07
Nov-16	\$4,522,580	4,278.2	1,057.1	1,121.1	\$1,013	1.04
Dec-16	\$4,407,788	4,180.9	1,054.3	1,179.1	\$1,062	0.99
Total demonstration	\$72,440,063	64,338.9	\$1,126	\$1,222	\$1,106	1.02

Table 11.A.
PMPM costs based on incurred Medicare claims for Cohort 1,
Entire Demonstration Period

Type of service	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Member months	Intervention group	Target	Savings	
Baseline	\$318,254,725	394,990.2	\$805.73	----	----	----
Durable medical equipment	\$17,174,866	385,450.5	\$44.56	\$35.99	-\$8.57	1.24
Home health agency	\$13,342,651	385,450.5	\$34.62	\$40.53	\$5.91	0.85
Hospice	\$13,803,756	385,450.5	\$35.81	\$49.94	\$14.13	0.72
Inpatient	\$128,901,178	385,450.5	\$334.42	\$323.92	-\$10.50	1.03
Outpatient	\$89,417,845	385,450.5	\$231.98	\$188.04	-\$43.94	1.23
Professional	\$72,967,098	385,450.5	\$189.30	\$199.01	\$9.71	0.95
SNF	\$33,189,845	385,450.5	\$86.11	\$69.17	-\$16.94	1.24
Total	\$368,797,238	385,450.5	\$956.80	\$906.60	-\$50.20	1.06

Table 11.B.
PMPM costs based on incurred Medicare claims for Cohort 2, Demonstration Period 2

Type of service	Intervention Group		PMPM			Ratio (I/T)
	Incurred claims	Member months	Intervention group	Target	Savings	
Baseline	\$92,716,931	83,479.1	\$1,110.66	----	----	----
Durable medical equipment	\$2,744,411	64,338.9	\$42.66	\$38.08	-\$4.58	1.12
Home health agency	\$2,719,143	64,338.9	\$42.26	\$53.91	\$11.64	0.78
Hospice	\$3,412,327	64,338.9	\$53.04	\$68.74	\$15.70	0.77
Inpatient	\$25,321,807	64,338.9	\$393.57	\$397.04	\$3.47	0.99
Outpatient	\$17,301,361	64,338.9	\$268.91	\$222.76	-\$46.15	1.21
Professional	\$15,019,786	64,338.9	\$233.45	\$235.69	\$2.24	0.99
SNF	\$5,921,226	64,338.9	\$92.03	\$89.88	-\$2.15	1.02
Total	\$72,440,063	64,338.9	\$1,125.91	\$1,106.09	-\$19.82	1.02

STATEMENT OF ACTUARIAL OPINION and ACKNOWLEDGEMENT OF QUALIFICATIONS

The actuarial opinions provided in this product have been rendered by the undersigned actuary, an employee of Actuarial Research Corporation (ARC). I am member of the American Academy of Actuaries, and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinions contained herein.

ARC has created this product solely for use by the Centers for Medicare and Medicaid Services (CMS) pursuant to ARC's contract number HHSM-500-2014-00037i TO #7. This product was prepared for use in the evaluation of the Colorado Financial Alignment Demonstration, must be considered only in its entirety and should not be relied upon for any other purpose.

It is my opinion that the techniques and methodology employed herein are based upon sound principles of actuarial practice and are generally accepted within the actuarial profession.

Signed:

Michael Sandler, ASA, MAAA