

August 2019

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

Final Demonstration Year 3 and Preliminary Demonstration Year 4 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative

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RTI Project Number 0212790.003.002.007/008



REPORT FOR WASHINGTON MANAGED FEE-FOR-SERVICE (MFFS) FINAL
DEMONSTRATION YEAR 3 AND PRELIMINARY DEMONSTRATION YEAR 4
MEDICARE SAVINGS ESTIMATES: MEDICARE-MEDICAID FINANCIAL ALIGNMENT
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CMS Contract No. HHSM-500-2014-00037i TO#7

August, 2019

This project was funded by the Centers for Medicare & Medicaid Services under contract no. HHSM-500-2014-00037i TO#7. The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services. RTI assumes responsibility for the accuracy and completeness of the information contained in this report. The information in this report is intended for the internal use of CMS and is not intended to benefit any third party. Michael Sandler is responsible for the estimates in this memorandum. He is a member of the American Academy of Actuaries and an Associate of the Society of Actuaries and is qualified to perform this analysis.

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Executive Summary

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

This report includes an analysis of Medicare savings during the 24-month period from January 1, 2016 through December 31, 2017: final Medicare savings estimates for DY3 (January 1, 2016 through December 31, 2016) and preliminary Medicare savings estimates for DY4 (January 1, 2017 through December 31, 2017). Final Medicare savings estimates for DY1 and DY2 and preliminary Medicare savings estimates for DY3 appeared in previously released Washington Medicare savings reports. Future reports will include Medicaid data for Demonstration Years 1, 2, 3 and 4, if available.

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

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

Results of the savings calculations are summarized below and include results for multiple cohorts as applicable.

- Total Medicare savings in Demonstration Year 3 were calculated as \$38.8 million or 10.9 percent. An additional \$7.7 million in attributed savings (savings attributed to eligible months prior to the start of the most recent cohort) sums to a grand total final calculated Demonstration Year 3 Medicare savings amount of \$46.6 million.
- Preliminary total Medicare savings in Demonstration Year 4 were calculated as \$46.5 million or 9.7 percent. Including preliminary attributed Medicare savings estimates of \$5.5 million results in a grand total preliminary Demonstration Year 4 Medicare savings estimate of \$55.2 million.

- Per the previous Washington Medicare Savings reports, total Demonstration Year 1 Medicare savings were calculated as \$34.9 million and total Demonstration Year 2 savings were calculated as \$30.2 million.
- The current estimate of grand total Demonstration Medicare savings for all cohorts through Demonstration Year 4 to \$166.8 million.

1. Introduction

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

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

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

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

In late October 2015, new information became available about projected savings for the demonstration. As a result, the State changed course and decided to continue health home services through June 2016, to give the legislature time to review savings projections. During the 2016 legislative session funding for health homes was reinstated. Effective April 1, 2017, the demonstration began to serve King and Snohomish counties, extending the demonstration service area statewide.

This report provides a final Medicare Parts A & B savings analysis of the Washington managed fee-for-service (MFFS) demonstration for Demonstration Year 3 and a preliminary analysis of Medicare data for Demonstration Year 4 under the Medicare-Medicaid Financial Alignment Initiative. During the first three Demonstration Years, Washington had enrolled beneficiaries in the demonstration in all but two counties (King and Snohomish) in the State. Washington began enrollment on July 1, 2013. As of April 1, 2017, the demonstration was extended statewide and Demonstration Year 4 includes beneficiaries from all counties.

This report includes an analysis of Medicare savings during the 24-month period from January 1, 2016 through December 31, 2017 separated into Demonstration Year 3 for the Washington demonstration (January 1, 2016 through December 31, 2016) and Demonstration Year 4 (January 1, 2017 through December 31, 2017). CMS previously released two Medicare savings reports by RTI entitled (1) Final Demonstration Year 1 and Preliminary Demonstration Year 2 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative and (2) Final Demonstration Year 2 and Preliminary Demonstration Year 3 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative. These reports provided final estimates of Medicare savings for Demonstration Years 1 and 2 and preliminary estimates of Medicare savings for Demonstration Years 2 and 3, respectively, for Washington. Demonstration Years 1, 2 and 3 experience and Medicare savings calculations are considered complete.¹ This report provides final Medicare savings estimates for Demonstration Year 3 and preliminary Medicare savings estimates for Demonstration Year 4, the additional 12-month period spanning from January 1, 2017 through December 31, 2017. In addition to developing a savings report for subsequent Demonstration Years, future reports will include Medicaid data for Demonstration Years 1, 2, 3 and 4, if available. Currently, we do not have sufficient Medicaid data for the periods covered in this report to perform any analyses.

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

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

under the MFFS Financial Alignment Model. The Medicare and Medicaid savings calculation results will be a factor in that determination.

The Medicare results presented in this report should be viewed as final for Demonstration Year 3, but preliminary for Demonstration Year 4. The Demonstration Year 4 Medicare Parts A and B expenditure data includes 10 months of claims runout (i.e., through October 2018). Note that final the evaluation report will include an analysis of Medicare Part D data, however under the MFFS financial alignment model, Part D spending does not inform the amount of any performance payment to the State and is not included in this report. The preliminary Demonstration Period 3 results included in the previous report included 12 months of claims runout. This final Medicare savings report for Demonstration Year 3 has been updated to include any retroactive adjustments to eligibility data and additional claims runout for beneficiaries in both the intervention and comparison groups.

Compared to earlier reports, there was one important methodological change made to the Demonstration Year 3 final Medicare savings estimate. This change is detailed in section 3.2 below. In brief, the comparison group for Demonstration Year 3 was updated to reflect a lack of reliable eligibility information reported for dual enrollees in Arkansas beginning in Demonstration Year 3.

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2. Data Sources for PMPM Cost Analysis

2.1 Eligibility Data

As a part of performing cost calculations on a per member per month (PMPM) basis, it was necessary to construct an eligibility timeline for each beneficiary to determine whether claims occurred during periods of eligibility for the demonstration. ARC used beneficiary eligibility information extracted from the appropriate tables on the Integrated Data Repository (IDR) in December 2018, to construct an analytic file that contains eligibility occurrences for Part A coverage, Part B coverage, and primary payer status; eligibility occurrences for State/county codes of residence and, as applicable, the date of death; Group Health Organization (GHO) enrollment (e.g., Medicare Advantage [MA] or the Program of All-Inclusive Care for the Elderly [PACE]); and periods of hospice coverage. Specific eligibility criteria are described in Section 3.2. All of this information was used to construct a historical eligibility record for each beneficiary in all cohorts and Demonstration Years. Thus, these new data were used to produce the final estimate of Medicare savings for demonstration year 3 and preliminary Medicare savings estimates for demonstration year 4.

After creating the historical eligibility file, ARC determined the days on which a beneficiary was eligible for the demonstration. Claims were used to calculate the Medicare PMPM payments only if the beneficiary was eligible to participate in the demonstration on the admission date (for institutional claims) or service date (for all other types of service) on the claim. For future reports, retroactive changes will be applied so that the daily eligibility file for Demonstration Year 4 will include updated values for all months in Demonstration Year 4.

2.2 Claims Data

The source of Medicare Parts A and B claims data for this report was CMS's Chronic Condition Warehouse (CCW). For each of the beneficiary cohorts included in this report, the claims data employed in the analysis were extracted from the CCW and represent claims incurred from the start date of each cohort through December 31, 2017 and processed by CMS through October 2018. The paid claim amounts tabulated for this report do not include estimates of incurred-but-not-reported (IBNR) claims for medical services performed during all 24 months but not yet paid by the end of October 2018. We have assumed the claims runout is effectively 100 percent complete for Demonstration Year 3.

Medicare payments were separated into seven claim categories:

1. Inpatient
2. Skilled Nursing Facility (SNF)
3. Hospice
4. Outpatient
5. Home Health

6. Professional
7. Durable Medical Equipment (DME)

3. Basic Approach

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

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

3.1 Categories of Beneficiaries

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

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

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

demonstration is higher for the comparison group than for the intervention group, then the PMPM of the comparison group would increase faster and the savings model would show demonstration savings.

3.2 Cohorts

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

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

Note that the beneficiaries in Cohort 1 and Cohort 2 have experience after the start date of the cohort during Demonstration Year 1 (which spans July 2013 through December 2014), but that Cohort 3 does not. Cohorts 1, 2 and 3 have experience after the start date of the cohort in Demonstration Year 2 (which spans January 2015 through December 2015), but Cohort 4 does not. Cohorts 1, 2, 3 and 4 have experience in Demonstration Year 3. The demonstration extended to include King and Snohomish counties effective April 1, 2017, and as such Cohort 5A has experience for the entirety of Demonstration Year 4 (which spans January 2017 through December 2017) but Cohort 5B only has 9 months of experience in Demonstration Year 4 (April 2017 through December 2017.) In subsequent Demonstration Years, beneficiaries in King and Snohomish counties will continue to be kept in separate sub-cohorts because there was a separate comparison group constructed for these individuals. However, the time periods of experience will be identical.

Washington provided CMS with a file that flags the beneficiaries who have been determined to be eligible for the demonstration, including those having a score of 1.5 or greater

on the Predictive Risk Intelligence System (PRISM)². This eligibility flag is provided for months starting in July 2013, but not for the months in the baseline period. We performed some basic eligibility checks on the beneficiaries and excluded them from the savings calculation if, on the date that we place them in cohorts, they failed to meet any of the following criteria. We also excluded from the baseline period any month for which an eligible beneficiary does not meet these basic eligibility requirements

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

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

Each MSA consists of a group of counties. For each state, a non-MSA area was constructed from the counties that do not belong to an MSA. In addition, RTI simulated the PRISM score of each comparison group beneficiary for each quarter of the Demonstration Years. We checked that the comparison group beneficiaries had an RTI-generated simulated PRISM score of at least 1.5 in the first quarter of the demonstration for Cohort 1, in the third quarter of the demonstration for Cohort 2, in the seventh quarter of the demonstration for Cohort 3, in the eleventh quarter of the demonstration for Cohort 4 and in the fifteenth quarter of the demonstration for Cohorts 5A and 5B.

Special Note 1: RTI constructed the comparison group for the original demonstration area from selected Metropolitan Statistical Areas (MSAs) in three States—Georgia, Arkansas, and West Virginia—based on similarities between the demonstration and comparison areas. For the demonstration extension to King and Snohomish counties, RTI constructed the comparison group from selected MSAs in four states—Michigan, North Carolina, Virginia and West Virginia.³ The use of a separate comparison group for these two counties reflects how they are notably different in composition from other regions of Washington.

² The PRISM score is based on a proprietary algorithm developed by the state of Washington.

³ A description of the comparison group selection methodology will be included in the Washington annual report.

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

The intervention group and the comparison group had roughly the same distribution by basis of eligibility. Both groups had roughly 44 percent of individuals aged 65 or older. The distribution by prevalence of SPMI and facility status showed more variation. In the intervention group, there was 35 percent prevalence of SPMI compared with 42 percent in the comparison group. In the intervention group, 41 percent of members used HCBS and 11 percent used facility-based LTSS, whereas the prevalence in the comparison group was 17 percent HCBS and 28 percent facility-based services. Because the savings were calculated for each facility status category separately and weighted according to the intervention group distribution, the savings calculation appropriately takes into account these distributions.

For each cohort after the first, some or all of the baseline experience includes months that are also Demonstration Year months for which the beneficiary could have also been eligible for the demonstration. These are the first few months of eligibility before the start of the cohort, which occurs on January 1. According to the Final Demonstration Agreement, it was agreed to attribute the savings experience of the prior cohort to these months. Thus, for Demonstration Year 1, the savings percentage experienced by Cohort 1 was attributed to these few months of Cohort 2, and for Demonstration Years 2, 3 and 4, the savings percentage experienced by Cohorts 2, 3 and 4 were attributed to these few months for Cohorts 3, 4 and 5A, respectively. Cohorts 6A and 6B will consist of those who were eligible for the demonstration in January 2018 in the original demonstration area and who were not in Cohorts 1, 2, 3, 4 or 5A and those who were eligible for the demonstration in January 2018 in King and Snohomish counties who were not in Cohort 5B. For this report, we have tabulated the eligible member months in Demonstration Year 4 (January 2017 through December 2017 for the original demonstration area and April 2017 through December 2017 for King and Snohomish counties) of preliminary Cohorts 6A and 6B and attribute the PMPM savings achieved for Cohorts 5A and 5B, respectively, to these first few months of eligibility of Cohorts 6A and 6B. As noted in section 5.4 below, these preliminary attributions of savings can change significantly once additional data becomes available.

The reason for employing cohorts for the analysis is to create closed groups of beneficiaries (similarly in the intervention group and the comparison group) whose monthly expenditures (PMPM) can be tracked to determine the effects of the demonstration. If new entrants were allowed into these groups over time, the new entrants would change the PMPM of the groups for reasons unrelated to the effects of the demonstration, but instead related only to the change in the mix of the groups. If the mix of the groups were changing every month in terms of characteristics affecting costs such as age, gender, risk score, and area of residence, then adjustment factors would need to be introduced to take these monthly changes into account. The

use of closed groups means that these characteristics are not changing significantly between the intervention and comparison groups and monthly adjustment factors are not needed.

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

The baseline period for all cohorts is shown below:

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

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

3.3 Determining Member Months

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

1. January 1, 2018.
2. The day after death.
3. The day after moving outside of the intervention area or comparison area.
4. The day of joining a Group Health Organization (GHO).
5. The day that Medicare is no longer the primary payer.
6. The day of loss of coverage for either Medicare Part A or Part B.
7. The day of loss of Medicaid eligibility.
8. For intervention beneficiaries, the day that Washington determines that the beneficiary is no longer eligible for the demonstration.
9. For Cohorts 1 and 2, January 1, 2015 if the beneficiary was a part of a Medicare shared savings program in 2015 but had not been a part of a shared savings program prior to 2015.
10. For Cohorts 1, 2 and 3, January 1, 2016 if the beneficiary was part of a Medicare shared savings program in 2016, but had not been part of a shared savings program prior to 2016.
11. For Cohorts 1, 2, 3 and 4, January 1, 2017 if the beneficiary was part of a Medicare shared savings program in 2017, but had not been part of a shared savings program prior to 2017.

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

3.4 Calculation of PMPM

For Medicare, the PMPM expenditures for both the baseline period and the Demonstration Years are calculated separately for the intervention and comparison groups, each of the 12 categories of beneficiaries, each cohort, each type of service, and for each month of the Demonstration Year. For the intervention group, when aggregating across months, cells, types of service, or cohorts, expenditures and member months are simply tabulated and divided to obtain the aggregate PMPMs. For the comparison group, however, when aggregating across months,

cells, type of service, or cohorts, expenditures are obtained by multiplying the PMPM of the corresponding comparison group by the member months (MM) of the intervention group, which represents the expenditures that the comparison group would have experienced if it had the same enrollment structure and distribution as the intervention group. Totals obtained in this way are referred to as “reweighted” in subsequent tables.

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

3.5 AGA and Outlier Adjustments

Adjustments to the target PMPMs are needed to reflect Federal and State policies and market forces that affect the costs in the comparison States differently from those in the demonstration States and to ensure that calculated savings result only from the demonstration and not from these differences in other factors. For Medicare expenditures, the only necessary adjustment is applying an Average Geographic Adjustment (AGA) factor.⁴ The AGA factor reflects varying FFS cost trends in each county over time compared with the costs of the entire nation. The AGA changes at different rates for each geographic area. The target PMPMs are adjusted so that the comparison group trend is what it would be if the AGA factors in the comparison States had changed by the same percentage as the change in the demonstration State between the baseline period and the Demonstration Year.

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

⁴ Other adjustments will have to be made to the Medicaid expenditures.

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4. Analysis of Cohorts

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

Cohort 1 consists of 13,979 Medicare-Medicaid enrollees in the intervention group and 23,233 Medicare-Medicaid enrollees in the comparison group. After 54 months of operations, there were 6,160 eligible intervention group members and 7,405 eligible comparison group members as of December 31, 2017. The monthly attrition rates for the intervention and comparison groups were 1.60 percent and 2.15 percent, respectively. The most common reason for attrition was death and the monthly death rate for the intervention group was 0.77 percent, which was lower than the monthly death rate of 1.07 percent for the comparison group. The intervention group also experienced a lower rate of attrition due to a beneficiary moving out of area or participating in a shared savings program (SSP). However, the intervention group experienced higher monthly rates of attrition from (1) loss of dual eligibility (i.e., loss of Medicare or Medicaid eligibility) or (2) when Washington indicated that the beneficiary was no longer eligible for the demonstration (0.46 percent vs. 0.19 percent⁵).

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

**Table 1. —
Cohort Composition**

Subgroup	Number of beneficiaries	Monthly death rate	Total monthly attrition rate
1A	2,216	0.99%	1.67%
1B	3,844	0.61%	1.45%
1C	390	0.77%	1.80%
1D	6,017	0.81%	1.66%
1E	724	0.68%	1.65%
1F	788	0.64%	1.58%

⁵ Note that eligibility for the intervention group is determined using Washington provided eligibility criteria including PRISM score. Eligibility for the comparison group is based on the application of Washington eligibility criteria to a comparison group which includes an RTI simulated PRISM score.

Cohort 2 consists of 690 Medicare-Medicaid enrollees in the intervention group and 4,331 Medicare-Medicaid enrollees in the comparison group. After 48 months, there were 265 eligible intervention group members and 1,521 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.14 percent and 2.29 percent, respectively.

Cohort 3 consists of 5,645 Medicare-Medicaid enrollees in the intervention group and 6,444 Medicare-Medicaid enrollees in the comparison group. After 36 months of operations, there were 2,751 eligible intervention group members and 2,740 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.00 percent and 2.45 percent, respectively.

Cohort 4 consists of 5,823 Medicare-Medicaid enrollees in the intervention group and 7,219 Medicare-Medicaid enrollees in the comparison group. After 24 months of operations, there were 3,329 eligible intervention group members and 4,061 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.34 percent and 2.42 percent, respectively.

Cohort 5A consists of 6,165 Medicare-Medicaid enrollees in the intervention group and 5,469 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 4,574 eligible intervention group members and 4,151 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.51 percent and 2.32 percent, respectively.

Cohort 5B consists of 5,930 Medicare-Medicaid enrollees in the intervention group and 20,441 Medicare-Medicaid enrollees in the comparison group. After 9 months of operations, there were 4,802 eligible intervention group members and 16,946 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.34 percent and 2.08 percent, respectively.

Table 1.A summarizes the reasons for ineligibility for members of Cohort 1 who became ineligible during the first 54 months of demonstration operations. *Table 1.B* summarizes the reasons for ineligibility for members of Cohort 2 who became ineligible during their 48 months of demonstration operations. *Tables 1.C–F* summarize the reasons for ineligibility for members of Cohorts 3, 4, 5A and 5B who became ineligible during their 36, 24, 12 and 9 months of demonstration operations, respectively.

**Table 1.A —
Reasons for ineligibility for Cohort 1**

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	3,747	0.77%	7,903	1.07%
Loss of Part A or B	47	0.01%	71	0.01%
GHO enrollment	1,072	0.22%	2,036	0.28%
Medicare secondary payer	221	0.05%	341	0.05%
Moved out of service area	352	0.07%	884	0.12%
Participation in SSP	153	0.03%	3,163	0.43%
Loss of eligibility	2,227	0.46%	1,430	0.19%
All ineligibles ¹	7,819	1.60%	15,828	2.15%
Beneficiaries as of 1 st day of 1 st month of eligibility	13,979		23,233	
Beneficiaries as of 12/31/2017	6,160		7,405	
Total member months	488,824		735,431	

GHO = Group Health Organization.

¹ For Cohorts 1, 2 and 3 we included attrition experience from Demonstration Years 1 and 2 in the count of events, the total member months of exposure and the calculation of the monthly attrition rate in order to show a full picture of the demonstration attrition to date. Because the Demonstration Years 1 and 2 experience was finalized, it was not re-run, but the total beneficiary counts for first day eligible and eligible as of 12/31/2017 reflect most recent run. This can lead to small discrepancies whereby beneficiaries remaining do not equal starting total beneficiaries minus all ineligibles due to retroactive eligibility changes.

**Table 1.B —
Reasons for ineligibility for Cohort 2**

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	143	0.72%	1,179	0.96%
Loss of Part A or B	5	0.03%	14	0.01%
GHO enrollment	62	0.31%	349	0.28%
Medicare secondary payer	17	0.09%	56	0.05%
Moved out of service area	29	0.15%	206	0.17%
Participation in SSP	11	0.06%	620	0.51%
Loss of eligibility	158	0.80%	386	0.31%
All ineligibles	425	2.14%	2,810	2.29%
Beneficiaries as of 1/1/2014	690		4,331	
Beneficiaries as of 12/31/2017	265		1,521	
Total member months	19,859		122,673	

**Table 1.C —
Reasons for ineligibility for Cohort 3**

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	968	0.67%	1,562	1.03%
Loss of Part A or B	11	0.01%	24	0.02%
GHO enrollment	429	0.30%	385	0.25%
Medicare secondary payer	95	0.07%	72	0.05%
Moved out of service area	149	0.10%	253	0.17%
Participation in SSP	52	0.04%	908	0.60%
Loss of eligibility	1,190	0.82%	500	0.33%
All ineligibles	2,894	2.00%	3,704	2.45%
Beneficiaries as of 1/1/2015	5,645		6,444	
Beneficiaries as of 12/31/2017	2,751		2,740	
Total member months	144,347		150,997	

**Table 1.D —
Reasons for ineligibility for Cohort 4**

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	758	0.71%	1,357	1.04%
Loss of Part A or B	17	0.02%	14	0.01%
GHO enrollment	422	0.40%	385	0.30%
Medicare secondary payer	69	0.06%	67	0.05%
Moved out of service area	154	0.14%	234	0.18%
Participation in SSP	30	0.03%	600	0.46%
Loss of eligibility	1,044	0.98%	501	0.38%
All ineligibles	2,494	2.34%	3,158	2.42%
Beneficiaries as of 1/1/2016	5,823		7,219	
Beneficiaries as of 12/31/2017	3,329		4,061	
Total member months	106,497		130,359	

**Table 1.E —
Reasons for ineligibility for Cohort 5A**

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	419	0.66%	641	1.13%
Loss of Part A or B	9	0.01%	8	0.01%
GHO enrollment	235	0.37%	231	0.41%
Medicare secondary payer	43	0.07%	42	0.07%
Moved out of service area	84	0.13%	70	0.12%
Loss of eligibility	801	1.26%	326	0.57%
All ineligibles	1,591	2.51%	1,318	2.32%
Beneficiaries as of 1/1/2017	6,165		5,469	
Beneficiaries as of 12/31/2017	4,574		4,151	
Total member months	63,414		56,699	

**Table 1.F —
Reasons for ineligibility for Cohort 5B**

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	334	0.69%	1,549	0.92%
Loss of Part A or B	8	0.02%	34	0.02%
GHO enrollment	266	0.55%	600	0.36%
Medicare secondary payer	41	0.09%	153	0.09%
Moved out of service area	397	0.82%	336	0.20%
Loss of eligibility	82	0.17%	823	0.49%
All ineligibles	1,128	2.34%	3,495	2.08%
Beneficiaries as of 4/1/2017	5,930		20,441	
Beneficiaries as of 12/31/2017	4,802		16,946	
Total member months	48,134		167,717	

5. Results of PMPM Cost Analysis

5.1 Medicare Savings before Adjustments

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

The overall results are summarized in *Table 2G*.

- For comparison group Cohort 1, the PMPM increases by 7.9 percent from \$1,600 during the baseline period to \$1,727 during Demonstration Year 3 and increases by 10.8 percent to \$1,773 during Demonstration Year 4.
- For comparison group Cohort 2, the PMPM decreases by 15.8 percent from \$1,607 to \$1,353 during Demonstration Year 3 and decreases by 9.2 percent to \$1,460 during Demonstration Year 4.
- For comparison group Cohort 3, the PMPM decreases by 21.6 percent from \$1,674 to \$1,312 during Demonstration Year 3 and decreases by 18.5 percent to \$1,364 during Demonstration Year 4.
- For comparison group Cohort 4, the PMPM decreases by 8.7 percent from \$1,738 to \$1,587 during Demonstration Year 3 and decreases by 14.4 percent to \$1,488 during Demonstration Year 4.
- For comparison group Cohort 5A, the PMPM decreases by 7.3 percent from \$1,817 to \$1,684 during Demonstration Year 4.
- For comparison group cohort 5B, the PMPM increases by 4.1 percent from \$1,581 to \$1,646 during Demonstration Year 4.

Cohorts 5A and 5B have no experience during Demonstration Year 3.

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

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

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

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	495,181.0	\$792,439,622	\$1,600.30	125,982.4	\$217,509,711	\$1,726.51	1.07886
Facility, age 65+, with SPMI	32,115.2	\$66,311,502	\$2,064.80	6,478.9	\$11,037,036	\$1,703.54	0.82504
Facility, age 65+, no SPMI	80,858.8	\$139,945,392	\$1,730.74	13,384.4	\$22,137,586	\$1,653.99	0.95565
HCBS, age 65+, with SPMI	10,838.8	\$20,539,243	\$1,894.97	2,808.0	\$6,420,223	\$2,286.41	1.20657
HCBS, age 65+, no SPMI	51,925.0	\$84,282,667	\$1,623.16	11,226.5	\$25,133,273	\$2,238.74	1.37925
Community, age 65+, with SPMI	12,587.9	\$16,488,055	\$1,309.84	3,811.3	\$6,628,937	\$1,739.29	1.32787
Community, age 65+, no SPMI	92,332.0	\$108,551,869	\$1,175.67	24,172.9	\$38,552,059	\$1,594.85	1.35654
Facility, age <65, with SPMI	10,531.3	\$26,564,713	\$2,522.45	3,125.2	\$6,095,464	\$1,950.43	0.77323
Facility, age <65, no SPMI	12,082.5	\$28,804,414	\$2,383.97	3,240.1	\$5,746,960	\$1,773.69	0.74401
HCBS, age <65, with SPMI	18,074.4	\$30,515,893	\$1,688.35	5,390.8	\$8,751,191	\$1,623.34	0.96150
HCBS, age <65, no SPMI	28,593.8	\$55,535,580	\$1,942.22	8,398.6	\$20,014,187	\$2,383.04	1.22697
Community, age <65, with SPMI	58,269.0	\$76,748,751	\$1,317.15	18,355.8	\$23,787,670	\$1,295.92	0.98389
Community, age <65, no SPMI	86,972.3	\$138,151,543	\$1,588.45	25,589.9	\$43,205,125	\$1,688.37	1.06290

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	495,181.0	\$792,439,622	\$1,600.30	97,449.8	\$172,819,600	\$1,773.42	1.10818
Facility, age 65+, with SPMI	32,115.2	\$66,311,502	\$2,064.80	4,790.4	\$8,117,651	\$1,694.55	0.82069
Facility, age 65+, no SPMI	80,858.8	\$139,945,392	\$1,730.74	8,663.2	\$13,801,555	\$1,593.12	0.92049
HCBS, age 65+, with SPMI	10,838.8	\$20,539,243	\$1,894.97	2,141.7	\$5,151,617	\$2,405.41	1.26936
HCBS, age 65+, no SPMI	51,925.0	\$84,282,667	\$1,623.16	7,979.6	\$19,102,744	\$2,393.93	1.47486
Community, age 65+, with SPMI	12,587.9	\$16,488,055	\$1,309.84	3,113.9	\$5,668,192	\$1,820.31	1.38972
Community, age 65+, no SPMI	92,332.0	\$108,551,869	\$1,175.67	18,567.8	\$32,642,278	\$1,758.00	1.49532
Facility, age <65, with SPMI	10,531.3	\$26,564,713	\$2,522.45	2,546.6	\$5,033,598	\$1,976.56	0.78359
Facility, age <65, no SPMI	12,082.5	\$28,804,414	\$2,383.97	2,467.8	\$4,659,232	\$1,888.02	0.79197
HCBS, age <65, with SPMI	18,074.4	\$30,515,893	\$1,688.35	4,171.4	\$6,195,328	\$1,485.21	0.87968
HCBS, age <65, no SPMI	28,593.8	\$55,535,580	\$1,942.22	6,689.3	\$15,091,472	\$2,256.05	1.16158
Community, age <65, with SPMI	58,269.0	\$76,748,751	\$1,317.15	15,016.5	\$19,075,847	\$1,270.32	0.96445
Community, age <65, no SPMI	86,972.3	\$138,151,543	\$1,588.45	21,301.5	\$38,280,085	\$1,797.06	1.13133

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	42,008.3	\$67,515,192	\$1,607.19	25,382.6	\$34,342,597	\$1,353.00	0.84184
Facility, age 65+, with SPMI	2,059.8	\$5,419,492	\$2,631.14	1,031.5	\$2,104,890	\$2,040.68	0.77559
Facility, age 65+, no SPMI	6,716.7	\$14,724,625	\$2,192.23	3,268.4	\$4,105,157	\$1,256.03	0.57295
HCBS, age 65+, with SPMI	613.4	\$1,053,551	\$1,717.67	451.5	\$819,233	\$1,814.60	1.05643
HCBS, age 65+, no SPMI	3,544.0	\$5,267,521	\$1,486.32	2,011.1	\$3,653,367	\$1,816.62	1.22222
Community, age 65+, with SPMI	1,074.8	\$1,446,270	\$1,345.67	757.9	\$1,275,799	\$1,683.37	1.25095
Community, age 65+, no SPMI	9,976.7	\$13,004,722	\$1,303.52	6,088.1	\$8,259,460	\$1,356.67	1.04077
Facility, age <65, with SPMI	668.8	\$2,180,795	\$3,260.87	448.3	\$958,474	\$2,138.16	0.65570
Facility, age <65, no SPMI	794.5	\$2,553,958	\$3,214.35	563.6	\$1,128,734	\$2,002.86	0.62310
HCBS, age <65, with SPMI	1,076.6	\$1,473,625	\$1,368.80	591.4	\$544,289	\$920.30	0.67234
HCBS, age <65, no SPMI	1,902.1	\$2,801,867	\$1,473.05	1,359.9	\$2,009,565	\$1,477.78	1.00321
Community, age <65, with SPMI	5,313.9	\$6,380,978	\$1,200.82	3,637.0	\$3,202,716	\$880.58	0.73332
Community, age <65, no SPMI	8,267.2	\$11,207,788	\$1,355.69	5,174.1	\$6,280,913	\$1,213.92	0.89543

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	42,008.3	\$67,515,192	\$1,607.19	19,817.2	\$28,929,588	\$1,459.82	0.90831
Facility, age 65+, with SPMI	2,059.8	\$5,419,492	\$2,631.14	687.1	\$955,684	\$1,390.98	0.52866
Facility, age 65+, no SPMI	6,716.7	\$14,724,625	\$2,192.23	2,330.4	\$3,434,943	\$1,473.99	0.67237
HCBS, age 65+, with SPMI	613.4	\$1,053,551	\$1,717.67	361.7	\$786,879	\$2,175.70	1.26665
HCBS, age 65+, no SPMI	3,544.0	\$5,267,521	\$1,486.32	1,490.7	\$2,601,758	\$1,745.29	1.17423
Community, age 65+, with SPMI	1,074.8	\$1,446,270	\$1,345.67	555.4	\$944,672	\$1,700.94	1.26400
Community, age 65+, no SPMI	9,976.7	\$13,004,722	\$1,303.52	4,691.6	\$7,788,394	\$1,660.08	1.27354
Facility, age <65, with SPMI	668.8	\$2,180,795	\$3,260.87	339.4	\$422,828	\$1,245.97	0.38210
Facility, age <65, no SPMI	794.5	\$2,553,958	\$3,214.35	425.8	\$678,649	\$1,593.68	0.49580
HCBS, age <65, with SPMI	1,076.6	\$1,473,625	\$1,368.80	541.3	\$626,540	\$1,157.46	0.84560
HCBS, age <65, no SPMI	1,902.1	\$2,801,867	\$1,473.05	1,123.1	\$1,752,241	\$1,560.24	1.05918
Community, age <65, with SPMI	5,313.9	\$6,380,978	\$1,200.82	2,996.5	\$3,484,578	\$1,162.89	0.96841
Community, age <65, no SPMI	8,267.2	\$11,207,788	\$1,355.69	4,274.3	\$5,452,421	\$1,275.62	0.94094

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	65,614.5	\$109,816,298	\$1,673.66	48,033.3	\$63,024,948	\$1,312.11	0.78398
Facility, age 65+, with SPMI	4,878.2	\$11,042,653	\$2,263.65	3,546.3	\$5,709,401	\$1,609.94	0.71121
Facility, age 65+, no SPMI	12,137.4	\$26,728,998	\$2,202.20	7,433.4	\$10,976,491	\$1,476.64	0.67053
HCBS, age 65+, with SPMI	1,111.6	\$1,593,577	\$1,433.58	841.9	\$1,427,482	\$1,695.57	1.18275
HCBS, age 65+, no SPMI	4,599.1	\$7,305,283	\$1,588.42	3,657.7	\$5,803,834	\$1,586.73	0.99893
Community, age 65+, with SPMI	2,510.0	\$3,725,198	\$1,484.15	1,842.2	\$2,127,567	\$1,154.92	0.77817
Community, age 65+, no SPMI	12,485.8	\$16,640,967	\$1,332.79	9,178.2	\$12,360,981	\$1,346.77	1.01049
Facility, age <65, with SPMI	1,125.0	\$3,949,081	\$3,510.30	777.2	\$1,608,422	\$2,069.57	0.58957
Facility, age <65, no SPMI	1,435.9	\$4,985,720	\$3,472.12	943.6	\$1,827,140	\$1,936.39	0.55770
HCBS, age <65, with SPMI	2,068.1	\$2,424,892	\$1,172.54	1,715.6	\$1,426,750	\$831.65	0.70928
HCBS, age <65, no SPMI	2,938.7	\$3,982,170	\$1,355.08	2,536.5	\$2,921,454	\$1,151.74	0.84995
Community, age <65, with SPMI	10,202.2	\$11,555,501	\$1,132.64	7,989.3	\$6,918,357	\$865.96	0.76454
Community, age <65, no SPMI	10,122.4	\$15,882,259	\$1,569.02	7,571.4	\$9,917,068	\$1,309.81	0.83480

Table 2.C.2 — MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 4,
by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	65,614.5	\$109,816,298	\$1,673.66	35,741.0	\$48,752,067	\$1,364.04	0.81500
Facility, age 65+, with SPMI	4,878.2	\$11,042,653	\$2,263.65	2,410.3	\$3,459,712	\$1,435.36	0.63409
Facility, age 65+, no SPMI	12,137.4	\$26,728,998	\$2,202.20	5,125.0	\$8,030,688	\$1,566.97	0.71155
HCBS, age 65+, with SPMI	1,111.6	\$1,593,577	\$1,433.58	605.2	\$993,281	\$1,641.12	1.14477
HCBS, age 65+, no SPMI	4,599.1	\$7,305,283	\$1,588.42	2,481.8	\$4,680,502	\$1,885.96	1.18732
Community, age 65+, with SPMI	2,510.0	\$3,725,198	\$1,484.15	1,438.7	\$1,597,600	\$1,110.42	0.74818
Community, age 65+, no SPMI	12,485.8	\$16,640,967	\$1,332.79	6,789.0	\$9,265,529	\$1,364.79	1.02401
Facility, age <65, with SPMI	1,125.0	\$3,949,081	\$3,510.30	526.2	\$595,272	\$1,131.34	0.32229
Facility, age <65, no SPMI	1,435.9	\$4,985,720	\$3,472.12	663.2	\$1,046,474	\$1,577.99	0.45448
HCBS, age <65, with SPMI	2,068.1	\$2,424,892	\$1,172.54	1,422.5	\$1,267,900	\$891.34	0.76018
HCBS, age <65, no SPMI	2,938.7	\$3,982,170	\$1,355.08	2,090.2	\$2,764,806	\$1,322.76	0.97615
Community, age <65, with SPMI	10,202.2	\$11,555,501	\$1,132.64	6,312.8	\$6,068,366	\$961.29	0.84871
Community, age <65, no SPMI	10,122.4	\$15,882,259	\$1,569.02	5,876.2	\$8,981,936	\$1,528.53	0.97420

Table 2.D.1 — MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the Demonstration Year 3,
by category of beneficiary: Cohort 4

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	74,886.5	\$130,154,124	\$1,738.02	76,497.7	\$121,404,786	\$1,587.04	0.91313
Facility, age 65+, with SPMI	8,799.9	\$23,177,043	\$2,633.77	9,280.7	\$18,930,494	\$2,039.76	0.77446
Facility, age 65+, no SPMI	10,464.5	\$21,506,946	\$2,055.23	10,738.3	\$17,435,867	\$1,623.71	0.79004
HCBS, age 65+, with SPMI	2,013.0	\$3,798,610	\$1,887.04	2,023.0	\$4,147,191	\$2,050.01	1.08636
HCBS, age 65+, no SPMI	4,656.9	\$6,769,043	\$1,453.55	4,780.3	\$8,495,985	\$1,777.28	1.22272
Community, age 65+, with SPMI	3,872.4	\$6,423,922	\$1,658.90	3,895.8	\$5,826,666	\$1,495.62	0.90157
Community, age 65+, no SPMI	13,747.0	\$17,606,796	\$1,280.78	13,928.8	\$17,043,224	\$1,223.60	0.95536
Facility, age <65, with SPMI	2,039.5	\$7,820,424	\$3,834.53	2,159.4	\$6,170,804	\$2,857.61	0.74523
Facility, age <65, no SPMI	1,184.9	\$4,054,838	\$3,422.18	1,196.4	\$2,740,358	\$2,290.54	0.66932
HCBS, age <65, with SPMI	2,214.7	\$2,946,358	\$1,330.34	2,322.2	\$3,587,370	\$1,544.80	1.16121
HCBS, age <65, no SPMI	2,526.6	\$3,932,951	\$1,556.63	2,569.5	\$4,388,774	\$1,708.02	1.09725
Community, age <65, with SPMI	11,399.1	\$13,242,226	\$1,161.69	11,586.0	\$13,455,602	\$1,161.37	0.99973
Community, age <65, no SPMI	11,968.0	\$18,874,966	\$1,577.12	12,017.3	\$19,182,452	\$1,596.24	1.01213

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	74,886.5	\$130,154,124	\$1,738.02	53,861.9	\$80,137,715	\$1,487.84	0.85605
Facility, age 65+, with SPMI	8,799.9	\$23,177,043	\$2,633.77	5,776.4	\$10,817,550	\$1,872.73	0.71104
Facility, age 65+, no SPMI	10,464.5	\$21,506,946	\$2,055.23	6,740.7	\$9,327,758	\$1,383.79	0.67330
HCBS, age 65+, with SPMI	2,013.0	\$3,798,610	\$1,887.04	1,483.9	\$2,606,212	\$1,756.32	0.93073
HCBS, age 65+, no SPMI	4,656.9	\$6,769,043	\$1,453.55	3,216.2	\$5,806,264	\$1,805.32	1.24201
Community, age 65+, with SPMI	3,872.4	\$6,423,922	\$1,658.90	2,915.4	\$3,620,115	\$1,241.72	0.74852
Community, age 65+, no SPMI	13,747.0	\$17,606,796	\$1,280.78	10,330.8	\$14,287,571	\$1,383.00	1.07981
Facility, age <65, with SPMI	2,039.5	\$7,820,424	\$3,834.53	1,418.5	\$3,432,258	\$2,419.68	0.63102
Facility, age <65, no SPMI	1,184.9	\$4,054,838	\$3,422.18	929.5	\$1,987,707	\$2,138.49	0.62489
HCBS, age <65, with SPMI	2,214.7	\$2,946,358	\$1,330.34	1,711.8	\$2,282,412	\$1,333.35	1.00226
HCBS, age <65, no SPMI	2,526.6	\$3,932,951	\$1,556.63	2,018.1	\$3,493,824	\$1,731.27	1.11219
Community, age <65, with SPMI	11,399.1	\$13,242,226	\$1,161.69	8,585.2	\$9,027,868	\$1,051.56	0.90520
Community, age <65, no SPMI	11,968.0	\$18,874,966	\$1,577.12	8,735.4	\$13,448,178	\$1,539.51	0.97615

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	55,245.6	\$100,386,597	\$1,817.10	56,700.0	\$95,477,026	\$1,683.90	0.92670
Facility, age 65+, with SPMI	9,703.9	\$22,148,153	\$2,282.40	9,967.8	\$19,360,963	\$1,942.35	0.85101
Facility, age 65+, no SPMI	5,789.6	\$12,097,397	\$2,089.51	6,122.6	\$10,854,167	\$1,772.81	0.84843
HCBS, age 65+, with SPMI	1,794.4	\$3,717,937	\$2,071.96	2,130.5	\$4,606,960	\$2,162.41	1.04365
HCBS, age 65+, no SPMI	2,458.4	\$3,967,559	\$1,613.91	2,727.6	\$5,343,467	\$1,959.06	1.21386
Community, age 65+, with SPMI	4,496.5	\$7,345,713	\$1,633.66	4,655.9	\$6,483,245	\$1,392.47	0.85237
Community, age 65+, no SPMI	8,094.0	\$9,203,556	\$1,137.09	7,962.5	\$9,585,408	\$1,203.82	1.05869
Facility, age <65, with SPMI	2,106.1	\$7,470,590	\$3,547.09	2,175.4	\$7,206,841	\$3,312.91	0.93398
Facility, age <65, no SPMI	972.5	\$3,486,591	\$3,585.31	1,035.1	\$2,544,917	\$2,458.57	0.68574
HCBS, age <65, with SPMI	2,203.2	\$3,920,524	\$1,779.45	2,348.5	\$5,178,800	\$2,205.15	1.23923
HCBS, age <65, no SPMI	1,620.6	\$2,444,637	\$1,508.51	1,658.9	\$2,578,811	\$1,554.51	1.03049
Community, age <65, with SPMI	9,311.4	\$12,553,567	\$1,348.20	9,153.8	\$10,827,719	\$1,182.87	0.87737
Community, age <65, no SPMI	6,695.2	\$12,030,375	\$1,796.87	6,761.4	\$10,905,728	\$1,612.93	0.89763

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	210,107.5	\$332,154,386	\$1,580.88	167,717.5	\$276,001,718	\$1,645.63	1.04096
Facility, age 65+, with SPMI	24,571.5	\$46,542,358	\$1,894.16	19,101.3	\$33,626,392	\$1,760.43	0.92940
Facility, age 65+, no SPMI	10,376.3	\$17,633,644	\$1,699.41	8,119.7	\$12,831,219	\$1,580.25	0.92988
HCBS, age 65+, with SPMI	5,802.8	\$12,491,351	\$2,152.65	5,197.4	\$12,011,080	\$2,311.00	1.07356
HCBS, age 65+, no SPMI	6,660.5	\$11,356,541	\$1,705.06	6,192.3	\$12,699,805	\$2,050.89	1.20283
Community, age 65+, with SPMI	26,044.3	\$42,330,576	\$1,625.33	20,388.4	\$34,989,347	\$1,716.14	1.05587
Community, age 65+, no SPMI	34,773.4	\$41,557,876	\$1,195.11	27,236.1	\$39,092,312	\$1,435.31	1.20099
Facility, age <65, with SPMI	5,908.3	\$15,364,134	\$2,600.42	4,803.9	\$10,248,687	\$2,133.40	0.82040
Facility, age <65, no SPMI	2,785.0	\$4,054,836	\$1,455.96	2,140.9	\$3,904,147	\$1,823.64	1.25254
HCBS, age <65, with SPMI	7,262.9	\$12,549,958	\$1,727.95	6,076.9	\$11,385,953	\$1,873.63	1.08431
HCBS, age <65, no SPMI	4,331.2	\$7,234,071	\$1,670.21	3,713.5	\$7,027,168	\$1,892.33	1.13299
Community, age <65, with SPMI	57,180.0	\$81,575,744	\$1,426.65	45,360.2	\$65,356,057	\$1,440.82	1.00993
Community, age <65, no SPMI	24,411.3	\$39,463,298	\$1,616.60	19,386.9	\$32,829,551	\$1,693.39	1.04750

**Table 2.G —
Comparison group summary (all cohorts)**

Cohort	Baseline period			Demonstration Period 3			Cost trend (Demonstration Period 3/ baseline Period)	Demonstration Period 4			Cost trend (Demonstration Period 4/ baseline Period)
	Number of eligible months	Medicaid incurred claims	PMPM	Number of eligible months	Medicaid incurred claims	PMPM		Number of eligible months	Medicaid incurred claims	PMPM	
Cohort 1	495,181.0	\$792,439,622	\$1,600.30	125,982.4	\$217,509,711	\$1,726.51	1.07886	97,449.8	\$172,819,600	\$1,773.42	1.10818
Cohort 2	42,008.3	\$67,515,192	\$1,607.19	25,382.6	\$34,342,597	\$1,353.00	0.84184	35,741.0	\$48,752,067	\$1,364.04	0.81500
Cohort 3	65,614.5	\$109,816,298	\$1,673.66	48,033.3	\$63,024,948	\$1,312.11	0.78398	13,384.4	\$22,137,586	\$1,653.99	0.95565
Cohort 4	74,886.5	\$130,154,124	\$1,738.02	76,497.7	\$121,404,786	\$1,587.04	0.91313	53,861.9	\$80,137,715	\$1,487.84	0.85605
Cohort 5A	55,245.6	\$100,386,597	\$1,817.10	0.0	\$0	\$0.00	0.00000	56,700.0	\$95,477,026	\$1,683.90	0.92670
Cohort 5B	210,107.5	\$332,154,386	\$1,580.88	0.0	\$0	\$0.00	0.00000	167,717.5	\$276,001,718	\$1,645.63	1.04096

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

Tables 3.G show the results for the entire Cohort 1 for Demonstration Years 3 and 4 separately. **Table 3.G.1** shows that, for Demonstration Year 3, the PMPM for the comparison group increased by 16.4 percent from the baseline period, whereas that of the intervention group increased by only 2.7 percent, a difference of 13.7 percentage points. Similarly, **Table 3.G.2** shows that, for Demonstration Year 4, the PMPM for the comparison group increased by 19 percent from the baseline period, whereas that of the intervention group increased by only 11 percent, a difference of 8.0 percentage points.

Tables 3.H show the results for Cohort 2. From the baseline period to Demonstration Year 3, the PMPM for the comparison group decreased by 20.2 percent whereas the PMPM for the intervention group decreased by 20.1 percent, a difference of 0.1 percentage points. From the baseline period to Demonstration Year 4, the PMPM for the comparison group decreased by 14.3 percent whereas the PMPM for the intervention group decreased by 14.8 percent, a difference of 0.5 percent.

Tables 3.I show the results for Cohort 3. From the baseline period to Demonstration Year 3, the PMPM for the comparison group decreased by 14.1 percent, and the PMPM for the intervention group also decreased by 14.1 percent. From the baseline period to Demonstration Year 4, the PMPM for the comparison group decreased by 7.3 percent and the PMPM for the intervention group decreased by 13.8 percent, a difference of 6.5 percentage points.

Table 3.J shows the results for Cohort 4. From the baseline period to Demonstration Year 3, the PMPM for the comparison group increased by 0.6 percent, while the PMPM for the intervention group decreased by 13.5 percent, a difference of 14.1 percentage points. From the baseline period to Demonstration Year 4, the PMPM for the comparison group decreased by 2.8 percent, while the intervention group decreased by 14.4 percent, a difference of 11.6 percentage points.

Table 3.K shows the results for Cohort 5A. From the baseline period to Demonstration Year 4, the PMPM for the comparison group increased by 0.8 percent, while the PMPM for the intervention group decreased by 10.6 percent, a difference of 11.4 percentage points. **Table 3.L** shows the results for Cohort 5B. From the baseline period to Demonstration Year 4, the PMPM for the comparison group increased by 8.6 percent, while the PMPM for the intervention group decreased by 3.1 percent, a difference of 11.7 percentage points.

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

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	48,488.0	\$78,754,198	\$1,624.20	14,540.4	\$27,919,868	\$1,920.16	1.182
Facility, age 65+, with SPMI	1,352.5	\$2,783,905	\$2,058.35	231.9	\$394,587	\$1,701.52	0.827
Facility, age 65+, no SPMI	2,903.2	\$4,986,268	\$1,717.53	356.4	\$589,399	\$1,653.76	0.963
HCBS, age 65+, with SPMI	2,269.5	\$4,300,359	\$1,894.85	613.5	\$1,404,651	\$2,289.39	1.208
HCBS, age 65+, no SPMI	10,415.6	\$16,922,467	\$1,624.72	2,687.8	\$6,018,304	\$2,239.14	1.378
Community, age 65+, with SPMI	1,044.6	\$1,366,976	\$1,308.56	329.9	\$573,066	\$1,736.95	1.327
Community, age 65+, no SPMI	8,618.5	\$10,152,870	\$1,178.03	2,577.6	\$4,114,509	\$1,596.25	1.355
Facility, age <65, with SPMI	479.0	\$1,208,097	\$2,521.97	84.1	\$167,796	\$1,994.03	0.791
Facility, age <65, no SPMI	596.9	\$1,420,117	\$2,379.14	215.0	\$380,923	\$1,771.73	0.745
HCBS, age <65, with SPMI	3,601.9	\$6,081,141	\$1,688.33	1,254.4	\$2,036,226	\$1,623.25	0.961
HCBS, age <65, no SPMI	8,245.1	\$16,023,110	\$1,943.35	3,118.2	\$7,427,549	\$2,382.00	1.226
Community, age <65, with SPMI	2,682.4	\$3,530,797	\$1,316.26	951.2	\$1,233,464	\$1,296.72	0.985
Community, age <65, no SPMI	6,278.7	\$9,978,092	\$1,589.20	2,120.2	\$3,579,393	\$1,688.21	1.062
Intervention group	48,488.0	\$128,622,626	\$2,652.67	14,540.4	\$36,051,308	\$2,479.39	0.935
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	231.9	\$386,747	\$1,667.71	0.502
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	356.4	\$672,103	\$1,885.82	0.762
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	613.5	\$1,654,554	\$2,696.69	0.929
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	2,687.8	\$6,985,561	\$2,599.01	1.088
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	329.9	\$464,168	\$1,406.88	0.680
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	2,577.6	\$5,594,642	\$2,170.47	1.022
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	84.1	\$150,780	\$1,791.81	0.338
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	215.0	\$649,654	\$3,021.65	0.634
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	1,254.4	\$2,787,476	\$2,222.14	0.799
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	3,118.2	\$8,660,343	\$2,777.36	1.032
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	951.2	\$2,541,466	\$2,671.80	1.092
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	2,120.2	\$5,503,814	\$2,595.86	0.782

Table 3.A.2 — MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 4, by category of beneficiary: Cohort 1A

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	48,488.0	\$78,754,198	\$1,624.20	12,196.5	\$23,833,789	\$1,954.14	1.203
Facility, age 65+, with SPMI	1,352.5	\$2,783,905	\$2,058.35	174.0	\$295,541	\$1,698.86	0.825
Facility, age 65+, no SPMI	2,903.2	\$4,986,268	\$1,717.53	246.6	\$393,078	\$1,594.12	0.928
HCBS, age 65+, with SPMI	2,269.5	\$4,300,359	\$1,894.85	442.2	\$1,062,177	\$2,402.06	1.268
HCBS, age 65+, no SPMI	10,415.6	\$16,922,467	\$1,624.72	2,174.8	\$5,208,049	\$2,394.69	1.474
Community, age 65+, with SPMI	1,044.6	\$1,366,976	\$1,308.56	278.3	\$506,905	\$1,821.21	1.392
Community, age 65+, no SPMI	8,618.5	\$10,152,870	\$1,178.03	2,015.5	\$3,545,324	\$1,759.04	1.493
Facility, age <65, with SPMI	479.0	\$1,208,097	\$2,521.97	69.0	\$136,978	\$1,985.19	0.787
Facility, age <65, no SPMI	596.9	\$1,420,117	\$2,379.14	174.8	\$329,168	\$1,883.64	0.792
HCBS, age <65, with SPMI	3,601.9	\$6,081,141	\$1,688.33	1,144.6	\$1,701,982	\$1,486.98	0.881
HCBS, age <65, no SPMI	8,245.1	\$16,023,110	\$1,943.35	2,726.6	\$6,153,270	\$2,256.75	1.161
Community, age <65, with SPMI	2,682.4	\$3,530,797	\$1,316.26	835.2	\$1,060,227	\$1,269.36	0.964
Community, age <65, no SPMI	6,278.7	\$9,978,092	\$1,589.20	1,915.0	\$3,441,091	\$1,796.95	1.131
Intervention group	48,488.0	\$128,622,626	\$2,652.67	12,196.5	\$31,144,889	\$2,553.58	0.963
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	174.0	\$401,859	\$2,310.01	0.696
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	246.6	\$348,234	\$1,412.25	0.570
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	442.2	\$1,164,770	\$2,634.07	0.907
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	2,174.8	\$5,637,970	\$2,592.37	1.085
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	278.3	\$455,002	\$1,634.74	0.791
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	2,015.5	\$5,377,365	\$2,668.02	1.256
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	69.0	\$49,920	\$723.48	0.136
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	174.8	\$464,823	\$2,659.92	0.558
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	1,144.6	\$2,107,406	\$1,841.19	0.662
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	2,726.6	\$7,021,681	\$2,575.24	0.957
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	835.2	\$2,806,137	\$3,359.66	1.373
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	1,915.0	\$5,309,721	\$2,772.75	0.835

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	83,567.1	\$131,605,106	\$1,574.84	28,211.3	\$51,776,952	\$1,835.33	1.165
Facility, age 65+, with SPMI	2,625.5	\$5,399,392	\$2,056.49	595.9	\$1,011,453	\$1,697.44	0.825
Facility, age 65+, no SPMI	5,728.2	\$9,863,362	\$1,721.89	963.4	\$1,593,590	\$1,654.07	0.961
HCBS, age 65+, with SPMI	3,563.5	\$6,749,830	\$1,894.18	1,180.7	\$2,699,523	\$2,286.45	1.207
HCBS, age 65+, no SPMI	15,666.1	\$25,409,746	\$1,621.96	4,851.2	\$10,861,075	\$2,238.83	1.380
Community, age 65+, with SPMI	2,079.3	\$2,725,280	\$1,310.68	722.6	\$1,256,876	\$1,739.27	1.327
Community, age 65+, no SPMI	16,756.0	\$19,691,126	\$1,175.17	5,795.9	\$9,245,783	\$1,595.23	1.357
Facility, age <65, with SPMI	707.2	\$1,783,893	\$2,522.57	278.0	\$543,094	\$1,953.58	0.774
Facility, age <65, no SPMI	436.0	\$1,056,112	\$2,422.27	152.7	\$270,938	\$1,773.83	0.732
HCBS, age <65, with SPMI	6,710.7	\$11,329,713	\$1,688.31	2,672.0	\$4,337,987	\$1,623.48	0.962
HCBS, age <65, no SPMI	9,528.3	\$18,510,143	\$1,942.64	3,788.8	\$9,028,288	\$2,382.87	1.227
Community, age <65, with SPMI	8,555.1	\$11,262,998	\$1,316.53	3,177.1	\$4,118,319	\$1,296.24	0.985
Community, age <65, no SPMI	11,211.2	\$17,823,513	\$1,589.79	4,032.8	\$6,810,026	\$1,688.65	1.062
Intervention group	83,567.1	\$108,476,913	\$1,298.08	28,211.3	\$40,016,796	\$1,418.47	1.093
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	595.9	\$768,793	\$1,290.20	0.816
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	963.4	\$1,019,788	\$1,058.49	0.626
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	1,180.7	\$2,092,736	\$1,772.51	1.255
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	4,851.2	\$7,648,845	\$1,576.68	1.338
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	722.6	\$889,628	\$1,231.07	1.080
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	5,795.9	\$7,529,655	\$1,299.14	1.338
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	278.0	\$383,941	\$1,381.08	0.426
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	152.7	\$117,265	\$767.74	0.206
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	2,672.0	\$3,546,625	\$1,327.32	0.958
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	3,788.8	\$5,539,712	\$1,462.12	0.982
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	3,177.1	\$3,921,940	\$1,234.43	1.110
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	4,032.8	\$6,557,867	\$1,626.13	1.169

Table 3.B.2 — MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 4, by category of beneficiary: Cohort 1B

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	83,567.1	\$131,605,106	\$1,574.84	23,641.9	\$44,485,413	\$1,881.63	1.195
Facility, age 65+, with SPMI	2,625.5	\$5,399,392	\$2,056.49	424.0	\$718,375	\$1,694.45	0.824
Facility, age 65+, no SPMI	5,728.2	\$9,863,362	\$1,721.89	651.8	\$1,039,508	\$1,594.88	0.926
HCBS, age 65+, with SPMI	3,563.5	\$6,749,830	\$1,894.18	963.6	\$2,310,835	\$2,398.18	1.266
HCBS, age 65+, no SPMI	15,666.1	\$25,409,746	\$1,621.96	3,912.7	\$9,367,960	\$2,394.24	1.476
Community, age 65+, with SPMI	2,079.3	\$2,725,280	\$1,310.68	595.9	\$1,086,085	\$1,822.59	1.391
Community, age 65+, no SPMI	16,756.0	\$19,691,126	\$1,175.17	4,628.2	\$8,138,129	\$1,758.36	1.496
Facility, age <65, with SPMI	707.2	\$1,783,893	\$2,522.57	241.6	\$478,461	\$1,980.62	0.785
Facility, age <65, no SPMI	436.0	\$1,056,112	\$2,422.27	130.4	\$246,361	\$1,888.79	0.780
HCBS, age <65, with SPMI	6,710.7	\$11,329,713	\$1,688.31	2,473.5	\$3,676,702	\$1,486.41	0.880
HCBS, age <65, no SPMI	9,528.3	\$18,510,143	\$1,942.64	3,391.1	\$7,649,443	\$2,255.73	1.161
Community, age <65, with SPMI	8,555.1	\$11,262,998	\$1,316.53	2,709.9	\$3,447,777	\$1,272.30	0.966
Community, age <65, no SPMI	11,211.2	\$17,823,513	\$1,589.79	3,519.2	\$6,325,777	\$1,797.49	1.131
Intervention group	83,567.1	\$108,476,913	\$1,298.08	23,641.9	\$37,666,761	\$1,593.22	1.227
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	424.0	\$574,946	\$1,356.14	0.857
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	651.8	\$866,896	\$1,330.05	0.787
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	963.6	\$1,295,456	\$1,344.42	0.952
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	3,912.7	\$6,711,145	\$1,715.22	1.456
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	595.9	\$1,024,962	\$1,720.01	1.509
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	4,628.2	\$7,429,699	\$1,605.29	1.653
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	241.6	\$314,022	\$1,299.91	0.401
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	130.4	\$165,595	\$1,269.57	0.340
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	2,473.5	\$3,054,622	\$1,234.91	0.891
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	3,391.1	\$5,743,890	\$1,693.80	1.138
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	2,709.9	\$3,977,081	\$1,467.63	1.320
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	3,519.2	\$6,508,446	\$1,849.40	1.330

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	7,946.8	\$12,115,020	\$1,524.51	2,723.6	\$4,987,358	\$1,831.17	1.201
Facility, age 65+, with SPMI	78.0	\$162,290	\$2,080.64	24.0	\$41,078	\$1,711.59	0.823
Facility, age 65+, no SPMI	509.6	\$883,213	\$1,733.25	96.4	\$159,860	\$1,658.08	0.957
HCBS, age 65+, with SPMI	415.4	\$787,714	\$1,896.19	165.1	\$377,180	\$2,284.09	1.205
HCBS, age 65+, no SPMI	1,567.7	\$2,541,768	\$1,621.34	469.8	\$1,053,779	\$2,242.95	1.383
Community, age 65+, with SPMI	286.6	\$380,569	\$1,327.67	145.0	\$252,196	\$1,739.28	1.310
Community, age 65+, no SPMI	2,225.3	\$2,627,533	\$1,180.74	677.4	\$1,081,768	\$1,596.90	1.352
Facility, age <65, with SPMI	55.0	\$139,181	\$2,530.57	6.0	\$12,813	\$2,147.09	0.848
Facility, age <65, no SPMI	21.0	\$55,877	\$2,660.81	24.0	\$42,509	\$1,771.22	0.666
HCBS, age <65, with SPMI	422.7	\$715,949	\$1,693.58	227.0	\$368,196	\$1,622.01	0.958
HCBS, age <65, no SPMI	710.1	\$1,381,750	\$1,945.94	295.0	\$702,100	\$2,379.74	1.223
Community, age <65, with SPMI	731.4	\$963,007	\$1,316.70	271.8	\$352,204	\$1,295.78	0.984
Community, age <65, no SPMI	924.0	\$1,476,169	\$1,597.59	322.0	\$543,675	\$1,688.43	1.057
Intervention group	7,946.8	\$7,898,710	\$993.94	2,723.6	\$3,410,228	\$1,252.11	1.260
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	24.0	\$1,576	\$65.66	0.027
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	96.4	\$98,916	\$1,025.97	0.635
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	165.1	\$195,951	\$1,186.63	1.213
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	469.8	\$693,435	\$1,475.96	1.630
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	145.0	\$265,949	\$1,834.13	1.215
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	677.4	\$691,060	\$1,020.14	1.342
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	6.0	\$46,930	\$7,863.92	1.794
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	24.0	\$132,484	\$5,520.18	0.550
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	227.0	\$142,682	\$628.56	0.850
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	295.0	\$288,382	\$977.46	1.110
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	271.8	\$361,224	\$1,328.97	1.596
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	322.0	\$491,638	\$1,526.83	1.506

Table 3.C.2 — MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 4, by category of beneficiary: Cohort 1C

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	7,946.8	\$12,115,020	\$1,524.51	2,117.5	\$4,000,204	\$1,889.13	1.239
Facility, age 65+, with SPMI	78.0	\$162,290	\$2,080.64	17.0	\$29,351	\$1,726.54	0.830
Facility, age 65+, no SPMI	509.6	\$883,213	\$1,733.25	41.8	\$66,768	\$1,596.29	0.921
HCBS, age 65+, with SPMI	415.4	\$787,714	\$1,896.19	125.3	\$300,586	\$2,398.17	1.265
HCBS, age 65+, no SPMI	1,567.7	\$2,541,768	\$1,621.34	356.9	\$854,504	\$2,394.04	1.477
Community, age 65+, with SPMI	286.6	\$380,569	\$1,327.67	121.5	\$222,173	\$1,827.86	1.377
Community, age 65+, no SPMI	2,225.3	\$2,627,533	\$1,180.74	467.6	\$823,142	\$1,760.34	1.491
Facility, age <65, with SPMI	55.0	\$139,181	\$2,530.57	12.0	\$23,780	\$1,981.66	0.783
Facility, age <65, no SPMI	21.0	\$55,877	\$2,660.81	24.0	\$45,255	\$1,885.63	0.709
HCBS, age <65, with SPMI	422.7	\$715,949	\$1,693.58	207.4	\$307,842	\$1,484.05	0.876
HCBS, age <65, no SPMI	710.1	\$1,381,750	\$1,945.94	249.2	\$562,600	\$2,258.01	1.160
Community, age <65, with SPMI	731.4	\$963,007	\$1,316.70	239.3	\$304,322	\$1,271.60	0.966
Community, age <65, no SPMI	924.0	\$1,476,169	\$1,597.59	255.3	\$459,879	\$1,801.17	1.127
Intervention group	7,946.8	\$7,898,710	\$993.94	2,117.5	\$2,702,837	\$1,276.44	1.284
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	17.0	\$15,141	\$890.67	0.365
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	41.8	\$26,212	\$626.66	0.388
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	125.3	\$268,703	\$2,143.80	2.192
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	356.9	\$440,578	\$1,234.36	1.363
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	121.5	\$97,274	\$800.29	0.530
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	467.6	\$755,196	\$1,615.03	2.125
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	12.0	\$86,666	\$7,222.17	1.647
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	24.0	\$6,502	\$270.92	0.027
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	207.4	\$130,593	\$629.56	0.851
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	249.2	\$321,271	\$1,289.43	1.464
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	239.3	\$265,243	\$1,108.31	1.331
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	255.3	\$289,457	\$1,133.69	1.118

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	129,399.2	\$207,882,769	\$1,606.52	42,529.9	\$78,947,138	\$1,856.28	1.155
Facility, age 65+, with SPMI	3,449.1	\$7,099,156	\$2,058.27	700.2	\$1,192,696	\$1,703.31	0.828
Facility, age 65+, no SPMI	9,573.0	\$16,530,797	\$1,726.81	1,809.9	\$2,994,053	\$1,654.25	0.958
HCBS, age 65+, with SPMI	5,666.9	\$10,738,746	\$1,895.01	1,682.5	\$3,847,227	\$2,286.60	1.207
HCBS, age 65+, no SPMI	24,215.1	\$39,358,354	\$1,625.36	7,170.9	\$16,052,261	\$2,238.54	1.377
Community, age 65+, with SPMI	2,995.7	\$3,929,249	\$1,311.61	989.1	\$1,720,446	\$1,739.48	1.326
Community, age 65+, no SPMI	19,735.0	\$23,217,237	\$1,176.45	6,412.1	\$10,227,759	\$1,595.08	1.356
Facility, age <65, with SPMI	850.9	\$2,145,788	\$2,521.68	233.8	\$460,148	\$1,968.12	0.780
Facility, age <65, no SPMI	1,455.9	\$3,482,455	\$2,391.90	487.0	\$864,505	\$1,775.16	0.742
HCBS, age <65, with SPMI	8,850.4	\$14,942,652	\$1,688.37	3,394.5	\$5,508,616	\$1,622.80	0.961
HCBS, age <65, no SPMI	18,671.7	\$36,297,579	\$1,943.99	7,052.0	\$16,797,056	\$2,381.89	1.225
Community, age <65, with SPMI	13,939.8	\$18,378,011	\$1,318.39	5,070.6	\$6,570,995	\$1,295.91	0.983
Community, age <65, no SPMI	19,995.6	\$31,762,746	\$1,588.48	7,527.4	\$12,711,375	\$1,688.69	1.063
Intervention group	129,399.2	\$219,493,469	\$1,696.25	42,529.9	\$73,252,412	\$1,722.38	1.015
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	700.2	\$951,290	\$1,358.55	0.579
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	1,809.9	\$2,487,997	\$1,374.65	0.674
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	1,682.5	\$3,238,058	\$1,924.54	0.957
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	7,170.9	\$14,153,705	\$1,973.78	1.161
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	989.1	\$1,590,082	\$1,607.67	1.108
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	6,412.1	\$9,803,955	\$1,528.99	1.130
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	233.8	\$497,014	\$2,125.80	0.650
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	487.0	\$1,349,282	\$2,770.60	0.581
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	3,394.5	\$5,789,510	\$1,705.55	1.037
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	7,052.0	\$13,414,345	\$1,902.21	1.047
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	5,070.6	\$6,200,227	\$1,222.79	0.921
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	7,527.4	\$13,776,947	\$1,830.24	1.160

Table 3.D.2 — MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 4, by category of beneficiary: Cohort 1D

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	129,399.2	\$207,882,769	\$1,606.52	35,278.5	\$66,759,737	\$1,892.37	1.178
Facility, age 65+, with SPMI	3,449.1	\$7,099,156	\$2,058.27	479.9	\$814,970	\$1,698.15	0.825
Facility, age 65+, no SPMI	9,573.0	\$16,530,797	\$1,726.81	1,197.6	\$1,904,059	\$1,589.89	0.921
HCBS, age 65+, with SPMI	5,666.9	\$10,738,746	\$1,895.01	1,341.4	\$3,220,033	\$2,400.49	1.267
HCBS, age 65+, no SPMI	24,215.1	\$39,358,354	\$1,625.36	5,705.5	\$13,663,871	\$2,394.85	1.473
Community, age 65+, with SPMI	2,995.7	\$3,929,249	\$1,311.61	772.4	\$1,406,829	\$1,821.35	1.389
Community, age 65+, no SPMI	19,735.0	\$23,217,237	\$1,176.45	5,229.4	\$9,194,252	\$1,758.19	1.494
Facility, age <65, with SPMI	850.9	\$2,145,788	\$2,521.68	179.3	\$353,428	\$1,971.61	0.782
Facility, age <65, no SPMI	1,455.9	\$3,482,455	\$2,391.90	330.1	\$627,524	\$1,901.00	0.795
HCBS, age <65, with SPMI	8,850.4	\$14,942,652	\$1,688.37	3,123.1	\$4,641,245	\$1,486.11	0.880
HCBS, age <65, no SPMI	18,671.7	\$36,297,579	\$1,943.99	6,132.5	\$13,842,139	\$2,257.19	1.161
Community, age <65, with SPMI	13,939.8	\$18,378,011	\$1,318.39	4,374.3	\$5,558,659	\$1,270.75	0.964
Community, age <65, no SPMI	19,995.6	\$31,762,746	\$1,588.48	6,413.0	\$11,532,727	\$1,798.33	1.132
Intervention group	129,399.2	\$219,493,469	\$1,696.25	35,278.5	\$65,128,621	\$1,846.13	1.088
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	479.9	\$852,375	\$1,776.09	0.757
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	1,197.6	\$1,606,716	\$1,341.61	0.658
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	1,341.4	\$2,894,483	\$2,157.80	1.072
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	5,705.5	\$12,211,127	\$2,140.23	1.259
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	772.4	\$1,064,695	\$1,378.41	0.950
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	5,229.4	\$9,490,402	\$1,814.82	1.341
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	179.3	\$260,914	\$1,455.52	0.445
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	330.1	\$798,040	\$2,417.55	0.507
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	3,123.1	\$4,964,974	\$1,589.77	0.967
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	6,132.5	\$12,197,441	\$1,989.00	1.094
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	4,374.3	\$6,431,194	\$1,470.22	1.108
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	6,413.0	\$12,356,259	\$1,926.75	1.221

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	15,153.3	\$23,465,894	\$1,548.56	5,500.6	\$9,906,663	\$1,801.01	1.163
Facility, age 65+, with SPMI	279.0	\$573,525	\$2,055.64	48.0	\$82,156	\$1,711.59	0.833
Facility, age 65+, no SPMI	1,143.7	\$1,980,257	\$1,731.43	283.9	\$470,558	\$1,657.27	0.957
HCBS, age 65+, with SPMI	297.0	\$563,184	\$1,896.24	69.4	\$157,655	\$2,272.66	1.199
HCBS, age 65+, no SPMI	3,090.8	\$5,031,005	\$1,627.75	923.0	\$2,069,085	\$2,241.61	1.377
Community, age 65+, with SPMI	352.0	\$462,917	\$1,315.11	109.1	\$189,287	\$1,735.50	1.320
Community, age 65+, no SPMI	3,588.7	\$4,220,750	\$1,176.13	1,318.2	\$2,102,015	\$1,594.59	1.356
Facility, age <65, with SPMI	137.2	\$347,384	\$2,531.06	53.0	\$104,356	\$1,968.98	0.778
Facility, age <65, no SPMI	211.0	\$502,282	\$2,380.48	79.6	\$141,194	\$1,774.23	0.745
HCBS, age <65, with SPMI	755.0	\$1,273,188	\$1,686.34	324.4	\$526,317	\$1,622.26	0.962
HCBS, age <65, no SPMI	1,481.9	\$2,878,416	\$1,942.35	685.5	\$1,632,446	\$2,381.49	1.226
Community, age <65, with SPMI	1,654.5	\$2,183,008	\$1,319.43	714.9	\$926,153	\$1,295.44	0.982
Community, age <65, no SPMI	2,162.5	\$3,449,978	\$1,595.37	891.6	\$1,505,438	\$1,688.53	1.058
Intervention group	15,153.3	\$10,288,068	\$678.93	5,500.6	\$5,855,780	\$1,064.57	1.568
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	48.0	\$4,530	\$94.38	0.077
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	283.9	\$164,415	\$579.06	0.673
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	69.4	\$208,980	\$3,012.54	4.412
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	923.0	\$1,243,563	\$1,347.25	1.667
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	109.1	\$119,496	\$1,095.62	1.420
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	1,318.2	\$1,092,192	\$828.54	1.550
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	53.0	\$139,659	\$2,635.08	6.236
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	79.6	\$126,247	\$1,586.41	1.284
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	324.4	\$375,166	\$1,156.36	1.986
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	685.5	\$916,786	\$1,337.45	2.333
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	714.9	\$593,871	\$830.67	1.195
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	891.6	\$870,873	\$976.79	1.606

Table 3.E.2 — MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 4, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	15,153.3	\$23,465,894	\$1,548.56	4,418.6	\$8,164,561	\$1,847.76	1.193
Facility, age 65+, with SPMI	279.0	\$573,525	\$2,055.64	39.4	\$66,691	\$1,692.67	0.823
Facility, age 65+, no SPMI	1,143.7	\$1,980,257	\$1,731.43	156.4	\$248,501	\$1,588.79	0.918
HCBS, age 65+, with SPMI	297.0	\$563,184	\$1,896.24	50.6	\$120,769	\$2,387.65	1.259
HCBS, age 65+, no SPMI	3,090.8	\$5,031,005	\$1,627.75	678.9	\$1,625,623	\$2,394.58	1.471
Community, age 65+, with SPMI	352.0	\$462,917	\$1,315.11	83.2	\$151,574	\$1,822.53	1.386
Community, age 65+, no SPMI	3,588.7	\$4,220,750	\$1,176.13	999.1	\$1,755,955	\$1,757.58	1.494
Facility, age <65, with SPMI	137.2	\$347,384	\$2,531.06	48.0	\$95,120	\$1,981.66	0.783
Facility, age <65, no SPMI	211.0	\$502,282	\$2,380.48	63.0	\$117,995	\$1,872.94	0.787
HCBS, age <65, with SPMI	755.0	\$1,273,188	\$1,686.34	317.8	\$472,227	\$1,485.75	0.881
HCBS, age <65, no SPMI	1,481.9	\$2,878,416	\$1,942.35	589.8	\$1,332,212	\$2,258.85	1.163
Community, age <65, with SPMI	1,654.5	\$2,183,008	\$1,319.43	626.1	\$798,270	\$1,274.93	0.966
Community, age <65, no SPMI	2,162.5	\$3,449,978	\$1,595.37	766.4	\$1,379,624	\$1,800.19	1.128
Intervention group	15,153.3	\$10,288,068	\$678.93	4,418.6	\$5,380,302	\$1,217.64	1.793
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	39.4	\$24,732	\$627.72	0.514
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	156.4	\$294,146	\$1,880.63	2.187
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	50.6	\$67,024	\$1,325.09	1.940
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	678.9	\$1,136,933	\$1,674.73	2.072
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	83.2	\$111,057	\$1,335.36	1.731
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	999.1	\$1,050,107	\$1,051.08	1.966
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	48.0	\$93,879	\$1,955.82	4.628
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	63.0	\$62,204	\$987.36	0.799
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	317.8	\$328,096	\$1,032.27	1.773
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	589.8	\$712,030	\$1,207.29	2.106
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	626.1	\$553,915	\$884.67	1.273
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	766.4	\$946,180	\$1,234.61	2.030

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	15,986.6	\$24,688,247	\$1,544.31	5,968.2	\$10,882,090	\$1,823.35	1.181
Facility, age 65+, with SPMI	250.4	\$516,275	\$2,061.64	53.5	\$90,101	\$1,684.49	0.817
Facility, age 65+, no SPMI	838.0	\$1,446,285	\$1,725.88	199.2	\$329,290	\$1,652.70	0.958
HCBS, age 65+, with SPMI	480.2	\$915,481	\$1,906.48	218.0	\$497,419	\$2,281.74	1.197
HCBS, age 65+, no SPMI	2,635.0	\$4,300,912	\$1,632.22	750.3	\$1,680,247	\$2,239.29	1.372
Community, age 65+, with SPMI	438.1	\$577,833	\$1,318.94	141.0	\$245,381	\$1,740.29	1.319
Community, age 65+, no SPMI	3,854.1	\$4,551,826	\$1,181.02	1,474.7	\$2,352,326	\$1,595.08	1.351
Facility, age <65, with SPMI	99.2	\$249,940	\$2,519.72	60.0	\$116,296	\$1,938.26	0.769
Facility, age <65, no SPMI	99.0	\$234,480	\$2,368.48	47.7	\$84,563	\$1,771.25	0.748
HCBS, age <65, with SPMI	682.0	\$1,153,956	\$1,691.97	306.5	\$498,306	\$1,625.88	0.961
HCBS, age <65, no SPMI	1,969.2	\$3,824,528	\$1,942.14	883.4	\$2,107,151	\$2,385.38	1.228
Community, age <65, with SPMI	1,722.2	\$2,271,910	\$1,319.22	550.0	\$713,744	\$1,297.67	0.984
Community, age <65, no SPMI	2,919.1	\$4,644,822	\$1,591.19	1,283.8	\$2,167,266	\$1,688.22	1.061
Intervention group	15,986.6	\$9,731,043	\$608.70	5,968.2	\$6,178,596	\$1,035.26	1.701
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	53.5	\$18,934	\$353.98	0.285
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	199.2	\$183,947	\$923.23	0.823
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	218.0	\$412,801	\$1,893.58	2.358
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	750.3	\$852,278	\$1,135.84	1.644
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	141.0	\$130,506	\$925.57	1.287
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	1,474.7	\$2,073,991	\$1,406.35	2.944
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	60.0	\$104,748	\$1,745.80	3.166
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	47.7	\$75,107	\$1,573.18	3.563
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	306.5	\$245,771	\$801.90	1.105
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	883.4	\$618,455	\$700.12	1.834
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	550.0	\$422,700	\$768.52	0.985
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	1,283.8	\$1,039,358	\$809.62	1.653

Table 3.F.2 — MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 4, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	15,986.6	\$24,688,247	\$1,544.31	4,911.2	\$9,222,691	\$1,877.89	1.216
Facility, age 65+, with SPMI	250.4	\$516,275	\$2,061.64	36.0	\$60,860	\$1,690.56	0.820
Facility, age 65+, no SPMI	838.0	\$1,446,285	\$1,725.88	148.4	\$235,420	\$1,586.18	0.919
HCBS, age 65+, with SPMI	480.2	\$915,481	\$1,906.48	182.6	\$437,804	\$2,397.02	1.257
HCBS, age 65+, no SPMI	2,635.0	\$4,300,912	\$1,632.22	561.6	\$1,343,886	\$2,392.98	1.466
Community, age 65+, with SPMI	438.1	\$577,833	\$1,318.94	130.0	\$236,952	\$1,822.71	1.382
Community, age 65+, no SPMI	3,854.1	\$4,551,826	\$1,181.02	1,151.3	\$2,024,305	\$1,758.35	1.489
Facility, age <65, with SPMI	99.2	\$249,940	\$2,519.72	47.0	\$91,829	\$1,953.80	0.775
Facility, age <65, no SPMI	99.0	\$234,480	\$2,368.48	36.0	\$67,883	\$1,885.63	0.796
HCBS, age <65, with SPMI	682.0	\$1,153,956	\$1,691.97	263.2	\$391,146	\$1,485.97	0.878
HCBS, age <65, no SPMI	1,969.2	\$3,824,528	\$1,942.14	770.6	\$1,738,815	\$2,256.45	1.162
Community, age <65, with SPMI	1,722.2	\$2,271,910	\$1,319.22	483.0	\$613,674	\$1,270.55	0.963
Community, age <65, no SPMI	2,919.1	\$4,644,822	\$1,591.19	1,101.5	\$1,980,118	\$1,797.72	1.130
Intervention group	15,986.6	\$9,731,043	\$608.70	4,911.2	\$5,766,735	\$1,174.20	1.929
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	36.0	\$15,418	\$428.27	0.345
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	148.4	\$173,292	\$1,167.58	1.041
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	182.6	\$436,772	\$2,391.37	2.977
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	561.6	\$657,899	\$1,171.48	1.695
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	130.0	\$88,348	\$679.60	0.945
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	1,151.3	\$1,664,875	\$1,446.14	3.027
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	47.0	\$80,939	\$1,722.11	3.123
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	36.0	\$8,142	\$226.17	0.512
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	263.2	\$113,847	\$432.51	0.596
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	770.6	\$643,342	\$834.86	2.188
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	483.0	\$632,515	\$1,309.56	1.679
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	1,101.5	\$1,251,348	\$1,136.08	2.320

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	300,541.1	\$478,511,235	\$1,592.17	99,473.9	\$184,420,069	\$1,853.95	1.164
Facility, age 65+, with SPMI	8,034.5	\$16,534,542	\$2,057.93	1,653.5	\$2,812,071	\$1,700.69	0.826
Facility, age 65+, no SPMI	20,695.7	\$35,690,181	\$1,724.52	3,709.3	\$6,136,750	\$1,654.40	0.959
HCBS, age 65+, with SPMI	12,692.4	\$24,055,314	\$1,895.25	3,929.2	\$8,983,655	\$2,286.37	1.206
HCBS, age 65+, no SPMI	57,590.4	\$93,564,252	\$1,624.65	16,853.1	\$37,734,751	\$2,239.04	1.378
Community, age 65+, with SPMI	7,196.4	\$9,442,825	\$1,312.15	2,436.7	\$4,237,253	\$1,738.93	1.325
Community, age 65+, no SPMI	54,777.7	\$64,461,342	\$1,176.78	18,255.9	\$29,124,160	\$1,595.33	1.356
Facility, age <65, with SPMI	2,328.6	\$5,874,283	\$2,522.69	714.9	\$1,404,504	\$1,964.57	0.779
Facility, age <65, no SPMI	2,819.8	\$6,751,321	\$2,394.22	1,006.1	\$1,784,632	\$1,773.87	0.741
HCBS, age <65, with SPMI	21,022.7	\$35,496,599	\$1,688.49	8,178.9	\$13,275,649	\$1,623.17	0.961
HCBS, age <65, no SPMI	40,606.4	\$78,915,525	\$1,943.43	15,822.9	\$37,694,591	\$2,382.29	1.226
Community, age <65, with SPMI	29,285.3	\$38,589,730	\$1,317.72	10,735.7	\$13,914,879	\$1,296.14	0.984
Community, age <65, no SPMI	43,491.1	\$69,135,320	\$1,589.64	16,177.8	\$27,317,174	\$1,688.56	1.062
Intervention group	300,541.1	\$484,510,829	\$1,612.13	99,473.9	\$164,765,120	\$1,656.37	1.027
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	1,653.5	\$2,131,869	\$1,289.32	0.589
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	3,709.3	\$4,627,167	\$1,247.43	0.659
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	3,929.2	\$7,803,081	\$1,985.91	1.049
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	16,853.1	\$31,577,387	\$1,873.69	1.196
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	2,436.7	\$3,459,830	\$1,419.89	1.033
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	18,255.9	\$26,785,494	\$1,467.22	1.204
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	714.9	\$1,323,071	\$1,850.66	0.540
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	1,006.1	\$2,450,040	\$2,435.27	0.576
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	8,178.9	\$12,887,230	\$1,575.67	0.943
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	15,822.9	\$29,438,022	\$1,860.47	1.042
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	10,735.7	\$14,041,429	\$1,307.92	1.016
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	16,177.8	\$28,240,498	\$1,745.64	1.059

Table 3.G.2 —MEDICARE
Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 4, by category of beneficiary: Cohort 1 Total

Category of beneficiary	Baseline period			Demonstration Year 4			Trend (D/B)
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	
Re-weighted comparison group	300,541.1	\$478,511,235	\$1,592.17	82,564.3	\$156,466,395	\$1,895.09	1.190
Facility, age 65+, with SPMI	8,034.5	\$16,534,542	\$2,057.93	1,170.2	\$1,985,788	\$1,696.91	0.825
Facility, age 65+, no SPMI	20,695.7	\$35,690,181	\$1,724.52	2,442.6	\$3,887,333	\$1,591.46	0.923
HCBS, age 65+, with SPMI	12,692.4	\$24,055,314	\$1,895.25	3,105.7	\$7,452,204	\$2,399.49	1.266
HCBS, age 65+, no SPMI	57,590.4	\$93,564,252	\$1,624.65	13,390.5	\$32,063,893	\$2,394.53	1.474
Community, age 65+, with SPMI	7,196.4	\$9,442,825	\$1,312.15	1,981.4	\$3,610,517	\$1,822.24	1.389
Community, age 65+, no SPMI	54,777.7	\$64,461,342	\$1,176.78	14,491.1	\$25,481,108	\$1,758.40	1.494
Facility, age <65, with SPMI	2,328.6	\$5,874,283	\$2,522.69	596.8	\$1,179,595	\$1,976.44	0.783
Facility, age <65, no SPMI	2,819.8	\$6,751,321	\$2,394.22	758.3	\$1,434,186	\$1,891.35	0.790
HCBS, age <65, with SPMI	21,022.7	\$35,496,599	\$1,688.49	7,529.7	\$11,191,145	\$1,486.26	0.880
HCBS, age <65, no SPMI	40,606.4	\$78,915,525	\$1,943.43	13,859.7	\$31,278,480	\$2,256.79	1.161
Community, age <65, with SPMI	29,285.3	\$38,589,730	\$1,317.72	9,267.9	\$11,782,929	\$1,271.37	0.965
Community, age <65, no SPMI	43,491.1	\$69,135,320	\$1,589.64	13,970.4	\$25,119,216	\$1,798.04	1.131
Intervention group	300,541.1	\$484,510,829	\$1,612.13	82,564.3	\$147,790,144	\$1,790.00	1.110
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	1,170.2	\$1,884,472	\$1,610.33	0.736
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	2,442.6	\$3,315,496	\$1,357.35	0.718
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	3,105.7	\$6,127,209	\$1,972.86	1.043
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	13,390.5	\$26,795,651	\$2,001.10	1.277
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	1,981.4	\$2,841,339	\$1,434.03	1.043
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	14,491.1	\$25,767,643	\$1,778.18	1.460
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	596.8	\$886,341	\$1,485.08	0.434
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	758.3	\$1,505,305	\$1,985.14	0.469
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	7,529.7	\$10,699,538	\$1,420.98	0.851
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	13,859.7	\$26,639,656	\$1,922.09	1.076
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	9,267.9	\$14,666,085	\$1,582.46	1.230
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	13,970.4	\$26,661,411	\$1,908.43	1.158

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	4,220.4	\$7,342,975	\$1,739.88	4,312.1	\$5,986,553	\$1,388.33	0.798
Facility, age 65+, with SPMI	69.3	\$194,922	\$2,811.37	32.0	\$66,093	\$2,065.40	0.735
Facility, age 65+, no SPMI	224.1	\$559,070	\$2,494.36	139.5	\$175,187	\$1,255.67	0.503
HCBS, age 65+, with SPMI	143.3	\$268,777	\$1,875.10	143.4	\$254,238	\$1,773.09	0.946
HCBS, age 65+, no SPMI	667.3	\$1,128,010	\$1,690.47	633.3	\$1,151,931	\$1,818.96	1.076
Community, age 65+, with SPMI	112.9	\$181,213	\$1,605.69	137.9	\$231,638	\$1,680.10	1.046
Community, age 65+, no SPMI	715.1	\$1,136,725	\$1,589.61	781.1	\$1,058,696	\$1,355.41	0.853
Facility, age <65, with SPMI	48.6	\$188,821	\$3,883.32	53.0	\$112,836	\$2,128.98	0.548
Facility, age <65, no SPMI	49.0	\$186,028	\$3,796.49	30.0	\$61,270	\$2,042.34	0.538
HCBS, age <65, with SPMI	258.8	\$412,435	\$1,593.54	276.8	\$255,895	\$924.45	0.580
HCBS, age <65, no SPMI	572.9	\$962,097	\$1,679.28	718.1	\$1,061,562	\$1,478.32	0.880
Community, age <65, with SPMI	329.2	\$441,888	\$1,342.48	315.5	\$277,659	\$880.02	0.656
Community, age <65, no SPMI	1,029.8	\$1,682,991	\$1,634.24	1,051.5	\$1,279,550	\$1,216.87	0.745
Intervention group	4,220.4	\$9,945,769	\$2,356.60	4,312.1	\$8,119,493	\$1,882.97	0.799
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	32.0	\$24,903	\$778.23	0.123
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	139.5	\$72,639	\$520.65	0.098
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	143.4	\$299,487	\$2,088.66	1.166
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	633.3	\$1,203,715	\$1,900.73	0.821
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	137.9	\$316,294	\$2,294.13	0.895
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	781.1	\$877,701	\$1,123.69	0.554
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	53.0	\$49,055	\$925.56	0.409
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	30.0	\$77,679	\$2,589.28	0.282
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	276.8	\$579,929	\$2,095.07	0.724
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	718.1	\$1,504,022	\$2,094.48	0.923
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	315.5	\$315,386	\$999.59	0.488
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	1,051.5	\$2,798,684	\$2,661.59	1.846

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	4,220.4	\$7,342,975	\$1,739.88	3,476.8	\$5,184,236	\$1,491.08	0.857
Facility, age 65+, with SPMI	69.3	\$194,922	\$2,811.37	36.0	\$49,073	\$1,363.14	0.485
Facility, age 65+, no SPMI	224.1	\$559,070	\$2,494.36	125.4	\$191,397	\$1,526.84	0.612
HCBS, age 65+, with SPMI	143.3	\$268,777	\$1,875.10	105.0	\$228,606	\$2,177.20	1.161
HCBS, age 65+, no SPMI	667.3	\$1,128,010	\$1,690.47	492.2	\$860,941	\$1,749.01	1.035
Community, age 65+, with SPMI	112.9	\$181,213	\$1,605.69	98.5	\$170,652	\$1,732.51	1.079
Community, age 65+, no SPMI	715.1	\$1,136,725	\$1,589.61	620.5	\$1,032,481	\$1,664.08	1.047
Facility, age <65, with SPMI	48.6	\$188,821	\$3,883.32	50.0	\$63,100	\$1,262.89	0.325
Facility, age <65, no SPMI	49.0	\$186,028	\$3,796.49	23.9	\$38,146	\$1,593.71	0.420
HCBS, age <65, with SPMI	258.8	\$412,435	\$1,593.54	261.0	\$302,468	\$1,158.88	0.727
HCBS, age <65, no SPMI	572.9	\$962,097	\$1,679.28	571.3	\$889,667	\$1,557.13	0.927
Community, age <65, with SPMI	329.2	\$441,888	\$1,342.48	268.3	\$311,823	\$1,162.35	0.866
Community, age <65, no SPMI	1,029.8	\$1,682,991	\$1,634.24	824.8	\$1,045,882	\$1,268.11	0.776
Intervention group	4,220.4	\$9,945,769	\$2,356.60	3,476.8	\$6,979,455	\$2,007.42	0.852
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	36.0	\$42,134	\$1,170.39	0.185
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	125.4	\$83,847	\$668.88	0.125
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	105.0	\$139,091	\$1,324.68	0.739
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	492.2	\$1,442,298	\$2,930.04	1.265
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	98.5	\$255,473	\$2,593.63	1.011
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	620.5	\$897,635	\$1,446.74	0.713
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	50.0	\$30,282	\$606.08	0.268
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	23.9	\$179,740	\$7,509.35	0.817
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	261.0	\$541,586	\$2,075.04	0.717
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	571.3	\$941,808	\$1,648.39	0.726
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	268.3	\$257,075	\$958.27	0.468
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	824.8	\$2,168,486	\$2,629.25	1.824

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	61,200.6	\$93,045,998	\$1,520.35	47,319.8	\$61,824,588	\$1,306.53	0.859
Facility, age 65+, with SPMI	1,249.3	\$2,839,727	\$2,273.12	769.1	\$1,237,882	\$1,609.54	0.708
Facility, age 65+, no SPMI	4,252.8	\$9,447,994	\$2,221.61	2,098.4	\$3,108,400	\$1,481.33	0.667
HCBS, age 65+, with SPMI	2,628.5	\$3,772,984	\$1,435.39	2,019.5	\$3,404,997	\$1,686.04	1.175
HCBS, age 65+, no SPMI	11,866.5	\$18,638,532	\$1,570.68	8,656.1	\$13,711,736	\$1,584.05	1.009
Community, age 65+, with SPMI	1,951.3	\$2,888,862	\$1,480.46	1,654.6	\$1,906,147	\$1,152.05	0.778
Community, age 65+, no SPMI	11,506.7	\$15,358,114	\$1,334.72	9,526.2	\$12,826,002	\$1,346.40	1.009
Facility, age <65, with SPMI	423.5	\$1,488,014	\$3,513.99	334.5	\$687,071	\$2,054.29	0.585
Facility, age <65, no SPMI	696.3	\$2,415,969	\$3,469.81	555.5	\$1,068,686	\$1,923.66	0.554
HCBS, age <65, with SPMI	3,460.0	\$4,039,095	\$1,167.38	3,041.2	\$2,522,556	\$829.47	0.711
HCBS, age <65, no SPMI	6,699.9	\$9,106,677	\$1,359.22	5,895.0	\$6,800,515	\$1,153.60	0.849
Community, age <65, with SPMI	6,565.4	\$7,436,908	\$1,132.75	4,904.2	\$4,248,138	\$866.23	0.765
Community, age <65, no SPMI	9,900.5	\$15,613,122	\$1,577.00	7,865.6	\$10,302,457	\$1,309.81	0.831
Intervention group	61,200.6	\$103,440,434	\$1,690.19	47,319.8	\$68,725,816	\$1,452.37	0.859
Facility, age 65+, with SPMI	1,249.3	\$3,181,407	\$2,546.62	769.1	\$1,005,089	\$1,306.85	0.513
Facility, age 65+, no SPMI	4,252.8	\$9,034,621	\$2,124.41	2,098.4	\$2,052,054	\$977.92	0.460
HCBS, age 65+, with SPMI	2,628.5	\$5,191,095	\$1,974.89	2,019.5	\$3,857,146	\$1,909.93	0.967
HCBS, age 65+, no SPMI	11,866.5	\$21,031,541	\$1,772.34	8,656.1	\$15,064,741	\$1,740.36	0.982
Community, age 65+, with SPMI	1,951.3	\$2,712,797	\$1,390.23	1,654.6	\$1,984,768	\$1,199.57	0.863
Community, age 65+, no SPMI	11,506.7	\$14,881,472	\$1,293.29	9,526.2	\$12,541,219	\$1,316.50	1.018
Facility, age <65, with SPMI	423.5	\$1,956,037	\$4,619.24	334.5	\$871,260	\$2,605.01	0.564
Facility, age <65, no SPMI	696.3	\$3,042,252	\$4,369.28	555.5	\$1,041,861	\$1,875.37	0.429
HCBS, age <65, with SPMI	3,460.0	\$6,775,101	\$1,958.15	3,041.2	\$4,430,152	\$1,456.73	0.744
HCBS, age <65, no SPMI	6,699.9	\$12,516,956	\$1,868.23	5,895.0	\$10,057,665	\$1,706.13	0.913
Community, age <65, with SPMI	6,565.4	\$8,598,440	\$1,309.66	4,904.2	\$5,452,573	\$1,111.82	0.849
Community, age <65, no SPMI	9,900.5	\$14,518,716	\$1,466.46	7,865.6	\$10,367,288	\$1,318.05	0.899

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	61,200.6	\$93,045,998	\$1,520.35	37,725.3	\$53,144,243	\$1,408.72	0.927
Facility, age 65+, with SPMI	1,249.3	\$2,839,727	\$2,273.12	585.9	\$841,469	\$1,436.21	0.632
Facility, age 65+, no SPMI	4,252.8	\$9,447,994	\$2,221.61	1,329.2	\$2,076,735	\$1,562.39	0.703
HCBS, age 65+, with SPMI	2,628.5	\$3,772,984	\$1,435.39	1,648.4	\$2,721,466	\$1,651.02	1.150
HCBS, age 65+, no SPMI	11,866.5	\$18,638,532	\$1,570.68	6,588.3	\$12,411,524	\$1,883.87	1.199
Community, age 65+, with SPMI	1,951.3	\$2,888,862	\$1,480.46	1,336.1	\$1,489,594	\$1,114.87	0.753
Community, age 65+, no SPMI	11,506.7	\$15,358,114	\$1,334.72	7,504.0	\$10,204,228	\$1,359.84	1.019
Facility, age <65, with SPMI	423.5	\$1,488,014	\$3,513.99	288.2	\$320,758	\$1,113.11	0.317
Facility, age <65, no SPMI	696.3	\$2,415,969	\$3,469.81	474.7	\$747,822	\$1,575.43	0.454
HCBS, age <65, with SPMI	3,460.0	\$4,039,095	\$1,167.38	2,710.2	\$2,405,292	\$887.51	0.760
HCBS, age <65, no SPMI	6,699.9	\$9,106,677	\$1,359.22	5,102.9	\$6,717,250	\$1,316.36	0.968
Community, age <65, with SPMI	6,565.4	\$7,436,908	\$1,132.75	4,017.9	\$3,858,490	\$960.33	0.848
Community, age <65, no SPMI	9,900.5	\$15,613,122	\$1,577.00	6,139.7	\$9,349,618	\$1,522.82	0.966
Intervention group	61,200.6	\$103,440,434	\$1,690.19	37,725.3	\$54,956,672	\$1,456.76	0.862
Facility, age 65+, with SPMI	1,249.3	\$3,181,407	\$2,546.62	585.9	\$883,903	\$1,508.63	0.592
Facility, age 65+, no SPMI	4,252.8	\$9,034,621	\$2,124.41	1,329.2	\$1,651,746	\$1,242.65	0.585
HCBS, age 65+, with SPMI	2,628.5	\$5,191,095	\$1,974.89	1,648.4	\$2,858,367	\$1,734.07	0.878
HCBS, age 65+, no SPMI	11,866.5	\$21,031,541	\$1,772.34	6,588.3	\$10,951,964	\$1,662.33	0.938
Community, age 65+, with SPMI	1,951.3	\$2,712,797	\$1,390.23	1,336.1	\$1,504,659	\$1,126.15	0.810
Community, age 65+, no SPMI	11,506.7	\$14,881,472	\$1,293.29	7,504.0	\$9,224,262	\$1,229.25	0.950
Facility, age <65, with SPMI	423.5	\$1,956,037	\$4,619.24	288.2	\$689,993	\$2,394.44	0.518
Facility, age <65, no SPMI	696.3	\$3,042,252	\$4,369.28	474.7	\$1,123,363	\$2,366.58	0.542
HCBS, age <65, with SPMI	3,460.0	\$6,775,101	\$1,958.15	2,710.2	\$3,958,714	\$1,460.70	0.746
HCBS, age <65, no SPMI	6,699.9	\$12,516,956	\$1,868.23	5,102.9	\$8,611,456	\$1,687.57	0.903
Community, age <65, with SPMI	6,565.4	\$8,598,440	\$1,309.66	4,017.9	\$5,037,682	\$1,253.81	0.957
Community, age <65, no SPMI	9,900.5	\$14,518,716	\$1,466.46	6,139.7	\$8,460,563	\$1,378.02	0.940

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

Category of beneficiary	Baseline period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	62,395.6	\$96,865,182	\$1,552.44	60,468.5	\$94,451,494	\$1,562.00	1.006
Facility, age 65+, with SPMI	2,453.0	\$6,453,449	\$2,630.84	2,161.3	\$4,410,378	\$2,040.63	0.776
Facility, age 65+, no SPMI	2,527.9	\$5,282,819	\$2,089.78	2,128.4	\$3,462,225	\$1,626.66	0.778
HCBS, age 65+, with SPMI	4,306.6	\$8,037,334	\$1,866.30	4,115.4	\$8,459,190	\$2,055.50	1.101
HCBS, age 65+, no SPMI	9,921.7	\$14,424,152	\$1,453.79	9,486.1	\$16,864,793	\$1,777.84	1.223
Community, age 65+, with SPMI	2,937.0	\$4,882,376	\$1,662.39	2,898.9	\$4,332,792	\$1,494.66	0.899
Community, age 65+, no SPMI	13,051.3	\$16,756,974	\$1,283.93	12,887.2	\$15,758,182	\$1,222.77	0.952
Facility, age <65, with SPMI	701.0	\$2,687,764	\$3,834.18	614.6	\$1,768,431	\$2,877.39	0.750
Facility, age <65, no SPMI	435.0	\$1,496,911	\$3,441.17	339.6	\$789,423	\$2,324.68	0.676
HCBS, age <65, with SPMI	4,420.2	\$5,880,332	\$1,330.34	4,454.0	\$6,887,082	\$1,546.25	1.162
HCBS, age <65, no SPMI	5,763.7	\$9,009,151	\$1,563.09	6,053.6	\$10,341,352	\$1,708.30	1.093
Community, age <65, with SPMI	7,698.0	\$8,968,160	\$1,165.00	7,159.5	\$8,338,063	\$1,164.62	1.000
Community, age <65, no SPMI	8,180.2	\$12,985,760	\$1,587.47	8,169.9	\$13,039,584	\$1,596.05	1.005
Intervention group	62,395.6	\$108,719,430	\$1,742.42	60,468.5	\$91,095,889	\$1,506.50	0.865
Facility, age 65+, with SPMI	2,453.0	\$8,183,909	\$3,336.29	2,161.3	\$4,023,074	\$1,861.43	0.558
Facility, age 65+, no SPMI	2,527.9	\$5,640,529	\$2,231.28	2,128.4	\$2,397,601	\$1,126.46	0.505
HCBS, age 65+, with SPMI	4,306.6	\$10,380,911	\$2,410.48	4,115.4	\$8,430,791	\$2,048.60	0.850
HCBS, age 65+, no SPMI	9,921.7	\$16,659,970	\$1,679.14	9,486.1	\$15,388,228	\$1,622.19	0.966
Community, age 65+, with SPMI	2,937.0	\$5,604,559	\$1,908.28	2,898.9	\$4,275,037	\$1,474.73	0.773
Community, age 65+, no SPMI	13,051.3	\$15,923,824	\$1,220.09	12,887.2	\$15,276,285	\$1,185.38	0.972
Facility, age <65, with SPMI	701.0	\$3,135,378	\$4,472.72	614.6	\$1,914,254	\$3,114.66	0.696
Facility, age <65, no SPMI	435.0	\$1,415,092	\$3,253.09	339.6	\$1,143,840	\$3,368.37	1.035
HCBS, age <65, with SPMI	4,420.2	\$7,918,350	\$1,791.41	4,454.0	\$7,709,467	\$1,730.89	0.966
HCBS, age <65, no SPMI	5,763.7	\$10,787,145	\$1,871.58	6,053.6	\$9,614,920	\$1,588.30	0.849
Community, age <65, with SPMI	7,698.0	\$11,310,650	\$1,469.29	7,159.5	\$8,787,583	\$1,227.40	0.835
Community, age <65, no SPMI	8,180.2	\$11,759,112	\$1,437.51	8,169.9	\$12,134,807	\$1,485.30	1.033

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	62,395.6	\$96,865,182	\$1,552.44	46,028.7	\$69,458,738	\$1,509.03	0.972
Facility, age 65+, with SPMI	2,453.0	\$6,453,449	\$2,630.84	1,450.9	\$2,715,289	\$1,871.42	0.711
Facility, age 65+, no SPMI	2,527.9	\$5,282,819	\$2,089.78	1,411.5	\$1,952,252	\$1,383.12	0.662
HCBS, age 65+, with SPMI	4,306.6	\$8,037,334	\$1,866.30	3,182.4	\$5,594,516	\$1,757.96	0.942
HCBS, age 65+, no SPMI	9,921.7	\$14,424,152	\$1,453.79	6,946.6	\$12,526,852	\$1,803.31	1.240
Community, age 65+, with SPMI	2,937.0	\$4,882,376	\$1,662.39	2,257.1	\$2,796,114	\$1,238.81	0.745
Community, age 65+, no SPMI	13,051.3	\$16,756,974	\$1,283.93	9,837.2	\$13,560,312	\$1,378.47	1.074
Facility, age <65, with SPMI	701.0	\$2,687,764	\$3,834.18	417.2	\$1,011,444	\$2,424.36	0.632
Facility, age <65, no SPMI	435.0	\$1,496,911	\$3,441.17	252.1	\$539,750	\$2,141.32	0.622
HCBS, age <65, with SPMI	4,420.2	\$5,880,332	\$1,330.34	3,765.4	\$5,020,882	\$1,333.43	1.002
HCBS, age <65, no SPMI	5,763.7	\$9,009,151	\$1,563.09	5,013.5	\$8,677,925	\$1,730.92	1.107
Community, age <65, with SPMI	7,698.0	\$8,968,160	\$1,165.00	5,408.1	\$5,686,645	\$1,051.50	0.903
Community, age <65, no SPMI	8,180.2	\$12,985,760	\$1,587.47	6,086.7	\$9,376,757	\$1,540.53	0.970
Intervention group	62,395.6	\$108,719,430	\$1,742.42	46,028.7	\$68,678,275	\$1,492.08	0.856
Facility, age 65+, with SPMI	2,453.0	\$8,183,909	\$3,336.29	1,450.9	\$1,901,152	\$1,310.30	0.393
Facility, age 65+, no SPMI	2,527.9	\$5,640,529	\$2,231.28	1,411.5	\$1,408,242	\$997.70	0.447
HCBS, age 65+, with SPMI	4,306.6	\$10,380,911	\$2,410.48	3,182.4	\$5,993,420	\$1,883.30	0.781
HCBS, age 65+, no SPMI	9,921.7	\$16,659,970	\$1,679.14	6,946.6	\$11,933,812	\$1,717.94	1.023
Community, age 65+, with SPMI	2,937.0	\$5,604,559	\$1,908.28	2,257.1	\$3,518,455	\$1,558.84	0.817
Community, age 65+, no SPMI	13,051.3	\$15,923,824	\$1,220.09	9,837.2	\$12,188,645	\$1,239.03	1.016
Facility, age <65, with SPMI	701.0	\$3,135,378	\$4,472.72	417.2	\$1,039,231	\$2,490.96	0.557
Facility, age <65, no SPMI	435.0	\$1,415,092	\$3,253.09	252.1	\$410,563	\$1,628.80	0.501
HCBS, age <65, with SPMI	4,420.2	\$7,918,350	\$1,791.41	3,765.4	\$6,434,587	\$1,708.87	0.954
HCBS, age <65, no SPMI	5,763.7	\$10,787,145	\$1,871.58	5,013.5	\$8,204,195	\$1,636.43	0.874
Community, age <65, with SPMI	7,698.0	\$11,310,650	\$1,469.29	5,408.1	\$6,275,064	\$1,160.30	0.790
Community, age <65, no SPMI	8,180.2	\$11,759,112	\$1,437.51	6,086.7	\$9,370,909	\$1,539.57	1.071

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	65,787.6	\$107,754,944	\$1,637.92	63,414.2	\$104,696,611	\$1,651.00	1.008
Facility, age 65+, with SPMI	2,842.0	\$6,504,251	\$2,288.59	2,529.2	\$4,910,713	\$1,941.59	0.848
Facility, age 65+, no SPMI	2,190.1	\$4,599,048	\$2,099.96	1,872.9	\$3,332,718	\$1,779.46	0.847
HCBS, age 65+, with SPMI	6,618.4	\$13,664,764	\$2,064.67	6,299.1	\$13,604,701	\$2,159.80	1.046
HCBS, age 65+, no SPMI	8,388.5	\$13,376,717	\$1,594.65	8,231.0	\$16,109,741	\$1,957.21	1.227
Community, age 65+, with SPMI	5,124.6	\$8,366,445	\$1,632.59	4,813.2	\$6,709,006	\$1,393.87	0.854
Community, age 65+, no SPMI	11,804.2	\$13,429,548	\$1,137.69	11,384.8	\$13,707,607	\$1,204.02	1.058
Facility, age <65, with SPMI	776.5	\$2,753,515	\$3,545.99	767.7	\$2,542,236	\$3,311.59	0.934
Facility, age <65, no SPMI	321.0	\$1,141,345	\$3,555.59	328.5	\$807,272	\$2,457.16	0.691
HCBS, age <65, with SPMI	5,822.6	\$10,322,639	\$1,772.87	5,901.4	\$12,996,456	\$2,202.26	1.242
HCBS, age <65, no SPMI	4,131.8	\$6,238,202	\$1,509.81	4,410.6	\$6,850,614	\$1,553.23	1.029
Community, age <65, with SPMI	10,170.8	\$13,698,967	\$1,346.89	9,590.5	\$11,350,683	\$1,183.54	0.879
Community, age <65, no SPMI	7,597.1	\$13,659,502	\$1,797.99	7,285.4	\$11,774,864	\$1,616.23	0.899
Intervention group	65,787.6	\$110,905,078	\$1,685.80	63,414.2	\$95,623,575	\$1,507.92	0.894
Facility, age 65+, with SPMI	2,842.0	\$9,014,995	\$3,172.02	2,529.2	\$4,368,153	\$1,727.07	0.544
Facility, age 65+, no SPMI	2,190.1	\$4,385,773	\$2,002.58	1,872.9	\$2,074,467	\$1,107.63	0.553
HCBS, age 65+, with SPMI	6,618.4	\$15,158,222	\$2,290.32	6,299.1	\$13,387,733	\$2,125.35	0.928
HCBS, age 65+, no SPMI	8,388.5	\$14,806,798	\$1,765.13	8,231.0	\$13,943,734	\$1,694.06	0.960
Community, age 65+, with SPMI	5,124.6	\$8,827,429	\$1,722.55	4,813.2	\$7,265,616	\$1,509.51	0.876
Community, age 65+, no SPMI	11,804.2	\$12,550,282	\$1,063.21	11,384.8	\$13,996,984	\$1,229.44	1.156
Facility, age <65, with SPMI	776.5	\$4,038,014	\$5,200.17	767.7	\$2,007,396	\$2,614.89	0.503
Facility, age <65, no SPMI	321.0	\$1,146,659	\$3,572.15	328.5	\$669,670	\$2,038.33	0.571
HCBS, age <65, with SPMI	5,822.6	\$12,311,204	\$2,114.39	5,901.4	\$10,578,587	\$1,792.55	0.848
HCBS, age <65, no SPMI	4,131.8	\$5,743,258	\$1,390.02	4,410.6	\$6,778,299	\$1,536.83	1.106
Community, age <65, with SPMI	10,170.8	\$13,754,663	\$1,352.37	9,590.5	\$11,482,105	\$1,197.24	0.885
Community, age <65, no SPMI	7,597.1	\$9,167,779	\$1,206.74	7,285.4	\$9,070,833	\$1,245.07	1.032

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	65,411.2	\$106,963,285	\$1,635.24	48,134.7	\$85,443,230	\$1,775.09	1.086
Facility, age 65+, with SPMI	4,124.0	\$7,793,211	\$1,889.72	3,032.1	\$5,339,132	\$1,760.85	0.932
Facility, age 65+, no SPMI	2,334.6	\$3,957,640	\$1,695.24	1,729.1	\$2,733,152	\$1,580.66	0.932
HCBS, age 65+, with SPMI	8,071.3	\$17,484,339	\$2,166.25	5,905.3	\$13,629,100	\$2,307.95	1.065
HCBS, age 65+, no SPMI	9,031.3	\$15,448,534	\$1,710.55	6,539.3	\$13,390,918	\$2,047.76	1.197
Community, age 65+, with SPMI	6,083.6	\$9,867,185	\$1,621.94	4,393.1	\$7,539,482	\$1,716.20	1.058
Community, age 65+, no SPMI	14,579.5	\$17,407,750	\$1,193.99	10,565.1	\$15,171,302	\$1,435.98	1.203
Facility, age <65, with SPMI	1,284.5	\$3,345,575	\$2,604.48	973.6	\$2,076,941	\$2,133.19	0.819
Facility, age <65, no SPMI	579.0	\$843,478	\$1,456.78	455.5	\$833,321	\$1,829.37	1.256
HCBS, age <65, with SPMI	5,469.1	\$9,451,656	\$1,728.19	4,197.3	\$7,861,520	\$1,872.98	1.084
HCBS, age <65, no SPMI	3,758.0	\$6,270,810	\$1,668.64	2,831.0	\$5,355,229	\$1,891.64	1.134
Community, age <65, with SPMI	6,450.3	\$9,197,331	\$1,425.88	4,799.9	\$6,918,940	\$1,441.49	1.011
Community, age <65, no SPMI	3,646.1	\$5,895,776	\$1,617.02	2,713.2	\$4,594,192	\$1,693.27	1.047
Intervention group	65,411.2	\$113,102,577	\$1,729.10	48,134.7	\$80,642,197	\$1,675.35	0.969
Facility, age 65+, with SPMI	4,124.0	\$11,220,281	\$2,720.73	3,032.1	\$6,007,581	\$1,981.30	0.728
Facility, age 65+, no SPMI	2,334.6	\$4,975,511	\$2,131.24	1,729.1	\$2,804,964	\$1,622.19	0.761
HCBS, age 65+, with SPMI	8,071.3	\$15,592,008	\$1,931.80	5,905.3	\$10,925,349	\$1,850.10	0.958
HCBS, age 65+, no SPMI	9,031.3	\$12,021,615	\$1,331.10	6,539.3	\$9,617,436	\$1,470.71	1.105
Community, age 65+, with SPMI	6,083.6	\$10,289,715	\$1,691.40	4,393.1	\$6,865,789	\$1,562.85	0.924
Community, age 65+, no SPMI	14,579.5	\$17,589,282	\$1,206.44	10,565.1	\$13,135,609	\$1,243.30	1.031
Facility, age <65, with SPMI	1,284.5	\$5,382,129	\$4,189.90	973.6	\$2,747,144	\$2,821.54	0.673
Facility, age <65, no SPMI	579.0	\$1,328,071	\$2,293.73	455.5	\$840,500	\$1,845.13	0.804
HCBS, age <65, with SPMI	5,469.1	\$11,128,966	\$2,034.88	4,197.3	\$8,856,950	\$2,110.14	1.037
HCBS, age <65, no SPMI	3,758.0	\$5,231,307	\$1,392.03	2,831.0	\$4,907,720	\$1,733.56	1.245
Community, age <65, with SPMI	6,450.3	\$11,304,842	\$1,752.61	4,799.9	\$8,385,035	\$1,746.94	0.997
Community, age <65, no SPMI	3,646.1	\$7,038,850	\$1,930.53	2,713.2	\$5,548,120	\$2,044.86	1.059

**Table 4.A —
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Year 3**

Cohort	Group (comparison/ intervention)	Baseline period			Demonstration Year 3			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1A	C	48,488.0	\$78,754,198	\$1,624.20	14,540.4	\$27,919,868	\$1,920.16	1.182
	I	48,488.0	\$128,622,626	\$2,652.67	14,540.4	\$36,051,308	\$2,479.39	0.935
1B	C	83,567.1	\$131,605,106	\$1,574.84	28,211.3	\$51,776,952	\$1,835.33	1.165
	I	83,567.1	\$108,476,913	\$1,298.08	28,211.3	\$40,016,796	\$1,418.47	1.093
1C	C	7,946.8	\$12,115,020	\$1,524.51	2,723.6	\$4,987,358	\$1,831.17	1.201
	I	7,946.8	\$7,898,710	\$993.94	2,723.6	\$3,410,228	\$1,252.11	1.260
1D	C	129,399.2	\$207,882,769	\$1,606.52	42,529.9	\$78,947,138	\$1,856.28	1.155
	I	129,399.2	\$219,493,469	\$1,696.25	42,529.9	\$73,252,412	\$1,722.38	1.015
1E	C	15,153.3	\$23,465,894	\$1,548.56	5,500.6	\$9,906,663	\$1,801.01	1.163
	I	15,153.3	\$10,288,068	\$678.93	5,500.6	\$5,855,780	\$1,064.57	1.568
1F	C	15,986.6	\$24,688,247	\$1,544.31	5,968.2	\$10,882,090	\$1,823.35	1.181
	I	15,986.6	\$9,731,043	\$608.70	5,968.2	\$6,178,596	\$1,035.26	1.701
1 total	C	300,541.1	\$478,511,235	\$1,592.17	99,473.9	\$184,420,069	\$1,853.95	1.164
	I	300,541.1	\$484,510,829	\$1,612.13	99,473.9	\$164,765,120	\$1,656.37	1.027
2	C	4,220.4	\$7,342,975	\$1,739.88	4,312.1	\$5,986,553	\$1,388.33	0.798
	I	4,220.4	\$9,945,769	\$2,356.60	4,312.1	\$8,119,493	\$1,882.97	0.799
3	C	61,200.6	\$93,045,998	\$1,520.35	47,319.8	\$61,824,588	\$1,306.53	0.859
	I	61,200.6	\$103,440,434	\$1,690.19	47,319.8	\$68,725,816	\$1,452.37	0.859
4	C	62,395.6	\$96,865,182	\$1,552.44	60,468.5	\$94,451,494	\$1,562.00	1.006
	I	62,395.6	\$108,719,430	\$1,742.42	60,468.5	\$91,095,889	\$1,506.50	0.865

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

Cohort	Group	Baseline period			Demonstration Year 4			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1A	C	48,488.0	\$78,754,198	\$1,624.20	12,196.5	\$23,833,789	\$1,954.14	1.203
	I	48,488.0	\$128,622,626	\$2,652.67	12,196.5	\$31,144,889	\$2,553.58	0.963
1B	C	83,567.1	\$131,605,106	\$1,574.84	23,641.9	\$44,485,413	\$1,881.63	1.195
	I	83,567.1	\$108,476,913	\$1,298.08	23,641.9	\$37,666,761	\$1,593.22	1.227
1C	C	7,946.8	\$12,115,020	\$1,524.51	2,117.5	\$4,000,204	\$1,889.13	1.239
	I	7,946.8	\$7,898,710	\$993.94	2,117.5	\$2,702,837	\$1,276.44	1.284
1D	C	129,399.2	\$207,882,769	\$1,606.52	35,278.5	\$66,759,737	\$1,892.37	1.178
	I	129,399.2	\$219,493,469	\$1,696.25	35,278.5	\$65,128,621	\$1,846.13	1.088
1E	C	15,153.3	\$23,465,894	\$1,548.56	4,418.6	\$8,164,561	\$1,847.76	1.193
	I	15,153.3	\$10,288,068	\$678.93	4,418.6	\$5,380,302	\$1,217.64	1.793
1F	C	15,986.6	\$24,688,247	\$1,544.31	4,911.2	\$9,222,691	\$1,877.89	1.216
	I	15,986.6	\$9,731,043	\$608.70	4,911.2	\$5,766,735	\$1,174.20	1.929
1 total	C	300,541.1	\$478,511,235	\$1,592.17	82,564.3	\$156,466,395	\$1,895.09	1.190
	I	300,541.1	\$484,510,829	\$1,612.13	82,564.3	\$147,790,144	\$1,790.00	1.110
2	C	4,220.4	\$7,342,975	\$1,739.88	3,476.8	\$5,184,236	\$1,491.08	0.857
	I	4,220.4	\$9,945,769	\$2,356.60	3,476.8	\$6,979,455	\$2,007.42	0.852
3	C	61,200.6	\$93,045,998	\$1,520.35	37,725.3	\$53,144,243	\$1,408.72	0.927
	I	61,200.6	\$103,440,434	\$1,690.19	37,725.3	\$54,956,672	\$1,456.76	0.862
4	C	62,395.6	\$96,865,182	\$1,552.44	46,028.7	\$69,458,738	\$1,509.03	0.972
	I	62,395.6	\$108,719,430	\$1,742.42	46,028.7	\$68,678,275	\$1,492.08	0.856

(continued)

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

Cohort	Group	Baseline period			Demonstration Year 4			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
5A	C	65,787.6	\$107,754,944	\$1,637.92	63,414.2	\$104,696,611	\$1,651.00	1.008
	I	65,787.6	\$110,905,078	\$1,685.80	63,414.2	\$95,623,575	\$1,507.92	0.894
5B	C	65,411.2	\$106,963,285	\$1,635.24	48,134.7	\$85,443,230	\$1,775.09	1.086
	I	65,411.2	\$113,102,577	\$1,729.10	48,134.7	\$80,642,197	\$1,675.35	0.969

5.2 Medicare AGA Adjustments

The trend in health care costs is not uniform across the United States; it varies by geographic area. The purpose of this adjustment is to control for geographic variation in secular cost trends. CMS measures these variations for each calendar year by county with the calculation of the Average Geographic Adjustment (AGA) factors. The factors measure the difference in average Medicare costs in each county from the national average. The factors are used to vary payment rates to Medicare Advantage plans by county. Hospice expenditures are excluded in the calculation of the AGA factors. We calculated the average AGA factor across all beneficiaries in the intervention group and the comparison group for the baseline period and the Demonstration Year separately. To determine the average AGA factor, the non-hospice expenditures for each beneficiary were grouped by calendar year and county of residence, and the weighted average AGA factor was calculated for each cohort and for each period (baseline period vs. Demonstration Year).⁶ *Tables 5.A* and *5.B* show the results of the calculations for Demonstration Years 3 and 4, respectively.

For each cohort and Demonstration Year, the AGA adjustment factor was determined by comparing the trend from the baseline period to the Demonstration Year for the intervention group versus that of the comparison group. For Cohort 1, from the baseline period to Demonstration Year 3, the AGA factor decreased by 0.63 percent (a factor of 0.9937) for the comparison group and increased by 4.52 percent (a factor of 1.0452) for the intervention group. If the AGA had increased by the same 4.52 percent in the comparison area as it did in the intervention area, instead of decreasing by 0.63 percent, then the trend of the comparison group would have increased by an additional 5.18 percent ($1.0452/0.9937 = 1.0518$), which is the AGA adjustment factor that we apply to the comparison group trend. For Cohort 2, the corresponding AGA adjustment factor is 1.0453, for Cohort 3 it is 1.0181 and for Cohort 4 it is 1.0100.

**Table 5.A —
Average AGA factor by group for baseline period and Demonstration Year 3**

Cohort	Group Comparison Intervention	Baseline period	Demonstration Year 3	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.89646	0.89083	0.99372	1.05182
	I	0.88374	0.92369	1.04521	
2	C	0.89647	0.89460	0.99792	1.04533
	I	0.89107	0.92953	1.04316	
3	C	0.88723	0.88898	1.00197	1.01812
	I	0.90748	0.92574	1.02012	
4	C	0.88806	0.89131	1.00366	1.01004
	I	0.90803	0.92051	1.01374	

⁶ The non-hospice expenditures of each beneficiary were divided by the AGA factor for their county and year and the sum of the results of this division was divided into the total non-hospice expenditures of the cohort.

For Demonstration Year 4, the corresponding calculations produced AGA adjustment factors of 1.05067 for Cohort 1, 1.04521 for Cohort 2, 1.01431 for Cohort 3, 1.00787 for Cohort 4, 0.99335 for Cohort 5A and 0.99658 for Cohort 5B.

**Table 5.B —
Average AGA factor by group for baseline period and Demonstration Year 4**

Cohort	Group Comparison Intervention	Baseline period	Demonstration Year 4	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.89646	0.89972	1.00364	1.05067
	I	0.88374	0.93190	1.05450	
2	C	0.89647	0.90186	1.00602	1.04521
	I	0.89107	0.93696	1.05150	
3	C	0.88723	0.89849	1.01268	1.01431
	I	0.90748	0.93214	1.02717	
4	C	0.88806	0.89823	1.01145	1.00787
	I	0.90803	0.92566	1.01941	
5A	C	0.89198	0.90302	1.01237	0.99335
	I	0.92372	0.92894	1.00564	
5B	C	0.90560	0.90589	1.00032	0.99658
	I	0.89980	0.89701	0.99690	

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

Table 6.G displays the Medicare savings calculation for Cohort 1 in total. The baseline PMPM was \$1,612.13. For Demonstration Year 3, the AGA adjusted trend from the comparison group was 1.185, resulting in a target PMPM of \$1,910.14. The actual PMPM for the intervention group was \$1,656.37, an increase of 2.74 percent over the \$1,612.13 baseline PMPM. Because the intervention group PMPM costs increased at a slower rate than the comparison group costs, we estimate a PMPM Medicare savings of \$253.78, a savings rate of

13.3 percent. The total calculated Medicare savings dollar amount was \$25,244,175. For Demonstration Year 4, we estimate a PMPM Medicare savings of \$163.92, or 8.4 percent, with total calculated dollar savings of \$13,533,660.

For Demonstration Year 3, the same calculations for Cohort 2 (as shown in *Table 6.H.1*) result in a PMPM negative Medicare savings of \$10.69, or -0.6 percent, and a negative savings dollar amount of \$46,097. For Demonstration Year 4 (as shown in *Table 6.H.2*), the savings is \$29.98 on a PMPM basis, 1.5 percent, and \$104,218 total dollars.

For Cohort 3, Demonstration Year 3 savings (as shown in *Table 6.I.1*) is \$30.99 PMPM, or 2.1 percent, and \$1,466,241 in total dollars. Demonstration Year 4 savings (as shown in *Table 6.I.2*) is \$147.66 PMPM, or 9.2 percent, and \$5,570,452 in total dollars.

For Cohort 4, Demonstration Year 3 savings (as shown in *Table 6.J.1*) is \$269.85 PMPM, or 15.2 percent, and \$16,317,609 in total dollars. Demonstration Year 4 savings (as shown in *Table 6.J.2*) is \$209.52 PMPM, or 12.3 percent, and \$9,643,731 in total dollars.

For Cohort 5A, Demonstration Year 4 savings (as shown in *Table 6.K*) is \$189.60 PMPM, or 11.2 percent, and \$12,023,413 in total dollars. For Cohort 5B, Demonstration Year 4 savings (as shown in *Table 6.L*) is \$150.95 PMPM, or 8.3 percent, and \$7,266,147 in total dollars.

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	14,540.4	\$2,652.67	1.235	\$3,275.81	\$2,479.39	\$796.42	\$11,580,231	24.3
Facility, age 65+, with SPMI	231.9	\$3,321.06	0.867	\$2,879.18	\$1,667.71	\$1,211.47	\$280,944	42.1
Facility, age 65+, no SPMI	356.4	\$2,476.33	1.007	\$2,494.37	\$1,885.82	\$608.55	\$216,886	24.4
HCBS, age 65+, with SPMI	613.5	\$2,903.67	1.268	\$3,683.20	\$2,696.69	\$986.51	\$605,273	26.8
HCBS, age 65+, no SPMI	2,687.8	\$2,389.27	1.446	\$3,454.82	\$2,599.01	\$855.80	\$2,300,201	24.8
Community, age 65+, with SPMI	329.9	\$2,067.95	1.394	\$2,883.40	\$1,406.88	\$1,476.52	\$487,144	51.2
Community, age 65+, no SPMI	2,577.6	\$2,124.06	1.424	\$3,023.72	\$2,170.47	\$853.25	\$2,199,352	28.2
Facility, age <65, with SPMI	84.1	\$5,306.80	0.830	\$4,406.54	\$1,791.81	\$2,614.73	\$220,028	59.3
Facility, age <65, no SPMI	215.0	\$4,764.97	0.783	\$3,729.49	\$3,021.65	\$707.84	\$152,186	19.0
HCBS, age <65, with SPMI	1,254.4	\$2,780.44	1.010	\$2,809.25	\$2,222.14	\$587.11	\$736,475	20.9
HCBS, age <65, no SPMI	3,118.2	\$2,691.70	1.288	\$3,468.22	\$2,777.36	\$690.86	\$2,154,249	19.9
Community, age <65, with SPMI	951.2	\$2,446.14	1.036	\$2,533.98	\$2,671.80	-\$137.82	-\$131,097	-5.4
Community, age <65, no SPMI	2,120.2	\$3,319.71	1.117	\$3,708.28	\$2,595.86	\$1,112.42	\$2,358,590	30.0

Table 6.A.2 — MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	12,196.5	\$2,652.67	1.263	\$3,351.18	\$2,553.58	\$797.59	\$9,727,900	23.8
Facility, age 65+, with SPMI	174.0	\$3,321.06	0.863	\$2,867.00	\$2,310.01	\$556.99	\$96,897	19.4
Facility, age 65+, no SPMI	246.6	\$2,476.33	0.969	\$2,399.89	\$1,412.25	\$987.63	\$243,532	41.2
HCBS, age 65+, with SPMI	442.2	\$2,903.67	1.330	\$3,860.87	\$2,634.07	\$1,226.80	\$542,482	31.8
HCBS, age 65+, no SPMI	2,174.8	\$2,389.27	1.545	\$3,690.81	\$2,592.37	\$1,098.43	\$2,388,897	29.8
Community, age 65+, with SPMI	278.3	\$2,067.95	1.460	\$3,018.75	\$1,634.74	\$1,384.01	\$385,217	45.8
Community, age 65+, no SPMI	2,015.5	\$2,124.06	1.567	\$3,328.07	\$2,668.02	\$660.06	\$1,330,341	19.8
Facility, age <65, with SPMI	69.0	\$5,306.80	0.825	\$4,378.56	\$723.48	\$3,655.08	\$252,201	83.5
Facility, age <65, no SPMI	174.8	\$4,764.97	0.831	\$3,960.45	\$2,659.92	\$1,300.53	\$227,268	32.8
HCBS, age <65, with SPMI	1,144.6	\$2,780.44	0.925	\$2,570.97	\$1,841.19	\$729.78	\$835,300	28.4
HCBS, age <65, no SPMI	2,726.6	\$2,691.70	1.219	\$3,280.59	\$2,575.24	\$705.34	\$1,923,198	21.5
Community, age <65, with SPMI	835.2	\$2,446.14	1.013	\$2,477.68	\$3,359.66	-\$881.98	-\$736,671	-35.6
Community, age <65, no SPMI	1,915.0	\$3,319.71	1.187	\$3,942.09	\$2,772.75	\$1,169.34	\$2,239,241	29.7

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	28,211.3	\$1,298.08	1.205	\$1,564.15	\$1,418.47	\$145.68	\$4,109,802	9.3
Facility, age 65+, with SPMI	595.9	\$1,581.91	0.866	\$1,369.38	\$1,290.20	\$79.18	\$47,182	5.8
Facility, age 65+, no SPMI	963.4	\$1,689.87	1.005	\$1,698.18	\$1,058.49	\$639.69	\$616,301	37.7
HCBS, age 65+, with SPMI	1,180.7	\$1,412.22	1.267	\$1,789.72	\$1,772.51	\$17.21	\$20,314	1.0
HCBS, age 65+, no SPMI	4,851.2	\$1,178.09	1.448	\$1,706.14	\$1,576.68	\$129.46	\$628,039	7.6
Community, age 65+, with SPMI	722.6	\$1,140.11	1.394	\$1,589.23	\$1,231.07	\$358.16	\$258,821	22.5
Community, age 65+, no SPMI	5,795.9	\$971.09	1.426	\$1,384.89	\$1,299.14	\$85.75	\$497,025	6.2
Facility, age <65, with SPMI	278.0	\$3,244.58	0.813	\$2,638.76	\$1,381.08	\$1,257.67	\$349,633	47.7
Facility, age <65, no SPMI	152.7	\$3,733.76	0.770	\$2,873.73	\$767.74	\$2,105.99	\$321,674	73.3
HCBS, age <65, with SPMI	2,672.0	\$1,385.95	1.011	\$1,400.52	\$1,327.32	\$73.20	\$195,603	5.2
HCBS, age <65, no SPMI	3,788.8	\$1,488.47	1.289	\$1,919.28	\$1,462.12	\$457.16	\$1,732,104	23.8
Community, age <65, with SPMI	3,177.1	\$1,112.23	1.035	\$1,151.51	\$1,234.43	-\$82.92	-\$263,448	-7.2
Community, age <65, no SPMI	4,032.8	\$1,390.75	1.117	\$1,553.36	\$1,626.13	-\$72.76	-\$293,447	-4.7

Table 6.B.2 — MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	23,641.9	\$1,298.08	1.234	\$1,601.55	\$1,593.22	\$8.33	\$196,932	0.5
Facility, age 65+, with SPMI	424.0	\$1,581.91	0.862	\$1,363.28	\$1,356.14	\$7.14	\$3,029	0.5
Facility, age 65+, no SPMI	651.8	\$1,689.87	0.967	\$1,634.34	\$1,330.05	\$304.29	\$198,327	18.6
HCBS, age 65+, with SPMI	963.6	\$1,412.22	1.328	\$1,875.39	\$1,344.42	\$530.96	\$511,623	28.3
HCBS, age 65+, no SPMI	3,912.7	\$1,178.09	1.547	\$1,822.59	\$1,715.22	\$107.38	\$420,136	5.9
Community, age 65+, with SPMI	595.9	\$1,140.11	1.459	\$1,662.86	\$1,720.01	-\$57.15	-\$34,057	-3.4
Community, age 65+, no SPMI	4,628.2	\$971.09	1.570	\$1,524.67	\$1,605.29	-\$80.62	-\$373,135	-5.3
Facility, age <65, with SPMI	241.6	\$3,244.58	0.823	\$2,670.25	\$1,299.91	\$1,370.33	\$331,034	51.3
Facility, age <65, no SPMI	130.4	\$3,733.76	0.819	\$3,056.42	\$1,269.57	\$1,786.84	\$233,064	58.5
HCBS, age <65, with SPMI	2,473.5	\$1,385.95	0.924	\$1,281.05	\$1,234.91	\$46.14	\$114,128	3.6
HCBS, age <65, no SPMI	3,391.1	\$1,488.47	1.219	\$1,813.96	\$1,693.80	\$120.15	\$407,458	6.6
Community, age <65, with SPMI	2,709.9	\$1,112.23	1.015	\$1,128.95	\$1,467.63	-\$338.68	-\$917,765	-30.0
Community, age <65, no SPMI	3,519.2	\$1,390.75	1.187	\$1,651.37	\$1,849.40	-\$198.03	-\$696,909	-12.0

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	2,723.6	\$993.94	1.238	\$1,230.97	\$1,252.11	-\$21.14	-\$57,574	-1.7
Facility, age 65+, with SPMI	24.0	\$2,437.80	0.863	\$2,103.24	\$65.66	\$2,037.58	\$48,902	96.9
Facility, age 65+, no SPMI	96.4	\$1,615.10	1.001	\$1,616.41	\$1,025.97	\$590.44	\$56,926	36.5
HCBS, age 65+, with SPMI	165.1	\$978.12	1.265	\$1,237.01	\$1,186.63	\$50.39	\$8,320	4.1
HCBS, age 65+, no SPMI	469.8	\$905.53	1.451	\$1,314.33	\$1,475.96	-\$161.63	-\$75,939	-12.3
Community, age 65+, with SPMI	145.0	\$1,509.16	1.376	\$2,076.74	\$1,834.13	\$242.61	\$35,178	11.7
Community, age 65+, no SPMI	677.4	\$760.14	1.421	\$1,080.06	\$1,020.14	\$59.92	\$40,588	5.5
Facility, age <65, with SPMI	6.0	\$4,384.61	0.891	\$3,906.99	\$7,863.92	-\$3,956.93	-\$23,614	-101.3
Facility, age <65, no SPMI	24.0	\$10,040.68	0.700	\$7,024.77	\$5,520.18	\$1,504.59	\$36,110	21.4
HCBS, age <65, with SPMI	227.0	\$739.84	1.006	\$744.61	\$628.56	\$116.06	\$26,345	15.6
HCBS, age <65, no SPMI	295.0	\$880.51	1.286	\$1,131.94	\$977.46	\$154.48	\$45,578	13.6
Community, age <65, with SPMI	271.8	\$832.44	1.035	\$861.42	\$1,328.97	-\$467.54	-\$127,082	-54.3
Community, age <65, no SPMI	322.0	\$1,013.70	1.111	\$1,126.56	\$1,526.83	-\$400.27	-\$128,888	-35.5

Table 6.C.2 — MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	2,117.5	\$993.94	1.294	\$1,286.45	\$1,276.44	\$10.02	\$21,208	0.8
Facility, age 65+, with SPMI	17.0	\$2,437.80	0.868	\$2,116.19	\$890.67	\$1,225.52	\$20,834	57.9
Facility, age 65+, no SPMI	41.8	\$1,615.10	0.962	\$1,553.17	\$626.66	\$926.50	\$38,753	59.7
HCBS, age 65+, with SPMI	125.3	\$978.12	1.327	\$1,297.52	\$2,143.80	-\$846.28	-\$106,072	-65.2
HCBS, age 65+, no SPMI	356.9	\$905.53	1.548	\$1,401.33	\$1,234.36	\$166.97	\$59,598	11.9
Community, age 65+, with SPMI	121.5	\$1,509.16	1.444	\$2,179.24	\$800.29	\$1,378.95	\$167,609	63.3
Community, age 65+, no SPMI	467.6	\$760.14	1.564	\$1,189.17	\$1,615.03	-\$425.86	-\$199,135	-35.8
Facility, age <65, with SPMI	12.0	\$4,384.61	0.821	\$3,598.95	\$7,222.17	-\$3,623.23	-\$43,479	-100.7
Facility, age <65, no SPMI	24.0	\$10,040.68	0.744	\$7,469.77	\$270.92	\$7,198.86	\$172,773	96.4
HCBS, age <65, with SPMI	207.4	\$739.84	0.920	\$680.64	\$629.56	\$51.07	\$10,594	7.5
HCBS, age <65, no SPMI	249.2	\$880.51	1.218	\$1,072.32	\$1,289.43	-\$217.11	-\$54,094	-20.2
Community, age <65, with SPMI	239.3	\$832.44	1.014	\$844.38	\$1,108.31	-\$263.93	-\$63,164	-31.3
Community, age <65, no SPMI	255.3	\$1,013.70	1.184	\$1,200.24	\$1,133.69	\$66.55	\$16,992	5.5

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	42,529.9	\$1,696.25	1.195	\$2,026.82	\$1,722.38	\$304.44	\$12,947,823	15.0
Facility, age 65+, with SPMI	700.2	\$2,345.53	0.868	\$2,035.70	\$1,358.55	\$677.15	\$474,158	33.3
Facility, age 65+, no SPMI	1,809.9	\$2,040.09	1.002	\$2,044.52	\$1,374.65	\$669.88	\$1,212,420	32.8
HCBS, age 65+, with SPMI	1,682.5	\$2,012.00	1.267	\$2,548.86	\$1,924.54	\$624.33	\$1,050,437	24.5
HCBS, age 65+, no SPMI	7,170.9	\$1,699.59	1.445	\$2,455.92	\$1,973.78	\$482.14	\$3,457,338	19.6
Community, age 65+, with SPMI	989.1	\$1,450.66	1.393	\$2,020.93	\$1,607.67	\$413.25	\$408,729	20.4
Community, age 65+, no SPMI	6,412.1	\$1,352.84	1.424	\$1,927.03	\$1,528.99	\$398.04	\$2,552,271	20.7
Facility, age <65, with SPMI	233.8	\$3,271.35	0.820	\$2,681.34	\$2,125.80	\$555.54	\$129,887	20.7
Facility, age <65, no SPMI	487.0	\$4,766.02	0.780	\$3,717.53	\$2,770.60	\$946.93	\$461,154	25.5
HCBS, age <65, with SPMI	3,394.5	\$1,644.72	1.010	\$1,661.27	\$1,705.55	-\$44.29	-\$150,326	-2.7
HCBS, age <65, no SPMI	7,052.0	\$1,817.35	1.288	\$2,340.75	\$1,902.21	\$438.54	\$3,092,564	18.7
Community, age <65, with SPMI	5,070.6	\$1,327.43	1.034	\$1,372.02	\$1,222.79	\$149.23	\$756,677	10.9
Community, age <65, no SPMI	7,527.4	\$1,578.14	1.118	\$1,764.15	\$1,830.24	-\$66.09	-\$497,486	-3.7

Table 6.D.2 — MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D

Category of beneficiary	(a) Number of eligible months	(b) Baseline period P MPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	35,278.5	\$1,696.25	1.214	\$2,059.03	\$1,846.13	\$212.90	\$7,510,627	10.3
Facility, age 65+, with SPMI	479.9	\$2,345.53	0.863	\$2,024.16	\$1,776.09	\$248.07	\$119,053	12.3
Facility, age 65+, no SPMI	1,197.6	\$2,040.09	0.961	\$1,961.24	\$1,341.61	\$619.63	\$742,069	31.6
HCBS, age 65+, with SPMI	1,341.4	\$2,012.00	1.329	\$2,673.31	\$2,157.80	\$515.52	\$691,518	19.3
HCBS, age 65+, no SPMI	5,705.5	\$1,699.59	1.544	\$2,624.55	\$2,140.23	\$484.32	\$2,763,317	18.5
Community, age 65+, with SPMI	772.4	\$1,450.66	1.456	\$2,112.86	\$1,378.41	\$734.46	\$567,301	34.8
Community, age 65+, no SPMI	5,229.4	\$1,352.84	1.568	\$2,121.53	\$1,814.82	\$306.70	\$1,603,865	14.5
Facility, age <65, with SPMI	179.3	\$3,271.35	0.819	\$2,680.82	\$1,455.52	\$1,225.30	\$219,645	45.7
Facility, age <65, no SPMI	330.1	\$4,766.02	0.834	\$3,976.47	\$2,417.55	\$1,558.92	\$514,605	39.2
HCBS, age <65, with SPMI	3,123.1	\$1,644.72	0.924	\$1,519.89	\$1,589.77	-\$69.87	-\$218,223	-4.6
HCBS, age <65, no SPMI	6,132.5	\$1,817.35	1.219	\$2,214.65	\$1,989.00	\$225.65	\$1,383,809	10.2
Community, age <65, with SPMI	4,374.3	\$1,327.43	1.012	\$1,343.84	\$1,470.22	-\$126.38	-\$552,821	-9.4
Community, age <65, no SPMI	6,413.0	\$1,578.14	1.189	\$1,876.30	\$1,926.75	-\$50.45	-\$323,511	-2.7

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	5,500.6	\$678.93	1.195	\$811.32	\$1,064.57	–\$253.25	–\$1,393,018	–31.2
Facility, age 65+, with SPMI	48.0	\$1,222.01	0.873	\$1,067.14	\$94.38	\$972.76	\$46,692	91.2
Facility, age 65+, no SPMI	283.9	\$860.02	1.001	\$861.18	\$579.06	\$282.12	\$80,104	32.8
HCBS, age 65+, with SPMI	69.4	\$682.88	1.258	\$859.27	\$3,012.54	–\$2,153.27	–\$149,372	–250.6
HCBS, age 65+, no SPMI	923.0	\$808.12	1.445	\$1,167.62	\$1,347.25	–\$179.63	–\$165,806	–15.4
Community, age 65+, with SPMI	109.1	\$771.30	1.386	\$1,069.19	\$1,095.62	–\$26.43	–\$2,882	–2.5
Community, age 65+, no SPMI	1,318.2	\$534.63	1.424	\$761.51	\$828.54	–\$67.02	–\$88,351	–8.8
Facility, age <65, with SPMI	53.0	\$422.56	0.817	\$345.21	\$2,635.08	–\$2,289.87	–\$121,363	–663.3
Facility, age <65, no SPMI	79.6	\$1,235.18	0.783	\$967.57	\$1,586.41	–\$618.84	–\$49,247	–64.0
HCBS, age <65, with SPMI	324.4	\$582.37	1.011	\$588.74	\$1,156.36	–\$567.62	–\$184,156	–96.4
HCBS, age <65, no SPMI	685.5	\$573.21	1.289	\$738.79	\$1,337.45	–\$598.66	–\$410,367	–81.0
Community, age <65, with SPMI	714.9	\$695.05	1.032	\$717.58	\$830.67	–\$113.09	–\$80,853	–15.8
Community, age <65, no SPMI	891.6	\$608.17	1.113	\$676.85	\$976.79	–\$299.94	–\$267,415	–44.3

Table 6.E.2 — MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	4,418.6	\$678.93	1.217	\$826.36	\$1,217.64	-\$391.28	-\$1,728,929	-47.4
Facility, age 65+, with SPMI	39.4	\$1,222.01	0.861	\$1,052.49	\$627.72	\$424.77	\$16,736	40.4
Facility, age 65+, no SPMI	156.4	\$860.02	0.958	\$824.01	\$1,880.63	-\$1,056.61	-\$165,263	-128.2
HCBS, age 65+, with SPMI	50.6	\$682.88	1.321	\$901.87	\$1,325.09	-\$423.22	-\$21,407	-46.9
HCBS, age 65+, no SPMI	678.9	\$808.12	1.542	\$1,245.94	\$1,674.73	-\$428.79	-\$291,095	-34.4
Community, age 65+, with SPMI	83.2	\$771.30	1.454	\$1,121.15	\$1,335.36	-\$214.21	-\$17,815	-19.1
Community, age 65+, no SPMI	999.1	\$534.63	1.568	\$838.35	\$1,051.08	-\$212.73	-\$212,532	-25.4
Facility, age <65, with SPMI	48.0	\$422.56	0.821	\$346.78	\$1,955.82	-\$1,609.04	-\$77,234	-464.0
Facility, age <65, no SPMI	63.0	\$1,235.18	0.826	\$1,020.25	\$987.36	\$32.89	\$2,072	3.2
HCBS, age <65, with SPMI	317.8	\$582.37	0.925	\$538.69	\$1,032.27	-\$493.58	-\$156,880	-91.6
HCBS, age <65, no SPMI	589.8	\$573.21	1.221	\$699.62	\$1,207.29	-\$507.67	-\$299,412	-72.6
Community, age <65, with SPMI	626.1	\$695.05	1.015	\$705.41	\$884.67	-\$179.26	-\$112,239	-25.4
Community, age <65, no SPMI	766.4	\$608.17	1.185	\$720.69	\$1,234.61	-\$513.93	-\$393,861	-71.3

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	5,968.2	\$608.70	1.166	\$709.68	\$1,035.26	-\$325.57	-\$1,943,089	-45.9
Facility, age 65+, with SPMI	53.5	\$1,241.30	0.857	\$1,063.60	\$353.98	\$709.62	\$37,957	66.7
Facility, age 65+, no SPMI	199.2	\$1,121.79	1.002	\$1,123.75	\$923.23	\$200.52	\$39,952	17.8
HCBS, age 65+, with SPMI	218.0	\$803.19	1.257	\$1,009.25	\$1,893.58	-\$884.34	-\$192,785	-87.6
HCBS, age 65+, no SPMI	750.3	\$690.94	1.439	\$994.56	\$1,135.84	-\$141.29	-\$106,014	-14.2
Community, age 65+, with SPMI	141.0	\$719.43	1.386	\$997.14	\$925.57	\$71.57	\$10,091	7.2
Community, age 65+, no SPMI	1,474.7	\$477.67	1.419	\$677.78	\$1,406.35	-\$728.57	-\$1,074,450	-107.5
Facility, age <65, with SPMI	60.0	\$551.42	0.808	\$445.44	\$1,745.80	-\$1,300.36	-\$78,022	-291.9
Facility, age <65, no SPMI	47.7	\$441.48	0.786	\$347.00	\$1,573.18	-\$1,226.19	-\$58,540	-353.4
HCBS, age <65, with SPMI	306.5	\$725.74	1.010	\$732.86	\$801.90	-\$69.04	-\$21,161	-9.4
HCBS, age <65, no SPMI	883.4	\$381.65	1.291	\$492.76	\$700.12	-\$207.36	-\$183,174	-42.1
Community, age <65, with SPMI	550.0	\$779.84	1.034	\$806.62	\$768.52	\$38.10	\$20,955	4.7
Community, age <65, no SPMI	1,283.8	\$489.77	1.116	\$546.41	\$809.62	-\$263.21	-\$337,898	-48.2

Table 6.F.2 — MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	4,911.2	\$608.70	1.195	\$727.45	\$1,174.20	-\$446.75	-\$2,194,077	-61.4
Facility, age 65+, with SPMI	36.0	\$1,241.30	0.858	\$1,064.58	\$428.27	\$636.31	\$22,907	59.8
Facility, age 65+, no SPMI	148.4	\$1,121.79	0.960	\$1,076.48	\$1,167.58	-\$91.11	-\$13,522	-8.5
HCBS, age 65+, with SPMI	182.6	\$803.19	1.319	\$1,059.21	\$2,391.37	-\$1,332.16	-\$243,312	-125.8
HCBS, age 65+, no SPMI	561.6	\$690.94	1.537	\$1,061.66	\$1,171.48	-\$109.82	-\$61,677	-10.3
Community, age 65+, with SPMI	130.0	\$719.43	1.449	\$1,042.81	\$679.60	\$363.22	\$47,218	34.8
Community, age 65+, no SPMI	1,151.3	\$477.67	1.562	\$746.25	\$1,446.14	-\$699.89	-\$805,748	-93.8
Facility, age <65, with SPMI	47.0	\$551.42	0.813	\$448.13	\$1,722.11	-\$1,273.98	-\$59,877	-284.3
Facility, age <65, no SPMI	36.0	\$441.48	0.836	\$368.97	\$226.17	\$142.80	\$5,141	38.7
HCBS, age <65, with SPMI	263.2	\$725.74	0.922	\$669.17	\$432.51	\$236.66	\$62,295	35.4
HCBS, age <65, no SPMI	770.6	\$381.65	1.219	\$465.37	\$834.86	-\$369.48	-\$284,725	-79.4
Community, age <65, with SPMI	483.0	\$779.84	1.012	\$788.85	\$1,309.56	-\$520.70	-\$251,499	-66.0
Community, age <65, no SPMI	1,101.5	\$489.77	1.187	\$581.11	\$1,136.08	-\$554.97	-\$611,278	-95.5

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	99,473.9	\$1,612.13	1.185	\$1,910.14	\$1,656.37	\$253.78	\$25,244,175	13.3
Facility, age 65+, with SPMI	1,653.5	\$2,187.68	0.848	\$1,855.30	\$1,289.32	\$565.98	\$935,834	30.5
Facility, age 65+, no SPMI	3,709.3	\$1,891.49	0.976	\$1,846.62	\$1,247.43	\$599.19	\$2,222,589	32.4
HCBS, age 65+, with SPMI	3,929.2	\$1,892.37	1.230	\$2,327.50	\$1,985.91	\$341.59	\$1,342,187	14.7
HCBS, age 65+, no SPMI	16,853.1	\$1,566.85	1.424	\$2,231.95	\$1,873.69	\$358.26	\$6,037,821	16.1
Community, age 65+, with SPMI	2,436.7	\$1,375.13	1.390	\$1,911.16	\$1,419.89	\$491.27	\$1,197,081	25.7
Community, age 65+, no SPMI	18,255.9	\$1,218.15	1.390	\$1,693.26	\$1,467.22	\$226.03	\$4,126,435	13.3
Facility, age <65, with SPMI	714.9	\$3,424.47	0.735	\$2,517.24	\$1,850.66	\$666.58	\$476,550	26.5
Facility, age <65, no SPMI	1,006.1	\$4,229.44	0.779	\$3,293.40	\$2,435.27	\$858.13	\$863,336	26.1
HCBS, age <65, with SPMI	8,178.9	\$1,670.54	0.987	\$1,649.37	\$1,575.67	\$73.70	\$602,780	4.5
HCBS, age <65, no SPMI	15,822.9	\$1,786.30	1.269	\$2,266.91	\$1,860.47	\$406.43	\$6,430,954	17.9
Community, age <65, with SPMI	10,735.7	\$1,286.74	1.029	\$1,324.24	\$1,307.92	\$16.32	\$175,152	1.2
Community, age <65, no SPMI	16,177.8	\$1,647.99	1.091	\$1,797.16	\$1,745.64	\$51.52	\$833,456	2.9

Table 6.G.2 — MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 total

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	82,564.3	\$1,612.13	1.212	\$1,953.92	\$1,790.00	\$163.92	\$13,533,660	8.4
Facility, age 65+, with SPMI	1,170.2	\$2,187.68	0.845	\$1,849.13	\$1,610.33	\$238.80	\$279,456	12.9
Facility, age 65+, no SPMI	2,442.6	\$1,891.49	0.944	\$1,784.72	\$1,357.35	\$427.37	\$1,043,895	23.9
HCBS, age 65+, with SPMI	3,105.7	\$1,892.37	1.276	\$2,415.54	\$1,972.86	\$442.67	\$1,374,831	18.3
HCBS, age 65+, no SPMI	13,390.5	\$1,566.85	1.529	\$2,395.35	\$2,001.10	\$394.25	\$5,279,176	16.5
Community, age 65+, with SPMI	1,981.4	\$1,375.13	1.452	\$1,997.02	\$1,434.03	\$562.98	\$1,115,472	28.2
Community, age 65+, no SPMI	14,491.1	\$1,218.15	1.536	\$1,870.90	\$1,778.18	\$92.72	\$1,343,656	5.0
Facility, age <65, with SPMI	596.8	\$3,424.47	0.738	\$2,527.74	\$1,485.08	\$1,042.66	\$622,290	41.2
Facility, age <65, no SPMI	758.3	\$4,229.44	0.829	\$3,508.21	\$1,985.14	\$1,523.07	\$1,154,922	43.4
HCBS, age <65, with SPMI	7,529.7	\$1,670.54	0.902	\$1,506.93	\$1,420.98	\$85.95	\$647,214	5.7
HCBS, age <65, no SPMI	13,859.7	\$1,786.30	1.200	\$2,144.05	\$1,922.09	\$221.96	\$3,076,235	10.4
Community, age <65, with SPMI	9,267.9	\$1,286.74	1.009	\$1,298.24	\$1,582.46	-\$284.22	-\$2,634,159	-21.9
Community, age <65, no SPMI	13,970.4	\$1,647.99	1.168	\$1,924.94	\$1,908.43	\$16.51	\$230,673	0.9

**Table 6.H.1 — MEDICARE Demonstration Year 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2**

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	4,312.1	\$2,356.60	0.794	\$1,872.28	\$1,882.97	–\$10.69	–\$46,097	–0.6
Facility, age 65+, with SPMI	32.0	\$6,327.51	0.766	\$4,845.90	\$778.23	\$4,067.67	\$130,166	83.9
Facility, age 65+, no SPMI	139.5	\$5,338.95	0.524	\$2,799.02	\$520.65	\$2,278.37	\$317,870	81.4
HCBS, age 65+, with SPMI	143.4	\$1,791.38	0.988	\$1,770.65	\$2,088.66	–\$318.02	–\$45,599	–18.0
HCBS, age 65+, no SPMI	633.3	\$2,315.40	1.123	\$2,599.24	\$1,900.73	\$698.51	\$442,358	26.9
Community, age 65+, with SPMI	137.9	\$2,564.32	1.093	\$2,802.52	\$2,294.13	\$508.38	\$70,092	18.1
Community, age 65+, no SPMI	781.1	\$2,029.05	0.890	\$1,806.54	\$1,123.69	\$682.85	\$533,363	37.8
Facility, age <65, with SPMI	53.0	\$2,265.17	0.573	\$1,297.63	\$925.56	\$372.07	\$19,720	28.7
Facility, age <65, no SPMI	30.0	\$9,194.32	0.562	\$5,170.17	\$2,589.28	\$2,580.88	\$77,427	49.9
HCBS, age <65, with SPMI	276.8	\$2,892.19	0.606	\$1,753.52	\$2,095.07	–\$341.55	–\$94,544	–19.5
HCBS, age <65, no SPMI	718.1	\$2,269.10	0.920	\$2,087.04	\$2,094.48	–\$7.45	–\$5,347	–0.4
Community, age <65, with SPMI	315.5	\$2,048.38	0.685	\$1,403.29	\$999.59	\$403.70	\$127,373	28.8
Community, age <65, no SPMI	1,051.5	\$1,441.79	0.778	\$1,121.92	\$2,661.59	–\$1,539.67	–\$1,618,973	–137.2

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,476.8	\$2,356.60	0.865	\$2,037.40	\$2,007.42	\$29.98	\$104,218	1.5
Facility, age 65+, with SPMI	36.0	\$6,327.51	0.505	\$3,194.46	\$1,170.39	\$2,024.08	\$72,867	63.4
Facility, age 65+, no SPMI	125.4	\$5,338.95	0.636	\$3,394.24	\$668.88	\$2,725.36	\$341,637	80.3
HCBS, age 65+, with SPMI	105.0	\$1,791.38	1.213	\$2,173.04	\$1,324.68	\$848.36	\$89,078	39.0
HCBS, age 65+, no SPMI	492.2	\$2,315.40	1.079	\$2,498.51	\$2,930.04	-\$431.54	-\$212,422	-17.3
Community, age 65+, with SPMI	98.5	\$2,564.32	1.128	\$2,891.36	\$2,593.63	\$297.73	\$29,326	10.3
Community, age 65+, no SPMI	620.5	\$2,029.05	1.094	\$2,218.83	\$1,446.74	\$772.09	\$479,044	34.8
Facility, age <65, with SPMI	50.0	\$2,265.17	0.338	\$766.42	\$606.08	\$160.34	\$8,011	20.9
Facility, age <65, no SPMI	23.9	\$9,194.32	0.439	\$4,033.81	\$7,509.35	-\$3,475.54	-\$83,189	-86.2
HCBS, age <65, with SPMI	261.0	\$2,892.19	0.760	\$2,198.40	\$2,075.04	\$123.36	\$32,197	5.6
HCBS, age <65, no SPMI	571.3	\$2,269.10	0.967	\$2,195.02	\$1,648.39	\$546.63	\$312,317	24.9
Community, age <65, with SPMI	268.3	\$2,048.38	0.905	\$1,853.20	\$958.27	\$894.93	\$240,081	48.3
Community, age <65, no SPMI	824.8	\$1,441.79	0.810	\$1,168.54	\$2,629.25	-\$1,460.71	-\$1,204,728	-125.0

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	47,319.8	\$1,690.19	0.878	\$1,483.35	\$1,452.37	\$30.99	\$1,466,241	2.1
Facility, age 65+, with SPMI	769.1	\$2,546.62	0.718	\$1,828.00	\$1,306.85	\$521.15	\$400,810	28.5
Facility, age 65+, no SPMI	2,098.4	\$2,124.41	0.676	\$1,435.52	\$977.92	\$457.59	\$960,206	31.9
HCBS, age 65+, with SPMI	2,019.5	\$1,974.89	1.194	\$2,358.46	\$1,909.93	\$448.53	\$905,814	19.0
HCBS, age 65+, no SPMI	8,656.1	\$1,772.34	1.024	\$1,814.79	\$1,740.36	\$74.44	\$644,321	4.1
Community, age 65+, with SPMI	1,654.6	\$1,390.23	0.791	\$1,099.90	\$1,199.57	-\$99.68	-\$164,922	-9.1
Community, age 65+, no SPMI	9,526.2	\$1,293.29	1.026	\$1,326.32	\$1,316.50	\$9.82	\$93,507	0.7
Facility, age <65, with SPMI	334.5	\$4,619.24	0.595	\$2,746.41	\$2,605.01	\$141.40	\$47,292	5.1
Facility, age <65, no SPMI	555.5	\$4,369.28	0.562	\$2,455.24	\$1,875.37	\$579.86	\$322,143	23.6
HCBS, age <65, with SPMI	3,041.2	\$1,958.15	0.722	\$1,414.41	\$1,456.73	-\$42.31	-\$128,685	-3.0
HCBS, age <65, no SPMI	5,895.0	\$1,868.23	0.864	\$1,614.02	\$1,706.13	-\$92.11	-\$542,983	-5.7
Community, age <65, with SPMI	4,904.2	\$1,309.66	0.778	\$1,019.24	\$1,111.82	-\$92.58	-\$454,023	-9.1
Community, age <65, no SPMI	7,865.6	\$1,466.46	0.845	\$1,239.58	\$1,318.05	-\$78.47	-\$617,241	-6.3

**Table 6.I.2 — MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 3**

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	37,725.3	\$1,690.19	0.949	\$1,604.42	\$1,456.76	\$147.66	\$5,570,452	9.2
Facility, age 65+, with SPMI	585.9	\$2,546.62	0.638	\$1,624.09	\$1,508.63	\$115.46	\$67,646	7.1
Facility, age 65+, no SPMI	1,329.2	\$2,124.41	0.710	\$1,507.64	\$1,242.65	\$264.99	\$352,223	17.6
HCBS, age 65+, with SPMI	1,648.4	\$1,974.89	1.165	\$2,301.10	\$1,734.07	\$567.03	\$934,664	24.6
HCBS, age 65+, no SPMI	6,588.3	\$1,772.34	1.214	\$2,151.82	\$1,662.33	\$489.49	\$3,224,899	22.7
Community, age 65+, with SPMI	1,336.1	\$1,390.23	0.763	\$1,061.23	\$1,126.15	-\$64.92	-\$86,740	-6.1
Community, age 65+, no SPMI	7,504.0	\$1,293.29	1.032	\$1,334.93	\$1,229.25	\$105.68	\$793,046	7.9
Facility, age <65, with SPMI	288.2	\$4,619.24	0.321	\$1,484.39	\$2,394.44	-\$910.05	-\$262,245	-61.3
Facility, age <65, no SPMI	474.7	\$4,369.28	0.458	\$1,999.39	\$2,366.58	-\$367.19	-\$174,296	-18.4
HCBS, age <65, with SPMI	2,710.2	\$1,958.15	0.770	\$1,508.13	\$1,460.70	\$47.43	\$128,546	3.1
HCBS, age <65, no SPMI	5,102.9	\$1,868.23	0.982	\$1,834.98	\$1,687.57	\$147.42	\$752,244	8.0
Community, age <65, with SPMI	4,017.9	\$1,309.66	0.860	\$1,125.95	\$1,253.81	-\$127.87	-\$513,757	-11.4
Community, age <65, no SPMI	6,139.7	\$1,466.46	0.979	\$1,435.71	\$1,378.02	\$57.69	\$354,223	4.0

**Table 6.J.1 — MEDICARE Demonstration Year 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 4**

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	60,468.5	\$1,742.42	1.019	\$1,776.35	\$1,506.50	\$269.85	\$16,317,609	15.2
Facility, age 65+, with SPMI	2,161.3	\$3,336.29	0.782	\$2,608.35	\$1,861.43	\$746.91	\$1,614,289	28.6
Facility, age 65+, no SPMI	2,128.4	\$2,231.28	0.785	\$1,750.47	\$1,126.46	\$624.01	\$1,328,154	35.6
HCBS, age 65+, with SPMI	4,115.4	\$2,410.48	1.111	\$2,677.12	\$2,048.60	\$628.52	\$2,586,606	23.5
HCBS, age 65+, no SPMI	9,486.1	\$1,679.14	1.234	\$2,071.30	\$1,622.19	\$449.11	\$4,260,276	21.7
Community, age 65+, with SPMI	2,898.9	\$1,908.28	0.907	\$1,731.72	\$1,474.73	\$256.99	\$744,969	14.8
Community, age 65+, no SPMI	12,887.2	\$1,220.09	0.961	\$1,172.78	\$1,185.38	-\$12.60	-\$162,431	-1.1
Facility, age <65, with SPMI	614.6	\$4,472.72	0.758	\$3,389.34	\$3,114.66	\$274.68	\$168,816	8.1
Facility, age <65, no SPMI	339.6	\$3,253.09	0.682	\$2,218.07	\$3,368.37	-\$1,150.29	-\$390,620	-51.9
HCBS, age <65, with SPMI	4,454.0	\$1,791.41	1.174	\$2,102.43	\$1,730.89	\$371.54	\$1,654,851	17.7
HCBS, age <65, no SPMI	6,053.6	\$1,871.58	1.104	\$2,065.70	\$1,588.30	\$477.40	\$2,889,957	23.1
Community, age <65, with SPMI	7,159.5	\$1,469.29	1.010	\$1,483.36	\$1,227.40	\$255.96	\$1,832,538	17.3
Community, age <65, no SPMI	8,169.9	\$1,437.51	1.015	\$1,459.62	\$1,485.30	-\$25.68	-\$209,796	-1.8

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	46,028.7	\$1,742.42	0.977	\$1,701.59	\$1,492.08	\$209.52	\$9,643,731	12.3
Facility, age 65+, with SPMI	1,450.9	\$3,336.29	0.714	\$2,381.93	\$1,310.30	\$1,071.63	\$1,554,856	45.0
Facility, age 65+, no SPMI	1,411.5	\$2,231.28	0.664	\$1,482.50	\$997.70	\$484.80	\$684,287	32.7
HCBS, age 65+, with SPMI	3,182.4	\$2,410.48	0.947	\$2,281.63	\$1,883.30	\$398.33	\$1,267,642	17.5
HCBS, age 65+, no SPMI	6,946.6	\$1,679.14	1.248	\$2,095.06	\$1,717.94	\$377.12	\$2,619,701	18.0
Community, age 65+, with SPMI	2,257.1	\$1,908.28	0.751	\$1,432.37	\$1,558.84	-\$126.47	-\$285,455	-8.8
Community, age 65+, no SPMI	9,837.2	\$1,220.09	1.081	\$1,318.90	\$1,239.03	\$79.87	\$785,663	6.1
Facility, age <65, with SPMI	417.2	\$4,472.72	0.637	\$2,848.47	\$2,490.96	\$357.52	\$149,156	12.6
Facility, age <65, no SPMI	252.1	\$3,253.09	0.626	\$2,036.39	\$1,628.80	\$407.59	\$102,738	20.0
HCBS, age <65, with SPMI	3,765.4	\$1,791.41	1.009	\$1,808.16	\$1,708.87	\$99.29	\$373,865	5.5
HCBS, age <65, no SPMI	5,013.5	\$1,871.58	1.115	\$2,086.01	\$1,636.43	\$449.57	\$2,253,911	21.6
Community, age <65, with SPMI	5,408.1	\$1,469.29	0.910	\$1,336.38	\$1,160.30	\$176.08	\$952,239	13.2
Community, age <65, no SPMI	6,086.7	\$1,437.51	0.978	\$1,405.69	\$1,539.57	-\$133.88	-\$814,871	-9.5

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	63,414.2	\$1,685.80	1.007	\$1,697.52	\$1,507.92	\$189.60	\$12,023,413	11.2
Facility, age 65+, with SPMI	2,529.2	\$3,172.02	0.841	\$2,669.13	\$1,727.07	\$942.06	\$2,382,680	35.3
Facility, age 65+, no SPMI	1,872.9	\$2,002.58	0.840	\$1,683.16	\$1,107.63	\$575.53	\$1,077,892	34.2
HCBS, age 65+, with SPMI	6,299.1	\$2,290.32	1.038	\$2,378.03	\$2,125.35	\$252.68	\$1,591,662	10.6
HCBS, age 65+, no SPMI	8,231.0	\$1,765.13	1.217	\$2,148.83	\$1,694.06	\$454.78	\$3,743,247	21.2
Community, age 65+, with SPMI	4,813.2	\$1,722.55	0.848	\$1,460.35	\$1,509.51	-\$49.16	-\$236,623	-3.4
Community, age 65+, no SPMI	11,384.8	\$1,063.21	1.051	\$1,117.17	\$1,229.44	-\$112.27	-\$1,278,150	-10.0
Facility, age <65, with SPMI	767.7	\$5,200.17	0.928	\$4,823.20	\$2,614.89	\$2,208.31	\$1,695,271	45.8
Facility, age <65, no SPMI	328.5	\$3,572.15	0.686	\$2,450.77	\$2,038.33	\$412.44	\$135,501	16.8
HCBS, age <65, with SPMI	5,901.4	\$2,114.39	1.233	\$2,607.91	\$1,792.55	\$815.36	\$4,811,789	31.3
HCBS, age <65, no SPMI	4,410.6	\$1,390.02	1.022	\$1,419.99	\$1,536.83	-\$116.84	-\$515,352	-8.2
Community, age <65, with SPMI	9,590.5	\$1,352.37	0.873	\$1,180.33	\$1,197.24	-\$16.91	-\$162,163	-1.4
Community, age <65, no SPMI	7,285.4	\$1,206.74	0.893	\$1,077.29	\$1,245.07	-\$167.78	-\$1,222,342	-15.6

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	48,134.7	\$1,729.10	1.056	\$1,826.30	\$1,675.35	\$150.95	\$7,266,147	8.3
Facility, age 65+, with SPMI	3,032.1	\$2,720.73	0.918	\$2,497.49	\$1,981.30	\$516.18	\$1,565,143	20.7
Facility, age 65+, no SPMI	1,729.1	\$2,131.24	0.919	\$1,957.70	\$1,622.19	\$335.51	\$580,145	17.1
HCBS, age 65+, with SPMI	5,905.3	\$1,931.80	1.049	\$2,027.09	\$1,850.10	\$176.99	\$1,045,173	8.7
HCBS, age 65+, no SPMI	6,539.3	\$1,331.10	1.179	\$1,569.52	\$1,470.71	\$98.81	\$646,120	6.3
Community, age 65+, with SPMI	4,393.1	\$1,691.40	1.042	\$1,762.70	\$1,562.85	\$199.86	\$877,999	11.3
Community, age 65+, no SPMI	10,565.1	\$1,206.44	1.185	\$1,429.10	\$1,243.30	\$185.80	\$1,963,001	13.0
Facility, age <65, with SPMI	973.6	\$4,189.90	0.807	\$3,379.88	\$2,821.54	\$558.34	\$543,619	16.5
Facility, age <65, no SPMI	455.5	\$2,293.73	1.237	\$2,837.06	\$1,845.13	\$991.93	\$451,844	35.0
HCBS, age <65, with SPMI	4,197.3	\$2,034.88	1.067	\$2,171.71	\$2,110.14	\$61.57	\$258,443	2.8
HCBS, age <65, no SPMI	2,831.0	\$1,392.03	1.116	\$1,554.04	\$1,733.56	-\$179.53	-\$508,245	-11.6
Community, age <65, with SPMI	4,799.9	\$1,752.61	0.996	\$1,744.80	\$1,746.94	-\$2.13	-\$10,228	-0.1
Community, age <65, no SPMI	2,713.2	\$1,930.53	1.031	\$1,990.73	\$2,044.86	-\$54.13	-\$146,866	-2.7

Tables 7.A–7.C summarize the savings calculation (before the attributed savings and the outlier adjustment) by cohort for the entire Demonstration Year (1, 2, 3, and 4 combined) and Demonstration Years 3 and 4 separately.

Table 7.A shows that for all four Demonstration Years so far combined, the total savings before the outlier adjustment is \$156.9 million or 9.9 percent.

Table 7.B shows that for Demonstration Year 3, the total savings was \$25.2 million for Cohort 1, with the largest contributions to savings coming from Cohorts 1A and 1D. The three small sub-cohorts (1C, 1E, and 1F) produced negative savings. For Cohort 2, the savings was negative \$46 thousand, for Cohort 3, the savings was \$1.5 million and for Cohort 4, the savings was \$16.3 million. The total savings before the outlier adjustment for Demonstration Year 3 was \$43.0 million or 11.4 percent.

Table 7.C indicates that for Demonstration Year 4, the total savings before the outlier adjustment by cohort was \$13.5 million (Cohort 1), \$104 thousand (Cohort 2), \$5.6 million (Cohort 3), \$9.6 million (Cohort 4), \$12.0 million (Cohort 5A) and \$7.3 million (Cohort 5B) for a total of \$48.1 million or 9.6 percent. Per the previous Washington Medicare Savings reports, total Demonstration Year 1 savings was \$35.4 million or 9.4 percent and total Demonstration Year 2 savings was \$30.4 million or 9.4 percent.

Table 7.A — MEDICARE
Summary of Demonstration Years 1, 2, 3 and 4 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	77,387.2	\$2,652.67	1.208	\$3,205.45	\$2,560.67	\$644.78	\$49,897,690	20.1
1B	141,482.1	\$1,298.08	1.187	\$1,540.37	\$1,445.81	\$94.56	\$13,378,963	6.1
1C	13,291.0	\$993.94	1.227	\$1,219.54	\$1,280.49	-\$60.95	-\$810,062	-5.0
1D	205,229.1	\$1,696.25	1.182	\$2,005.59	\$1,744.30	\$261.30	\$53,625,420	13.0
1E	25,246.9	\$678.93	1.184	\$804.17	\$1,110.48	-\$306.31	-\$7,733,414	-38.1
1F	26,625.8	\$608.70	1.168	\$711.19	\$1,084.68	-\$373.49	-\$9,944,350	-52.5
1 total	489,262.0	\$1,612.13	1.183	\$1,907.05	\$1,705.91	\$201.15	\$98,412,830	10.5
2	19,835.8	\$2,356.60	0.843	\$1,986.22	\$1,935.15	\$51.06	\$1,012,874	2.6
3	144,368.2	\$1,690.19	0.915	\$1,546.80	\$1,462.08	\$84.72	\$12,231,556	5.5
4	106,497.2	\$1,742.42	1.001	\$1,744.04	\$1,500.27	\$243.77	\$25,961,340	14.0
5A	63,414.2	\$1,685.80	1.007	\$1,697.52	\$1,507.92	\$189.60	\$12,023,413	11.2
5B	48,134.7	\$1,729.10	1.056	\$1,826.30	\$1,675.35	\$150.95	\$7,266,147	8.3
Total 1,2,3,4&5A/B	871,512.1			\$1,809.55	\$1,629.51	\$180.04	\$156,911,038	9.9

Table 7.B — MEDICARE
Summary of Demonstration Year 3 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	14,540.4	\$2,652.67	1.235	\$3,275.81	\$2,479.39	\$796.42	\$11,580,231	24.3
1B	28,211.3	\$1,298.08	1.205	\$1,564.15	\$1,418.47	\$145.68	\$4,109,802	9.3
1C	2,723.6	\$993.94	1.238	\$1,230.97	\$1,252.11	-\$21.14	-\$57,574	-1.7
1D	42,529.9	\$1,696.25	1.195	\$2,026.82	\$1,722.38	\$304.44	\$12,947,823	15.0
1E	5,500.6	\$678.93	1.195	\$811.32	\$1,064.57	-\$253.25	-\$1,393,018	-31.2
1F	5,968.2	\$608.70	1.166	\$709.68	\$1,035.26	-\$325.57	-\$1,943,089	-45.9
1 total	99,473.9	\$1,612.13	1.185	\$1,910.14	\$1,656.37	\$253.78	\$25,244,175	13.3
2	4,312.1	\$2,356.60	0.794	\$1,872.28	\$1,882.97	-\$10.69	-\$46,097	-0.6
3	47,319.8	\$1,690.19	0.878	\$1,483.35	\$1,452.37	\$30.99	\$1,466,241	2.1
4	60,468.5	\$1,742.42	1.019	\$1,776.35	\$1,506.50	\$269.85	\$16,317,609	15.2
Total 1,2,3&4	211,574.3			\$1,775.68	\$1,572.53	\$203.15	\$42,981,927	11.4

Table 7.C — MEDICARE
Summary of Demonstration Year 4 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	12,196.5	\$2,652.67	1.263	\$3,351.18	\$2,553.58	\$797.59	\$9,727,900	23.8
1B	23,641.9	\$1,298.08	1.234	\$1,601.55	\$1,593.22	\$8.33	\$196,932	0.5
1C	2,117.5	\$993.94	1.294	\$1,286.45	\$1,276.44	\$10.02	\$21,208	0.8
1D	35,278.5	\$1,696.25	1.214	\$2,059.03	\$1,846.13	\$212.90	\$7,510,627	10.3
1E	4,418.6	\$678.93	1.217	\$826.36	\$1,217.64	-\$391.28	-\$1,728,929	-47.4
1F	4,911.2	\$608.70	1.195	\$727.45	\$1,174.20	-\$446.75	-\$2,194,077	-61.4
1 total	82,564.3	\$1,612.13	1.212	\$1,953.92	\$1,790.00	\$163.92	\$13,533,660	8.4
2	3,476.8	\$2,356.60	0.865	\$2,037.40	\$2,007.42	\$29.98	\$104,218	1.5
3	37,725.3	\$1,690.19	0.949	\$1,604.42	\$1,456.76	\$147.66	\$5,570,452	9.2
4	46,028.7	\$1,742.42	0.977	\$1,701.59	\$1,492.08	\$209.52	\$9,643,731	12.3
5A	63,414.2	\$1,685.80	1.007	\$1,697.52	\$1,507.92	\$189.60	\$12,023,413	11.2
5B	48,134.7	\$1,729.10	1.056	\$1,826.30	\$1,675.35	\$150.95	\$7,266,147	8.3
Total 1,2,3,4&5A/B	281,344.0			\$1,787.18	\$1,616.07	\$171.11	\$48,141,623	9.6

5.3 Outlier Adjustment

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

The comparison group trend is modified by a factor that is derived from the ratio of the trend for the truncated PMPMs to that of the untruncated PMPMs. For Cohort 1, the trend factor calculated from the comparison group from the baseline period to Demonstration Year 3 is 1.0789 ($= \$1,726.51 / \$1,600.30$) for the untruncated PMPMs, and it is 1.0434 ($= \$1,634.25 / \$1,566.21$) for the truncated PMPMs. The ratio of these trend factors is the outlier adjustment factor 0.96717 ($= 1.0434 / 1.0789$) that is to be applied to the comparison group trend. For Demonstration Year 4, the resulting outlier adjustment factor is 0.9729. For Cohort 2, the corresponding outlier adjustment factor for the comparison group trend is 0.9708 for Demonstration Year 3 and 0.9614 for Demonstration Year 4. For Cohort 3, the outlier adjustment factor is 0.9885 for Demonstration Year 3 and 0.9719 for Demonstration Year 4. For Cohort 4, the outlier adjustment factor is 0.9950 for Demonstration Year 3 and 0.9878 for Demonstration Year 4. For Cohort 5A, the outlier adjustment factor is 0.9973 for Demonstration Year 4 and for Cohort 5B, the outlier adjustment factor is 1.0015 for Demonstration Year 4.

Table 8 — MEDICARE Outlier adjustment data

Group / Year	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99th percentile	Truncated PMPM/ total PMPM
Cohort 1					
Intervention – Baseline	13,979	153	\$1,612.13	\$1,570.53	97.42%
Comparison – Baseline	23,233	219	\$1,600.30	\$1,566.21	97.87%
Intervention – Demo Year 3	13,979	158	\$1,656.37	\$1,585.47	95.72%
Comparison – Demo Year 3	23,233	215	\$1,726.51	\$1,634.25	94.66%
Comparison group trend factor DP3			1.07886	1.04344	0.96717
Intervention – Demo Year 4	13,979	183	\$1,790.00	\$1,689.56	94.39%
Comparison – Demo Year 4	23,233	190	\$1,773.42	\$1,688.56	95.21%
Comparison group trend factor DP4			1.10818	1.07812	0.97288
Cohort 2					
Intervention – Baseline	690	10	\$2,356.60	\$2,280.88	96.79%
Comparison – Baseline	4,331	41	\$1,607.19	\$1,565.31	97.39%
Intervention – Demo Year 3	690	16	\$1,882.97	\$1,748.62	92.86%
Comparison – Demo Year 3	4,331	35	\$1,353.00	\$1,279.28	94.55%
Comparison group trend factor DP3			0.84184	0.81727	0.97081
Intervention – Demo Year 4	690	16	\$2,007.42	\$1,781.52	88.75%
Comparison – Demo Year 4	4,331	35	\$1,459.82	\$1,366.91	93.64%
Comparison group trend factor DP4			0.90831	0.87326	0.96141
Cohort 3					
Intervention – Baseline	5,645	75	\$1,690.19	\$1,628.93	96.38%
Comparison – Baseline	6,444	46	\$1,673.66	\$1,643.68	98.21%
Intervention – Demo Year 3	5,645	77	\$1,452.37	\$1,370.64	94.37%
Comparison – Demo Year 3	6,444	44	\$1,312.11	\$1,273.79	97.08%
Comparison group trend factor DP3			0.78398	0.77496	0.98850

(continued)

Table 8 — MEDICARE Outlier adjustment data (continued)

Group / Year	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99th percentile	Truncated PMPM/ total PMPM
Intervention – Demo Year 4	5,645	70	\$1,456.76	\$1,395.08	95.77%
Comparison – Demo Year 4	6,444	51	\$1,364.04	\$1,301.94	95.45%
Comparison group trend factor DP4			0.81500	0.79209	0.97188
Cohort 4					
Intervention – Baseline	5,823	65	\$1,742.42	\$1,688.50	96.91%
Comparison – Baseline	7,219	66	\$1,738.02	\$1,696.19	97.59%
Intervention – Demo Year 3	5,823	54	\$1,506.50	\$1,457.21	96.73%
Comparison – Demo Year 3	7,219	77	\$1,587.04	\$1,541.16	97.11%
Comparison group trend factor DP3			0.91313	0.90860	0.99504
Intervention – Demo Year 4	5,823	63	\$1,492.08	\$1,433.26	96.06%
Comparison – Demo Year 4	7,219	68	\$1,487.84	\$1,434.32	96.40%
Comparison group trend factor DP4			0.85605	0.84561	0.98780
Cohort 5A					
Intervention – Baseline	6,165	69	\$1,685.80	\$1,629.26	96.65%
Comparison – Baseline	5,469	48	\$1,817.10	\$1,769.83	97.40%
Intervention – Demo Year 4	6,165	51	\$1,507.92	\$1,446.23	95.91%
Comparison – Demo Year 4	5,469	66	\$1,683.90	\$1,635.75	97.14%
Comparison group trend factor DP4			0.92670	0.92424	0.99735
Cohort 5B					
Intervention – Baseline	5,930	98	\$1,729.10	\$1,661.88	96.11%
Comparison – Baseline	20,441	166	\$1,580.88	\$1,527.80	96.64%
Intervention – Demo Year 4	5,930	81	\$1,675.35	\$1,600.68	95.54%
Comparison – Demo Year 4	20,441	183	\$1,645.63	\$1,592.70	96.78%
Comparison group trend factor DP4			1.04096	1.04248	1.00146

Table 9 — MEDICARE
Summary of Demonstration Years 3 and 4 savings by cohort,
including the outlier adjustment but excluding attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Years 1, 2, 3 and 4 Combined								
Cohort 1 – total	489,262.0	\$1,612.13	1.182	\$1,905.41	\$1,704.27	\$201.15	\$98,414,181	10.6
Outlier adjusted	489,262.0	\$1,570.53	1.159	\$1,819.55	\$1,634.73	\$184.82	\$90,425,060	10.2
Cohort 2	19,835.8	\$1,612.13	1.232	\$1,985.37	\$1,934.30	\$51.06	\$1,012,897	2.6
Outlier adjusted	19,835.8	\$1,570.53	1.207	\$1,895.83	\$1,821.15	\$74.67	\$1,481,163	3.9
Cohort 3	144,368.2	\$1,612.13	0.959	\$1,546.80	\$1,462.08	\$84.72	\$12,231,556	5.5
Outlier adjusted	144,368.2	\$1,570.53	0.934	\$1,467.20	\$1,402.17	\$65.04	\$9,389,073	4.4
Cohort 4	106,497.2	\$1,742.42	1.001	\$1,744.04	\$1,500.27	\$243.77	\$25,961,340	14.0
Outlier adjusted	106,497.2	\$1,688.50	0.993	\$1,676.53	\$1,446.86	\$229.67	\$24,459,283	13.7
Cohort 5A	63,414.2	\$1,685.80	1.007	\$1,697.52	\$1,507.92	\$189.60	\$12,023,413	11.2
Outlier adjusted	63,414.2	\$1,629.26	1.004	\$1,636.23	\$1,446.23	\$190.00	\$12,048,892	11.6
Cohort 5B	48,134.7	\$1,729.10	1.056	\$1,826.30	\$1,675.35	\$150.95	\$7,266,147	8.3
Outlier adjusted	48,134.7	\$1,661.88	1.058	\$1,757.86	\$1,600.68	\$157.18	\$7,565,731	8.9
Cohorts 1+2+3+4+5A/B	871,512.1			\$1,808.61	\$1,628.57	\$180.04	\$156,909,535	10.0
Outlier Adjusted	871,512.1			\$1,728.69	\$1,561.89	\$166.80	\$145,369,202	9.6
Demonstration Year 3								
Cohort 1 – total	99,473.9	\$1,612.13	1.185	\$1,910.14	\$1,656.37	\$253.78	\$25,244,175	13.3
Outlier adjusted	99,473.9	\$1,570.53	1.146	\$1,799.76	\$1,585.47	\$214.29	\$21,316,089	11.9
Cohort 2	4,312.1	\$2,356.60	0.794	\$1,872.28	\$1,882.97	–\$10.69	–\$46,097	–0.6
Outlier adjusted	4,312.1	\$2,280.88	0.771	\$1,759.23	\$1,748.62	\$10.61	\$45,754	0.6
Cohort 3	47,319.8	\$1,690.19	0.878	\$1,483.35	\$1,452.37	\$30.99	\$1,466,241	2.1
Outlier adjusted	47,319.8	\$1,628.93	0.868	\$1,413.15	\$1,370.64	\$42.52	\$2,011,822	3.0

(continued)

Table 9 — MEDICARE (continued)
Summary of Demonstration Years 3 and 4 savings by cohort,
including the outlier adjustment but excluding attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 4	60,468.5	1,742.4	1.019	\$1,776.35	\$1,506.50	\$269.85	\$16,317,609	15.2
Outlier adjusted	60,468.5	\$1,688.50	1.014	\$1,712.85	\$1,457.21	\$255.64	\$15,457,893	14.9
Cohorts 1+2+3+4	211,574.3			\$1,775.68	\$1,572.53	\$203.15	\$42,981,927	11.4
Outlier Adjusted	211,574.3			\$1,687.63	\$1,504.09	\$183.54	\$38,831,557	10.9
Demonstration Year 4								
Cohort 1 – total	82,564.3	\$1,612.13	1.212	\$1,953.92	\$1,790.00	\$163.92	\$13,533,660	8.4
Outlier adjusted	82,564.3	\$1,570.53	1.179	\$1,851.87	\$1,689.56	\$162.31	\$13,401,278	8.8
Cohort 2	3,476.8	\$2,356.60	0.865	\$2,037.40	\$2,007.42	\$29.98	\$104,218	1.5
Outlier adjusted	3,476.8	\$2,280.88	0.831	\$1,895.83	\$1,781.52	\$114.31	\$397,435	6.0
Cohort 3	37,725.3	\$1,690.19	0.949	\$1,604.42	\$1,456.76	\$147.66	\$5,570,452	9.2
Outlier adjusted	37,725.3	\$1,628.93	0.923	\$1,502.79	\$1,395.08	\$107.71	\$4,063,279	7.2
Cohort 4	46,028.7	1,742.4	0.977	\$1,701.59	\$1,492.08	\$209.52	\$9,643,731	12.3
Outlier adjusted	46,028.7	\$1,688.50	0.965	\$1,628.82	\$1,433.26	\$195.56	\$9,001,390	12.0
Cohort 5A	63,414.2	1,685.8	1.007	\$1,697.52	\$1,507.92	\$189.60	\$12,023,413	11.2
Outlier adjusted	63,414.2	\$1,629.26	1.004	\$1,636.23	\$1,446.23	\$190.00	\$12,048,892	11.6
Cohort 5B	48,134.7	\$1,729.10	1.056	\$1,826.30	\$1,675.35	\$150.95	\$7,266,147	8.3
Outlier adjusted	48,134.7	\$1,661.88	1.058	\$1,757.86	\$1,600.68	\$157.18	\$7,565,731	8.9
Cohorts 1+2+3+4+5A/B	281,344.0			\$1,787.18	\$1,616.07	\$171.11	\$48,141,623	9.6
Outlier Adjusted	281,344.0			\$1,704.43	\$1,539.23	\$165.20	\$46,478,006	9.7

Table 10 — MEDICARE
Summary of Demonstration Years 3 and 4 savings by cohort,
After all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Years 1, 2, 3 and 4 Combined (outlier adjusted)								
Cohort 1	489,262.0	\$1,570.53	1.159	\$1,819.55	\$1,634.73	\$184.82	\$90,425,060	10.2
Cohort 2	19,835.77	\$1,570.53	1.207	\$1,895.83	\$1,821.15	\$74.67	\$1,481,163	3.94
Cohort 3	144,368.23	\$1,570.53	0.934	\$1,467.20	\$1,402.17	\$65.04	\$9,389,073	4.43
Cohort 4	106,497.18	\$1,688.50	0.993	\$1,676.53	\$1,446.86	\$229.67	\$24,459,283	13.70
Cohort 5A	63,414.24	\$1,629.26	1.004	\$1,636.23	\$1,446.23	\$190.00	\$12,048,892	11.61
Cohort 5B	48,134.66	\$1,661.88	1.058	\$1,757.86	\$1,600.68	\$157.18	\$7,565,731	8.94
Cohorts 1+2+3+4+5A/B	871,512.12			\$1,728.69	\$1,561.89	\$166.80	\$145,369,202	9.65
Attributed Savings								
Cohort 2	1,809.40	\$1,817.45				\$161.78	\$292,723	8.90
Cohort 3	36,294.60	\$1,365.18				\$75.52	\$2,740,977	5.50
Cohort 4	35,488.55	\$1,478.37				\$55.51	\$1,970,085	3.76
Cohort 5A	35,843.05	\$1,442.97				\$215.36	\$7,719,063	14.92
Cohort 6A Estimate	28,745.64					\$190.00	\$5,461,756	
Cohort 6B Estimate	20,497.17					\$157.18	\$3,221,713	
Cohorts 1+2+3+4	1,030,190.53						\$166,775,519	
Demonstration Year 1 (outlier adjusted)								
Cohort 1	190,783.10	\$1,566.42	1.169	\$1,830.64	\$1,667.68	\$162.96	\$31,089,525	8.90
Cohort 2	6,799.00	\$2,288.30	0.893	\$2,043.13	\$1,930.11	\$113.02	\$768,444	5.50
Cohorts 1+2	197,582.10			\$1,837.95	\$1,676.71	\$161.24	\$31,857,968	8.80

(continued)

Table 10 — MEDICARE (continued)
Summary of Demonstration Years 3 and 4 savings by cohort,
After all adjustments including the outlier adjustment and attributed savings

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

(continued)

Table 10 — MEDICARE (continued)
Summary of Demonstration Years 3 and 4 savings by cohort,
After all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Year 4 (outlier adjusted)								
Cohort 1	82,564.26	\$1,570.53	1.179	\$1,851.87	\$1,689.56	\$162.31	\$13,401,278	8.76
Cohort 2	3,476.82	\$2,280.88	0.831	\$1,895.83	\$1,781.52	\$114.31	\$397,435	6.03
Cohort 3	37,725.32	\$1,628.93	0.923	\$1,502.79	\$1,395.08	\$107.71	\$4,063,279	7.17
Cohort 4	46,028.69	\$1,688.50	0.965	\$1,628.82	\$1,433.26	\$195.56	\$9,001,390	12.01
Cohort 5A	63,414.24	\$1,629.26	1.004	\$1,636.23	\$1,446.23	\$190.00	\$12,048,892	11.61
Cohort 5B	48,134.66	\$1,661.88	1.058	\$1,757.86	\$1,600.68	\$157.18	\$7,565,731	8.94
Cohorts 1+2+3+4+5A/B	281,343.99			\$1,704.43	\$1,539.23	\$165.20	\$46,478,006	9.69
Attributed Savings								
Cohort 6A Estimate	28,745.64					\$190.00	\$5,461,756	
Cohort 6B Estimate	20,497.17					\$157.18	\$3,221,713	
Cohorts 1 to 6A/B	330,586.80					\$166.86	\$55,161,475	

5.4 Attributed Medicare Savings

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

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

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

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

Cohort 4 experienced 35,488.55 months of eligibility during the period of January through December 2015 and a PMPM of \$1,478.37. The savings percentage for Cohort 3 during this period was 3.76 percent. Applying this percentage to Cohort 4 experience yields a PMPM savings of \$55.51 and aggregate attributed savings of \$1,970,085.

Cohort 5A experienced 35,843.05 months of eligibility during the period of January through December 2016 and a PMPM of \$1,442.97. The savings percentage for Cohort 4 during this period was 14.92 percent. Applying this percentage to Cohort 5A experience yields a PMPM savings of \$215.36 and aggregate attributed savings of \$7,719,063.

Cohort 6A consists of those individuals whose experience will be added to the Demonstration Year 5 savings calculation on January 1, 2018, after becoming eligible for the demonstration during calendar year 2017 and Cohort 6B consists of those individuals whose experience will be added to the Demonstration Year 4 savings calculation on January 1, 2018,

after becoming eligible for the demonstration during the period of April 1, 2017 through December 31, 2017. Cohort 6A has an estimated 4,726 beneficiaries who had 28,745.64 months of eligibility during calendar year 2017 and the PMPM savings determined for Cohort 5A was \$190.00. This results in \$5,461,756 savings being preliminarily attributed to Cohort 6A. Cohort 6B has an estimated 3,279 beneficiaries who had 20,497.17 months of eligibility during the period April 1, 2017 through December 31, 2017 and the PMPM savings determined for Cohort 5B was \$157.18. This results in \$3,221,713 savings being preliminarily attributed to Cohort 6B. Additionally, please note the preliminary nature of the attributed savings for Cohorts 6A and 6B.

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

5.5 Summary of Total Gross Medicare Savings

Table 9 summarizes the savings calculation by cohort including the outlier adjustment. For the four Demonstration Years to date combined, the outlier adjustment reduced the total Medicare savings by about \$11.5 million. Medicare savings were reduced for Cohorts 1, 3 and 4, but increased for Cohorts 2 and 5B, and remained effectively constant for Cohort 5A. The reduction was \$8.0 million for Cohort 1 (\$98.4 million to \$90.4 million), \$2.8 million for Cohort 3 (\$12.2 million to \$9.4 million), \$1.5 million for Cohort 4 (\$26.0 million to \$24.5 million). The increase was \$468 thousand for Cohort 2 and \$300 thousand for Cohort 5B. The total reduction across all cohorts 1–5B in *Table 9* was \$11.5 million (\$156.9 million to \$145.4 million). Across all five cohorts and all four Demonstration Years, total Medicare savings after the outlier adjustment was \$145.4 million, or 9.6 percent.

Table 10 summarizes total gross Medicare savings calculations, including the attributed savings from Cohorts 2, 3, 4, 5A, 6A and 6B. Attributed savings are \$0.3 million, \$2.7 million, \$2.0 million, and \$7.7 million for Cohorts 2, 3, 4 and 5A and estimated to be \$5.5 million and \$3.2 million for Cohorts 6A and 6B, respectively, bringing the total Medicare savings for all five cohorts to \$166.8 million, of which \$34.9 million was for Demonstration Year 1, \$30.2 million was for Demonstration Year 2, \$46.6 million was for Demonstration Year 3 and \$55.2 million was for Demonstration Year 4.

The Medicare savings for Demonstration Year 3, \$46,550,620 (Table 10), is now considered to be final. The Medicare savings for Demonstration Year 4 is considered to be preliminary and will be updated in a future report. Demonstration Year 4 savings will be updated to include any retroactive adjustments to claims and eligibility for beneficiaries in both the intervention and comparison groups.

5.6 Additional Analysis

Tables 11 (A, B, C and D) show additional analysis of the savings by month for Demonstration Years 3 and 4 for each cohort. *Tables 12 (A and B)* show additional results of the savings by type of service for all cohorts combined for each Demonstration Year. These tables include the AGA adjustment but not the outlier adjustment (which cannot be applied by month or by type of service) nor the attributed savings. *Tables 11* show, for each month of the Demonstration Year, the target PMPM, the actual intervention PMPM, and the ratio of the demonstration PMPM to the target PMPM (or, the D/T ratio). A ratio less than 1.00 shows savings, whereas a ratio greater than 1.00 shows negative savings.

It can be seen that the D/T ratio is significantly under 1.00 for Cohort 1 in most months. The average over all 24 months is 0.89 and the average for the last 6 months is 0.95. The D/T ratio for Cohort 2 varies widely, and is not surprising given the small size of the cohort. The average over the 24 months of Cohort 2 is 1.00 and the average over the last 6 months is 1.01. For Cohort 3, the D/T ratio shows one outlier month on the high side of 1.10 in November 2016 and on the low side of 0.74 in February 2017 but is otherwise generally close to 1.00. The average over the 24 months of operations is 0.95 and over the last 6 months is 0.91. For Cohort 4, the ratio is consistently less than 1.00. The average over the 24 months of operation is 0.86 and over the last 6 months is 0.89. For Cohort 5A, the ratio is consistently less than 1.00. The average over the 12 months of operation is 0.89. For Cohort 5B, the ratio is consistently less than 1.00. The average over the 9 months of operation is 0.92.

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

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

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

Month/Year	Intervention group		PMPM			
	Incurred claims	Eligible months	Intervention	Comparison	Target	Ratio (D/T)
Baseline	\$484,510,829	300,541.1	\$1,612	\$1,592	\$1,612	1.00
Jan-2016	\$14,775,101	8,944.8	\$1,652	\$1,807	\$1,870	0.88
Feb-2016	\$13,817,364	8,813.7	\$1,568	\$1,856	\$1,915	0.82
Mar-2016	\$15,432,436	8,702.0	\$1,773	\$1,950	\$2,015	0.88
Apr-2016	\$14,363,894	8,588.2	\$1,673	\$1,982	\$2,043	0.82
May-2016	\$14,954,834	8,470.6	\$1,765	\$1,818	\$1,874	0.94
Jun-2016	\$13,313,939	8,338.8	\$1,597	\$1,986	\$2,040	0.78
Jul-2016	\$12,700,467	8,132.8	\$1,562	\$1,819	\$1,866	0.84
Aug-2016	\$13,516,533	8,054.7	\$1,678	\$1,902	\$1,958	0.86
Sep-2016	\$13,162,083	7,942.7	\$1,657	\$1,779	\$1,835	0.90
Oct-2016	\$13,324,288	7,941.7	\$1,678	\$1,747	\$1,797	0.93
Nov-2016	\$12,493,618	7,832.9	\$1,595	\$1,767	\$1,823	0.88
Dec-2016	\$12,910,565	7,710.8	\$1,674	\$1,813	\$1,864	0.90
Jan-2017	\$12,842,571	7,636.7	\$1,682	\$1,856	\$1,913	0.88
Feb-2017	\$11,730,194	7,488.7	\$1,566	\$1,763	\$1,819	0.86
Mar-2017	\$13,650,526	7,455.5	\$1,831	\$2,023	\$2,074	0.88
Apr-2017	\$12,781,675	7,406.5	\$1,726	\$1,936	\$1,981	0.87
May-2017	\$13,148,493	7,056.5	\$1,863	\$2,018	\$2,075	0.90
Jun-2017	\$12,638,870	6,815.9	\$1,854	\$1,970	\$2,031	0.91
Jul-2017	\$12,303,194	6,703.0	\$1,835	\$1,764	\$1,823	1.01
Aug-2017	\$12,719,103	6,622.9	\$1,920	\$1,994	\$2,061	0.93
Sep-2017	\$11,614,466	6,512.3	\$1,783	\$1,843	\$1,908	0.93
Oct-2017	\$12,452,203	6,383.8	\$1,951	\$1,995	\$2,060	0.95
Nov-2017	\$11,403,287	6,295.1	\$1,811	\$1,725	\$1,794	1.01
Dec-2017	\$10,505,564	6,187.3	\$1,698	\$1,837	\$1,896	0.90
Total	\$312,555,264	182,038.1	\$1,717	\$1,873	\$1,930	0.89

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$9,945,769	4,220.4	\$2,357	\$1,740	\$2,357	1.00
Jan-2016	\$888,447	389.6	2,280.3	1,227.7	\$1,670	1.37
Feb-2016	\$686,917	385.0	1,784.2	1,447.2	\$1,989	0.90
Mar-2016	\$754,802	381.6	1,977.9	1,429.7	\$1,935	1.02
Apr-2016	\$679,991	377.0	1,803.7	1,382.6	\$1,820	0.99
May-2016	\$733,640	376.5	1,948.7	1,325.6	\$1,795	1.09
Jun-2016	\$729,222	366.9	1,987.3	1,401.1	\$1,852	1.07
Jul-2016	\$610,822	354.4	1,723.4	1,532.9	\$2,064	0.83
Aug-2016	\$674,175	348.6	1,933.7	1,297.1	\$1,728	1.12
Sep-2016	\$776,457	342.3	2,268.1	1,419.6	\$1,869	1.21
Oct-2016	\$626,949	335.1	1,870.8	1,291.1	\$1,764	1.06
Nov-2016	\$556,325	329.8	1,686.9	1,447.3	\$1,971	0.86
Dec-2016	\$401,746	325.1	1,235.8	1,475.2	\$2,035	0.61
Jan-2017	\$642,059	322.6	1,990.0	1,329.4	\$1,788	1.11
Feb-2017	\$600,940	316.4	1,899.1	1,193.3	\$1,708	1.11
Mar-2017	\$581,120	310.9	1,868.9	1,767.3	\$2,420	0.77
Apr-2017	\$567,267	305.9	1,854.6	1,653.8	\$2,301	0.81
May-2017	\$725,179	288.8	2,510.7	1,781.3	\$2,486	1.01
Jun-2017	\$607,428	282.5	2,150.2	1,414.3	\$1,928	1.12
Jul-2017	\$665,382	283.0	\$2,351	\$1,298	\$1,743	1.35
Aug-2017	\$462,130	278.8	\$1,658	\$1,593	\$2,082	0.80
Sep-2017	\$452,174	276.0	\$1,638	\$1,240	\$1,709	0.96
Oct-2017	\$557,963	271.7	\$2,054	\$1,585	\$2,126	0.97
Nov-2017	\$481,570	272.9	\$1,765	\$1,540	\$2,104	0.84
Dec-2017	\$636,242	267.3	\$2,381	\$1,511	\$2,057	1.16
Total	\$15,098,947	7,788.9	\$1,939	\$1,434	\$1,946	1.00

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$103,440,434	61,200.6	\$1,690	\$1,520	\$1,690	1.00
Jan-2016	\$5,897,208	4,330.1	1,361.9	1,260.6	\$1,434	0.95
Feb-2016	\$5,923,845	4,254.3	1,392.4	1,188.9	\$1,350	1.03
Mar-2016	\$7,305,830	4,183.5	1,746.3	1,450.3	\$1,646	1.06
Apr-2016	\$6,369,944	4,114.2	1,548.3	1,386.7	\$1,567	0.99
May-2016	\$6,309,502	4,032.3	1,564.7	1,320.0	\$1,511	1.04
Jun-2016	\$5,159,471	3,959.3	1,303.1	1,289.8	\$1,457	0.89
Jul-2016	\$5,034,560	3,857.2	1,305.2	1,306.3	\$1,486	0.88
Aug-2016	\$6,015,218	3,807.1	1,580.0	1,425.0	\$1,642	0.96
Sep-2016	\$5,024,006	3,734.8	1,345.2	1,218.6	\$1,391	0.97
Oct-2016	\$5,153,305	3,729.4	1,381.8	1,306.6	\$1,480	0.93
Nov-2016	\$5,541,076	3,677.1	1,506.9	1,224.1	\$1,370	1.10
Dec-2016	\$4,991,850	3,640.5	1,371.2	1,295.9	\$1,462	0.94
Jan-2017	\$5,035,137	3,620.9	1,390.6	1,289.1	\$1,426	0.98
Feb-2017	\$4,171,651	3,538.2	1,179.0	1,389.5	\$1,591	0.74
Mar-2017	\$4,879,614	3,507.7	1,391.1	1,304.7	\$1,455	0.96
Apr-2017	\$4,651,959	3,471.2	1,340.1	1,228.5	\$1,389	0.96
May-2017	\$5,753,037	3,280.6	1,753.7	1,566.5	\$1,791	0.98
Jun-2017	\$4,578,624	3,065.5	1,493.6	1,451.0	\$1,693	0.88
Jul-2017	\$4,579,122	2,994.6	\$1,529	\$1,326	\$1,509	1.01
Aug-2017	\$4,459,208	2,943.7	\$1,515	\$1,567	\$1,803	0.84
Sep-2017	\$3,895,953	2,895.0	\$1,346	\$1,426	\$1,651	0.81
Oct-2017	\$4,713,994	2,838.9	\$1,661	\$1,598	\$1,814	0.92
Nov-2017	\$3,988,809	2,806.7	\$1,421	\$1,501	\$1,752	0.81
Dec-2017	\$4,249,562	2,762.5	\$1,538	\$1,329	\$1,473	1.04
Total	\$123,682,488	85,045.2	\$1,454	\$1,352	\$1,537	0.95

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$108,719,430	62,395.6	\$1,742	\$1,552	\$1,742	1.00
Jan-2016	\$9,653,760	5,783.5	1,669.2	1,610.7	\$1,850	0.90
Feb-2016	\$8,531,659	5,600.1	1,523.5	1,586.1	\$1,818	0.84
Mar-2016	\$9,273,085	5,432.1	1,707.1	1,751.1	\$1,995	0.86
Apr-2016	\$7,732,387	5,301.3	1,458.6	1,546.1	\$1,766	0.83
May-2016	\$8,346,486	5,177.1	1,612.2	1,657.4	\$1,896	0.85
Jun-2016	\$7,565,700	5,065.6	1,493.5	1,550.3	\$1,748	0.85
Jul-2016	\$7,565,092	4,923.3	1,536.6	1,413.9	\$1,601	0.96
Aug-2016	\$7,322,080	4,810.4	1,522.1	1,540.1	\$1,745	0.87
Sep-2016	\$6,307,854	4,686.6	1,345.9	1,533.8	\$1,736	0.78
Oct-2016	\$6,488,855	4,657.6	1,393.2	1,462.1	\$1,662	0.84
Nov-2016	\$6,308,593	4,561.6	1,383.0	1,512.3	\$1,705	0.81
Dec-2016	\$6,000,340	4,469.3	1,342.6	1,531.7	\$1,732	0.78
Jan-2017	\$6,214,704	4,398.1	1,413.0	1,583.3	\$1,787	0.79
Feb-2017	\$5,450,747	4,277.6	1,274.3	1,470.5	\$1,656	0.77
Mar-2017	\$6,973,165	4,262.8	1,635.8	1,513.1	\$1,705	0.96
Apr-2017	\$6,131,445	4,206.7	1,457.5	1,424.9	\$1,617	0.90
May-2017	\$6,321,027	4,031.8	1,567.8	1,501.7	\$1,692	0.93
Jun-2017	\$5,724,467	3,802.5	1,505.4	1,498.6	\$1,701	0.88
Jul-2017	\$5,386,388	3,697.2	\$1,457	\$1,509	\$1,716	0.85
Aug-2017	\$5,524,257	3,623.7	\$1,524	\$1,596	\$1,795	0.85
Sep-2017	\$5,411,694	3,538.7	\$1,529	\$1,534	\$1,754	0.87
Oct-2017	\$5,790,579	3,455.8	\$1,676	\$1,429	\$1,590	1.05
Nov-2017	\$4,665,350	3,392.8	\$1,375	\$1,475	\$1,655	0.83
Dec-2017	\$5,084,452	3,340.9	\$1,522	\$1,578	\$1,751	0.87
Total	\$159,774,164	106,497.2	\$1,500	\$1,539	\$1,744	0.86

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$110,905,078	65,787.6	\$1,686	\$1,638	\$1,686	1.00
Jan-2017	\$9,793,012	6,136.0	1,596.0	1,638.1	\$1,677	0.95
Feb-2017	\$8,938,610	5,913.1	1,511.7	1,525.1	\$1,558	0.97
Mar-2017	\$8,923,496	5,812.4	1,535.3	1,786.5	\$1,821	0.84
Apr-2017	\$8,422,603	5,663.6	1,487.1	1,644.2	\$1,676	0.89
May-2017	\$8,020,163	5,437.8	1,474.9	1,582.2	\$1,625	0.91
Jun-2017	\$7,725,167	5,280.0	1,463.1	1,655.5	\$1,710	0.86
Jul-2017	\$7,655,589	5,138.6	1,489.8	1,554.7	\$1,598	0.93
Aug-2017	\$8,109,281	5,042.2	1,608.3	1,913.3	\$1,985	0.81
Sep-2017	\$7,221,704	4,923.2	1,466.9	1,589.1	\$1,620	0.91
Oct-2017	\$7,659,287	4,777.7	1,603.1	1,877.6	\$1,963	0.82
Nov-2017	\$6,386,559	4,689.4	1,361.9	1,452.4	\$1,505	0.90
Dec-2017	\$6,768,105	4,600.3	1,471.2	1,596.7	\$1,643	0.90
Total	\$95,623,575	63,414.2	\$1,508	\$1,651	\$1,698	0.89

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$113,102,577	65,411.2	\$1,729	\$1,635	\$1,729	1.00
Apr-2017	\$10,087,731	5,907.2	1,707.7	1,636.7	\$1,700	1.00
May-2017	\$10,767,397	5,718.3	1,883.0	1,825.3	\$1,898	0.99
Jun-2017	\$9,446,911	5,603.7	1,685.8	1,766.8	\$1,830	0.92
Jul-2017	\$8,566,031	5,483.4	1,562.2	1,754.8	\$1,810	0.86
Aug-2017	\$9,006,876	5,343.5	1,685.6	1,862.8	\$1,907	0.88
Sep-2017	\$8,033,446	5,214.9	1,540.5	1,642.9	\$1,684	0.91
Oct-2017	\$8,676,096	5,071.4	1,710.8	1,843.5	\$1,903	0.90
Nov-2017	\$8,549,901	4,964.7	1,722.1	1,800.5	\$1,829	0.94
Dec-2017	\$7,507,808	4,827.6	1,555.2	1,865.5	\$1,890	0.82
Total	\$80,642,197	48,134.7	\$1,675	\$1,775	\$1,826	0.92

**Table 12.A — MEDICARE
PMPM costs for Demonstration Year 3 based on incurred Medicare claims for Cohorts 1, 2, 3 and 4**

Type of service	Intervention		PMPM				PMPM Savings	Dollar Savings
	Incurred Claims	Member Months	Intervention (D)	Comparison	Target (T)	Ratio (D/T)		
Baseline	\$930,624,118	559,556.5	\$1,663.15	\$1,591.41				
Durable medical equipment	\$12,828,231	211,574.3	\$60.63	\$67.86	\$73.05	0.83	\$12.42	\$2,628,107
Home health agency	\$13,704,153	211,574.3	\$64.77	\$92.80	\$101.70	0.64	\$36.93	\$7,813,824
Hospice	\$3,980,986	211,574.3	\$18.82	\$55.97	\$58.83	0.32	\$40.01	\$8,465,679
Inpatient	\$128,171,443	211,574.3	\$605.80	\$595.31	\$646.58	0.94	\$40.78	\$8,628,093
Outpatient	\$82,767,598	211,574.3	\$391.20	\$354.88	\$381.13	1.03	-\$10.07	-\$2,130,534
Professional	\$62,050,183	211,574.3	\$293.28	\$359.34	\$390.35	0.75	\$97.07	\$20,537,141
SNF	\$29,203,724	211,574.3	\$138.03	\$112.44	\$124.04	1.11	-\$13.99	-\$2,960,382
Total	\$332,706,318	211,574.3	\$1,572.53	\$1,638.59	\$1,775.68	0.89	\$203.15	\$42,981,927

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

Type of service	Intervention		PMPM				PMPM Savings	Dollar Savings
	Incurred Claims	Member Months	Intervention (D)	Comparison	Target (T)	Ratio (D/T)		
Baseline	\$930,624,118	559,556.5	\$1,663.15	\$1,591.41				
Durable medical equipment	\$15,314,194	281,344.0	\$54.43	\$60.81	\$63.87	0.85	\$9.43	\$2,654,137
Home health agency	\$19,825,534	281,344.0	\$70.47	\$100.85	\$105.87	0.67	\$35.40	\$9,960,490
Hospice	\$4,365,406	281,344.0	\$15.52	\$60.00	\$63.39	0.24	\$47.87	\$13,468,277
Inpatient	\$176,543,875	281,344.0	\$627.50	\$615.02	\$653.19	0.96	\$25.69	\$7,228,244
Outpatient	\$111,588,100	281,344.0	\$396.63	\$356.08	\$373.76	1.06	-\$22.86	-\$6,432,096
Professional	\$87,342,385	281,344.0	\$310.45	\$367.88	\$390.43	0.80	\$79.98	\$22,502,724
SNF	\$39,690,825	281,344.0	\$141.08	\$125.53	\$136.67	1.03	-\$4.41	-\$1,240,154
Total	\$454,670,318	281,344.0	\$1,616.07	\$1,686.17	\$1,787.18	0.90	\$171.11	\$48,141,623

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

Category of beneficiary	Total		Durable Medical Equipment		Home Health Agency		Hospice		Inpatient		Outpatient		Professional		SNF	
	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings
Total	\$203.15	\$42,981,927	\$12.42	\$2,628,107	\$36.93	\$7,813,824	\$40.01	\$8,465,679	\$40.78	\$8,628,093	-\$10.07	-\$2,130,534	\$97.07	\$20,537,141	-\$13.99	-\$2,960,382
Fac 65+ SPMI	\$667.50	\$3,081,098	\$0.30	\$1,383	-\$10.94	-\$50,501	\$137.14	\$633,022	\$141.17	\$651,624	\$149.91	\$691,982	\$147.74	\$681,939	\$102.18	\$471,651
Fac 65+ xSPMI	\$597.95	\$4,828,819	-\$3.75	-\$30,266	-\$5.74	-\$46,356	\$167.92	\$1,356,028	\$164.90	\$1,331,655	\$50.90	\$411,057	\$128.99	\$1,041,669	\$94.73	\$765,033
HCBS 65+ SPMI	\$469.16	\$4,789,008	\$16.39	\$167,286	\$45.86	\$468,100	\$75.03	\$765,866	\$111.51	\$1,138,241	\$64.20	\$655,284	\$148.99	\$1,520,785	\$7.20	\$73,446
HCBS 65+ xSPMI	\$319.54	\$11,384,776	\$8.42	\$300,169	\$69.43	\$2,473,594	\$85.33	\$3,040,184	\$53.32	\$1,899,810	-\$5.66	-\$201,769	\$125.11	\$4,457,359	-\$16.41	-\$584,572
Com 65+ SPMI	\$259.15	\$1,847,219	\$13.05	\$93,042	\$27.31	\$194,685	\$27.89	\$198,777	\$120.91	\$861,818	-\$42.83	-\$305,306	\$95.38	\$679,859	\$17.44	\$124,345
Com 65+ xSPMI	\$110.76	\$4,590,874	\$12.69	\$526,188	\$37.05	\$1,535,672	\$24.83	\$1,029,371	\$12.65	\$524,332	-\$35.48	-\$1,470,660	\$79.37	\$3,289,920	-\$20.36	-\$843,948
Fac <65 SPMI	\$414.90	\$712,378	-\$5.66	-\$9,716	-\$31.28	-\$53,714	\$53.16	\$91,268	\$1.86	\$3,198	\$69.59	\$119,484	\$269.50	\$462,728	\$57.74	\$99,130
Fac <65 xSPMI	\$451.68	\$872,285	\$5.97	\$11,524	-\$22.65	-\$43,744	\$110.50	\$213,391	-\$151.95	-\$293,452	\$113.41	\$219,020	\$342.16	\$660,781	\$54.25	\$104,765
HCBS <65 SPMI	\$127.54	\$2,034,401	\$13.33	\$212,628	\$34.12	\$544,306	\$26.23	\$418,349	\$54.19	\$864,326	-\$42.37	-\$675,794	\$81.55	\$1,300,837	-\$39.51	-\$630,250
HCBS <65 xSPMI	\$307.92	\$8,772,581	\$27.58	\$785,698	\$70.75	\$2,015,700	\$13.37	\$380,881	\$107.81	\$3,071,484	\$2.48	\$70,524	\$107.48	\$3,062,051	-\$21.54	-\$613,756
Com <65 SPMI	\$72.73	\$1,681,041	\$10.92	\$252,483	\$17.39	\$401,927	\$6.13	\$141,759	\$52.85	\$1,221,626	-\$34.57	-\$799,111	\$65.09	\$1,504,561	-\$45.09	-\$1,042,204
Com <65 xSPMI	-\$48.48	-\$1,612,554	\$9.55	\$317,687	\$11.25	\$374,157	\$5.92	\$196,784	-\$79.56	-\$2,646,568	-\$25.41	-\$845,243	\$56.36	\$1,874,653	-\$26.58	-\$884,022

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

Category of beneficiary	Total		Durable Medical Equipment		Home Health Agency		Hospice		Inpatient		Outpatient		Professional		SNF	
	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings
Total	\$171.11	\$48,141,623	\$9.43	\$2,654,137	\$35.40	\$9,960,490	\$47.87	\$13,468,277	\$25.69	\$7,228,244	-\$22.86	-\$6,432,096	\$79.98	\$22,502,724	-\$4.41	-\$1,240,154
Fac 65+ SPMI	\$672.69	\$5,922,648	\$2.48	\$21,875	-\$20.17	-\$177,567	\$161.67	\$1,423,391	\$54.00	\$475,464	\$192.92	\$1,698,520	\$194.31	\$1,710,760	\$87.48	\$770,204
Fac 65+ xSPMI	\$457.89	\$4,080,078	-\$3.37	-\$30,019	-\$7.69	-\$68,503	\$169.93	\$1,514,202	\$20.76	\$185,000	\$98.84	\$880,758	\$112.13	\$999,151	\$67.28	\$599,488
HCBS 65+ SPMI	\$311.33	\$6,303,049	\$26.30	\$532,453	\$77.40	\$1,567,047	\$71.81	\$1,453,889	\$57.90	\$1,172,318	\$13.85	\$280,334	\$97.08	\$1,965,487	-\$33.02	-\$668,479
HCBS 65+ xSPMI	\$362.68	\$15,300,722	\$9.67	\$407,850	\$58.38	\$2,462,804	\$92.87	\$3,917,838	\$80.92	\$3,413,963	-\$32.78	-\$1,383,019	\$126.64	\$5,342,872	\$26.98	\$1,138,414
Com 65+ SPMI	\$95.03	\$1,413,980	\$10.57	\$157,229	\$47.93	\$713,159	\$29.28	\$435,631	-\$7.15	-\$106,353	-\$30.00	-\$446,402	\$58.65	\$872,746	-\$14.25	-\$212,030
Com 65+ xSPMI	\$75.11	\$4,086,260	\$12.89	\$701,446	\$36.31	\$1,975,178	\$29.57	\$1,608,704	-\$6.16	-\$334,862	-\$42.44	-\$2,308,848	\$53.15	\$2,891,718	-\$8.22	-\$447,077
Fac <65 SPMI	\$890.94	\$2,756,101	\$31.66	\$97,943	-\$27.62	-\$85,437	\$62.14	\$192,221	\$156.20	\$483,198	\$95.21	\$294,530	\$364.13	\$1,126,434	\$209.22	\$647,212
Fac <65 xSPMI	\$692.33	\$1,587,521	-\$4.10	-\$9,391	-\$16.85	-\$38,630	\$137.67	\$315,683	\$243.57	\$558,512	-\$33.25	-\$76,243	\$299.98	\$687,853	\$65.30	\$149,738
HCBS <65 SPMI	\$256.60	\$6,252,055	-\$0.42	-\$10,273	\$48.87	\$1,190,688	\$28.00	\$682,275	\$150.18	\$3,659,215	-\$27.05	-\$659,035	\$71.49	\$1,741,781	-\$14.47	-\$352,597
HCBS <65 xSPMI	\$168.96	\$5,371,110	\$2.26	\$71,930	\$46.63	\$1,482,410	\$41.94	\$1,333,189	\$44.00	\$1,398,655	-\$43.43	-\$1,380,445	\$88.48	\$2,812,654	-\$10.92	-\$347,283
Com <65 SPMI	-\$63.80	-\$2,127,987	\$10.43	\$347,928	\$17.45	\$582,029	\$4.17	\$139,211	-\$53.60	-\$1,787,533	-\$54.83	-\$1,828,606	\$51.09	\$1,704,105	-\$38.53	-\$1,285,122
Com <65 xSPMI	-\$75.74	-\$2,803,912	\$9.86	\$365,166	\$9.65	\$357,312	\$12.21	\$452,042	-\$51.04	-\$1,889,332	-\$40.62	-\$1,503,641	\$17.48	\$647,163	-\$33.30	-\$1,232,623