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**Report for Washington Managed Fee-for-Service
(MFFS)
Final Demonstration Year 1 and Preliminary
Demonstration Year 2 Medicare Savings
Estimates: Medicare-Medicaid Financial
Alignment Initiative**

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**REPORT FOR WASHINGTON MANAGED FEE-FOR-SERVICE (MFFS) FINAL
DEMONSTRATION YEAR 1 AND PRELIMINARY DEMONSTRATION YEAR 2
MEDICARE SAVINGS ESTIMATES: MEDICARE-MEDICAID FINANCIAL
ALIGNMENT INITIATIVE**

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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, engaging enrollees to develop Health Action Plans (HAPs), and increase self-management skills to achieve optimal physical and cognitive health.

The State's existing delivery systems for primary, acute, behavioral, and LTSS are 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 of all enrollees were in 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 passive 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. While beyond the period covered by this report, the demonstration newly began to serve King and Snohomish counties effective April 1, 2017, bringing the demonstration service area statewide.

This report provides a final Medicare savings analysis of the Washington managed fee-for-service (MFFS) demonstration for Demonstration Year 1 and a preliminary analysis of Medicare data for Demonstration Year 2 under the Medicare-Medicaid Financial Alignment Initiative. During the period covered by this report, Washington has enrolled beneficiaries in the demonstration in all but two counties (King and Snohomish) in the State. Washington began enrollment on July 1, 2013. For Medicare, this preliminary report covers the 30-month period from July 1, 2013 through December 31, 2015. This 30-month period covers Medicare data for Demonstration Period 1 for the Washington demonstration (July 1, 2013 through December 31, 2014) and Demonstration Period 2 (January 1, 2015 through December 31, 2015). In January 2016, CMS released a report by RTI entitled Preliminary Findings from the Washington MFFS Demonstration. The report provided a preliminary estimate of Medicare savings for Demonstration Year 1 for Washington. This current report makes several adjustments to that analysis as noted below. Because we do not have sufficient Medicaid data for the periods covered in this report, this report covers Medicare only. For Medicare, this report provides final estimates for Demonstration Period 1 and preliminary estimates for the additional 12-month period January 1, 2015 through December 31, 2015. There will be a savings report after each demonstration period and the next report will include full Medicaid data for Demonstration Periods 1 and 2 if available.

The method used to perform the savings calculation 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. Both methods use beneficiaries from the same comparison group. Because the actuarial method constructs cohorts of beneficiaries from the comparison group (as will be explained later), the actuarial savings calculation uses a subset of the comparison group that was constructed for the other descriptive and regression-based analyses that RTI will perform as part of this 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 under the MFFS Financial Alignment Model. The Medicare and Medicaid savings calculation results will be a factor in that determination.

The results presented in this report should be viewed as final for Medicare Demonstration Period 1, but preliminary for Demonstration Period 2. The Demonstration Period 2 Medicare Parts A and B expenditure data covers 8 months of claims runout, i.e., through August 2016. Typically, 9 months of runout are required for RTI to consider Medicare results complete.¹ We will prepare a final report that will include more months of runout to the Medicare data. Note that the evaluation report will include an analysis of Medicare Part D data, however under the

¹ For a 1-year period, claims data are generally considered complete after nine months of runout. After 8 months of runout, it is expected that at least 98 percent of the claims are complete.

MFFS financial alignment model, Part D spending does not inform the amount of any performance payment to the State.

We have also made a few modifications to the Demonstration Period 1 results shared previously. The results were modified for several reasons –

- First, three counties were dropped from the comparison group in Georgia (Harris, Marion, and Muscogee), because they had been included in error. There were 8 beneficiaries dropped from the comparison group that were in Harris county, 8 in Marion county, and 76 in Muscogee county. All but 4 of the beneficiaries dropped were in Cohort 1. This represents only about one-quarter of one percent of the 34,609 beneficiaries in Cohort 1, and, therefore, should have a negligible effect on the results.
- Second, we changed from looking at each beneficiary meeting CMS program eligibility requirements at the start of each subcohort to meeting the requirements on July 1, 2013 for Cohort 1 of the Washington intervention group. This change to the intervention group corresponds to the date on which the comparison group beneficiaries meet the CMS program eligibility requirements for Cohort 1. Because of this change, 159 beneficiaries were dropped from Cohort 1 and 233 different beneficiaries were added to Cohort 1. These 392 beneficiaries represent 2.8 percent of the 13,862 beneficiaries in Cohort 1. Of the 159 beneficiaries that were dropped from Cohort 1, 83 moved to Cohort 2. Two other changes were made to Cohort 2. In total, the number of beneficiaries in Cohort 2 increased from 116 to 685. In addition to the 83 beneficiaries that moved from Cohort 1 to Cohort 2, 141 beneficiaries were added to Cohort 2 because we no longer independently check that the beneficiary was not dual on July 1, 2013. (Cohort 2 beneficiaries still needed to meet all CMS program eligibility requirements on January 1, 2014.) It had been assumed that anyone who was dual on July 1, 2013 would be in Cohort 1, but there were many such beneficiaries that were not and these beneficiaries did not fall into any cohort. We now pick these beneficiaries up in Cohort 2. The other change made to Cohort 2 was that we had excluded experience for Cohort 2 beneficiaries for months in the Cohort 2 baseline period if there was no state eligibility flag. For this report, we did not drop these months, which is consistent with how the baseline period for Cohort 1 is handled. This added 373 beneficiaries to Cohort 2 (some of whom were part of the 141 added because they were not dual on July 1, 2013).
- Another change that we made was to switch data sources from the national TAP claims files and the Enrollment Database to the Chronic Condition Warehouse (CCW) and the Integrated Data Repository (IDR). CMS has been building the capabilities of both the CCW and IDR for several years and we made the switch to this new data source for claims and enrollment. The CCW and the IDR are populated with data from the EDB and the TAP files, along with several other sources of data that make them more complete sets of data. In particular, one field of data in the IDR that affected our calculations is an indicator for dual eligibility. For this report, we used this indicator for the months in the baseline period (July 2011 through June 2013), instead of information from the EDB, which had the effect of including some

months and excluding other months of experience in the calculation of the baseline PMPMs. For the comparison group, the number of months of experience increased by about 1.7 percent from 715,976 to 728,249, while for the intervention group the number of months of experience decreased by 2.3 percent from 305,499 to 298,592. This changed the trend from the baseline period to the demonstration period. For the comparison group, the trend increased by 0.7 percent, which increased the savings estimate. For the intervention group, the trend decreased by 1.2 percent, which also increased the savings estimate.

- Finally, the Average Geographic Adjustment (AGA) factors were updated, as will be explained later in this report. These changes resulted in increases in the calculated savings for Demonstration Period 1 for both Cohorts 1 and 2. The 2014 AGA factors used to develop Medicare Advantage (MA) rates took into account one-half of the change from the so-called “Nantucket Effect.” The Nantucket Effect was the result of a change in the classification of the Nantucket Cottage Hospital (a 19 bed facility) from a critical access hospital to a rural hospital. Because Medicare rules state that the wage index for a rural hospital is the floor that is used for all hospitals in a state, all hospitals in Massachusetts received an increase in their wage index, and thus, higher payment rates. Because all AGA factors across the entire nation must be budget neutral, this resulted in all AGA factors other than those in Massachusetts decreasing slightly, although the decrease was not uniform. CMS decided to implement this downward adjustment across 2 years, so that half of the adjustment was included in the 2014 AGA factors (i.e., the blended factors) and the remaining adjustment was included in the 2015 AGA factors. CMS also published 2014 AGA factors that included the “full” effect of the Nantucket adjustment (i.e., the “full” AGA factors), although these were not used in the determination of MA rates. In RTI/ARC’s calculations in 2015, we used the “blended” 2014 AGA factors. We were not aware of the existence of 2 sets of AGA factors at that time. In the 2017 calculations, we used the “full effect” 2014 AGA factors. The difference in savings from this change was about \$2.2 million, or about 22 percent of the total change from the January 2016 preliminary DY1 to the final DY1 savings estimate for Washington. The reason for the change was that it was assumed that the full effect factors more accurately reflected the difference in Medicare FFS cost trends in different geographic areas. We would note, however, that both sets of factors are only approximations, because they are based on 5-year historical averages.

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) on August 16, 2016, to construct an analytic file that contains the date of death; eligibility occurrences for Part A coverage, Part B coverage, and primary payer status; eligibility occurrences for State/county codes of residence and Group Health Organization (GHO) enrollment (e.g., Medicare Advantage [MA] or the Program of All-Inclusive Care for the Elderly [PACE]); and periods of hospice coverage. All of this information was used to construct a historical eligibility record for each beneficiary in all cohorts and for both demonstration periods. Thus, these new data were used to produce the final estimate of savings for demonstration year 1.

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 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 Period 2 will include updated values for all previous months.

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, 2015, and processed by CMS through August 2016. 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 30 months but not yet paid by the end of August 2016. We have not included an estimate of the IBNR claims for this report, although the claims runout is expected to be over 98 percent complete.

Medicare payments were separated into seven claim categories:

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

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3. Basic Approach

The basic 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 period. The trend used for the projection is based on the actual experience observed in the comparison group during the baseline period and the demonstration period.

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 of beneficiaries:

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

The intervention group and the comparison group had roughly the same distribution by prevalence of SPMI. Both groups had roughly 27 percent prevalence of SPMI. The distribution by basis of eligibility and facility status showed more variation. In the intervention group, 47 percent of individuals were aged 65 or older compared with 40 percent of individuals in the comparison group. In the intervention group, 42 percent of members used HCBS and 11 percent used facility-based LTSS, whereas the prevalence in the comparison group was 18 percent HCBS and 31 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 this different distribution.

It is important to note that beneficiaries are placed into categories according to their characteristics at the time that they are first placed in “cohorts,” even if these characteristics subsequently change. This is done to ensure that the PMPMs in each category change only from the effects of the demonstration and not from the effects of changing the mix of individuals in the category. This will also capture the effect of the demonstration to 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 cost for 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 calculation would show demonstration savings.

3.2 Cohorts

The beneficiaries are also disaggregated according to when they become eligible for the demonstration. Thus, beneficiaries are placed into cohorts based on when they first meet the eligibility requirements of the demonstration. Those who met the requirements for eligibility on July 1, 2013 are in Cohort 1. Those who met the requirements for eligibility on January 1, 2014 (and who are not in Cohort 1) are in Cohort 2. Finally, those who met the requirements for eligibility on January 1, 2015 (and are not in Cohort 1 or Cohort 2) are in Cohort 3. Note that the beneficiaries in Cohort 1 and Cohort 2 have experience after the start date of the cohort during Demonstration Period 1 (which spans July 2013 through December 2014), but that Cohort 3 does not. All three cohorts have experience after the start date of the cohort in Demonstration Period 2 (which spans January 2015 through December 2015).

Washington has 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). 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 exclude them from the savings calculation if, on the date that we place them in cohorts, they meet any of the following criteria. We also exclude from the baseline period any month for which an eligible beneficiary does not meet these basic eligibility requirements.

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

For beneficiaries in the comparison group, we applied the same checks, except that residence was checked for the appropriate counties in the comparison States. RTI constructed the comparison group from selected Metropolitan Statistical Areas (MSAs) in three States—Arkansas, Georgia, and West Virginia—based on similarities between the demonstration and

comparison areas.² 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 period. 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, and the seventh quarter of the demonstration for Cohort 3.

The tables presented in this report analyze eligibility and Medicare payments for eight populations of beneficiaries separated into three main cohorts. Cohort 1 consists of those beneficiaries who first became eligible for the demonstration before the month of July 2013 and who were also dually eligible for both Medicare and Medicaid in July 2013 (the month that the demonstration began). Cohort 1 of the intervention group is subdivided into six subgroups consisting of those first flagged as eligible per the State for the demonstration in each of the months July through December 2013, and identified as Cohort 1A through 1F, respectively.

Cohort 2 consists of those beneficiaries who were eligible for the demonstration in January 2014 and who were not in Cohort 1. Cohort 3 consists of those who were eligible for the demonstration in January 2015 and who were not in Cohorts 1 or 2. For each cohort after the first, some or all of the baseline experience includes months that are also demonstration period 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 Period 1, the savings percentage experienced by Cohort 1 was attributed to these few months of Cohort 2 and the savings percentage experienced by Cohort 2 was attributed to these few months for Cohort 3. Cohort 4 consists of those who were eligible for the demonstration in January 2016 and who were not in Cohorts 1, 2, or 3. For this report, we will tabulate the size of Cohort 4 and attribute the PMPM savings achieved for Cohort 3 to these first few months of eligibility of Cohort 4.

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 account of these monthly changes. 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 subcohorts.

² A description of the comparison group selection methodology will be included in the upcoming Washington annual report.

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.

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.

For Cohort 1, the baseline period consists of the 24 months immediately before the start of the demonstration (i.e., July 1, 2011 through June 30, 2013). For Cohort 2, the baseline experience is the 12-month period January through December 2013. For Cohort 3, the baseline period is the 12-month period January through December 2014. The same beneficiaries are in the baseline and the demonstration periods 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 period, it is important that each beneficiary have relevant experience in both of these periods.

For Medicare, the trend factors from the baseline period to the two demonstration periods 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 period. For the intervention group, when aggregating across months, cells, types of service, or cohorts, expenditures and member months are simply added up and the aggregate PMPMs are obtained by performing division. For the comparison group, however, when aggregating across months, cells, type of service, or cohorts, expenditures are obtained by multiplying the PMPM of the comparison group by the member months (MM) of the intervention group, which represents the expenditures that the comparison group would have experienced if it had the same enrollment structure as the intervention group. Totals obtained in this way are referred to as "reweighted" in the following 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) 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 is essentially the PMPM in the baseline period of the intervention group projected forward by the trend in the comparison group.

3.3 AGA and Outlier Adjustments

Adjustments to the target PMPMs are needed to reflect Federal and State policies that affect the costs in the comparison States differently from those in the demonstration States, to ensure that calculated savings result only from the demonstration and not from these government policies. For Medicare expenditures, the only such adjustment is for the Average Geographic Adjustment (AGA) factor. This factor is based on the geographic variation in the trends in FFS costs and affects the level of Medicare payments to Medicare Advantage plans in each county. The AGA measures how the costs in each county vary through time compared with the costs of the entire nation. The AGA changes through time at different rates for each geographic area. The target PMPMs are adjusted so that the comparison group trend is what it would be if the AGA factors in the comparison States had changed by the same percentage amount as the change in the demonstration State between the baseline period and the demonstration period.

Other adjustments have to be made to the Medicaid expenditures.

Another adjustment made to both the intervention and the comparison PMPMs is for outliers. Average health care expenditures (as represented by the PMPMs) 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 is made by combining the intervention and comparison group beneficiaries and ranking them by their Medicare expenditures. A threshold amount is calculated at the 99th percentile of these beneficiary-level costs. The costs of any individual that are above this threshold amount 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.

3.4 Determining Member Months

Savings are determined by comparing intervention and comparison group PMPM Medicare expenditures. The first step in determining PMPM amounts is determining the number of member months 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) 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, 2016.
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.

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 and 3, the member months are calculated beginning on January 1, 2014 or 2015, 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 he 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 already eligible from losing eligibility.

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 small and similar between the intervention and comparison groups.

Cohort 1 consists of 13,862 Medicare-Medicaid enrollees in the intervention group and 34,609 Medicare-Medicaid enrollees in the comparison group. After 30 months of operations, there were 9,003 eligible intervention group members and 17,489 eligible comparison group members as of December 31, 2015. The monthly attrition rates for the intervention and comparison groups were 1.59 percent and 2.28 percent, respectively. The most common reason for attrition was death and the monthly death rate for the intervention group was 0.80 percent, lower than the monthly death rate of 1.20 percent for the comparison group. The intervention group also experienced a lower rate of attrition because the beneficiary joined a Group Health Organization (GHO), moved out of area, or participated 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 (0.41 percent vs. 0.22 percent).

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 in each of the 6 months from July 2013 through December 2013. The following table shows the number of beneficiaries in each subgroup, the monthly death rate, and the total monthly attrition rate for each subgroup.

Subgroup	Number of beneficiaries	Monthly death rate	Total monthly attrition rate
1A	2,208	1.03%	1.76%
1B	3,835	0.62%	1.40%
1C	389	0.65%	1.67%
1D	5,999	0.87%	1.68%
1E	723	0.70%	1.48%
1F	786	0.69%	1.53%

Cohort 2 consists of 685 Medicare-Medicaid enrollees in the intervention group and 6,694 Medicare-Medicaid enrollees in the comparison group. After 24 months, there were 387 eligible intervention group members and 3,692 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.48 percent and 2.55 percent, respectively.

Cohort 3 consists of 5,697 Medicare-Medicaid enrollees in the intervention group and 9,674 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 4,468 eligible intervention group members and 7,388 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.05 percent and 2.27 percent, respectively.

Table 1.A summarizes the reasons for ineligibility for members of Cohort 1 who became ineligible during the first 30 months of demonstration operations. **Table 1.B** summarizes the reasons for ineligibility for members of Cohort 2 who became ineligible during the 24 months of demonstration operations. Finally, **Table 1.C** summarizes the reasons for ineligibility for members of Cohort 3 who became ineligible during the 12 months of demonstration operations.

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	2,453	0.80%	8,994	1.20%
Loss of Part A or B	31	0.01%	65	0.01%
GHO enrollment	601	0.20%	1,943	0.26%
Medicare secondary payer	153	0.05%	360	0.05%
Moved out of service area	265	0.09%	1,155	0.15%
Participation in SSP	130	0.04%	2,920	0.39%
Loss of eligibility	1,250	0.41%	1,683	0.22%
All ineligibles	4,883	1.59%	17,120	2.28%
Beneficiaries as of 1st day of 1st month of eligibility	13,862		34,609	
Beneficiaries as of 12/31/2015	9,003		17,489	
Total member months	306,942.04		749,263.30	

GHO = Group Health Organization.

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	92	0.76%	1,271	1.08%
Loss of Part A or B	2	0.02%	11	0.01%
GHO enrollment	32	0.27%	326	0.28%
Medicare secondary payer	13	0.11%	50	0.04%
Moved out of service area	28	0.23%	284	0.24%
Participation in SSP	9	0.07%	608	0.52%
Loss of eligibility	122	1.01%	452	0.38%
All ineligibles	298	2.48%	3,002	2.55%
Beneficiaries as of 1/1/2014	685		6,694	
Beneficiaries as of 12/31/2015	387		3,692	
Total member months	12,031.84		117,757.86	

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	432	0.72%	1,248	1.24%
Loss of Part A or B	5	0.01%	19	0.02%
GHO enrollment	161	0.27%	251	0.25%
Medicare secondary payer	40	0.07%	53	0.05%
Moved out of service area	86	0.14%	223	0.22%
Participation in SSP	0	0.00%	0	0.00%
Loss of eligibility	505	0.84%	492	0.49%
All ineligibles	1,229	2.05%	2,286	2.27%
Beneficiaries as of 1/1/2014	5,697		9,674	
Beneficiaries as of 12/31/2015	4,468		7,388	
Total member months	59,906.73		100,600.87	

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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, or the per member per month (PMPM) costs. We begin this calculation by tabulating the PMPM costs for the comparison group in both the baseline period and the demonstration period as shown in **Tables 2. Tables 2.A, 2.B, and 2.C** show the incurred claims, member months, and per member per month (PMPM) costs for Cohort 1 (**Table 2.A**), Cohort 2 (**Table 2.B**), and Cohort 3 (**Table 2.C**) for the baseline period and for the first two demonstration periods by category of beneficiary.

For Cohort 1, the PMPM increases by 8.6 percent from \$1,616 during the baseline period to \$1,755 during Demonstration Period 1 and by 9.5 percent to 1,770 during Demonstration Period 2. For Cohort 2, the PMPM decreases by 5.1 percent from \$1,621 to \$1,539 during Demonstration Period 1 and by 12 percent to \$1,427 during Demonstration Period 2. For Cohort 3, the PMPM decreases by 12.5 percent from \$1,729 to \$1,512 during Demonstration Period 2. Cohort 3 has no experience during Demonstration Period 1.

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

Before comparing with the intervention group, as will be shown in subsequent tables, the PMPMs in each cell (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 reweighted PMPM costs are adjusted for two reasons: (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 Period 1,
by category of beneficiary: Cohort 1

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	736,697.0	\$1,190,602,598	\$1,616.14	518,604.4	\$910,241,465	\$1,755.17	1.08603
Facility, age 65+, with SPMI	49,521.1	\$101,531,570	\$2,050.27	35,203.8	\$67,350,279	\$1,913.15	0.93312
Facility, age 65+, no SPMI	134,802.2	\$232,196,651	\$1,722.50	92,722.7	\$148,612,897	\$1,602.77	0.93049
HCBS, age 65+, with SPMI	13,013.7	\$25,340,622	\$1,947.22	9,198.4	\$20,526,195	\$2,231.50	1.14599
HCBS, age 65+, no SPMI	77,733.2	\$134,697,797	\$1,732.82	52,979.7	\$118,767,014	\$2,241.75	1.29370
Community, age 65+, with SPMI	18,374.0	\$26,639,016	\$1,449.83	13,343.4	\$22,793,033	\$1,708.19	1.17820
Community, age 65+, no SPMI	145,708.4	\$180,348,162	\$1,237.73	100,756.0	\$152,295,664	\$1,511.53	1.22121
Facility, age <65, with SPMI	15,572.5	\$38,414,751	\$2,466.84	11,418.7	\$25,143,150	\$2,201.93	0.89261
Facility, age <65, no SPMI	18,444.5	\$42,190,174	\$2,287.41	13,386.9	\$29,166,215	\$2,178.71	0.95248
HCBS, age <65, with SPMI	19,449.1	\$33,612,486	\$1,728.23	14,067.5	\$23,901,482	\$1,699.06	0.98312
HCBS, age <65, no SPMI	35,610.1	\$70,808,747	\$1,988.45	25,813.7	\$61,207,219	\$2,371.11	1.19244
Community, age <65, with SPMI	81,718.6	\$106,653,671	\$1,305.13	58,390.3	\$78,897,290	\$1,351.21	1.03530
Community, age <65, no SPMI	126,749.7	\$198,168,952	\$1,563.47	91,323.3	\$161,581,026	\$1,769.33	1.13167

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	736,697.0	\$1,190,602,598	\$1,616.14	230,658.9	\$408,234,903	\$1,769.86	1.09512
Facility, age 65+, with SPMI	49,521.1	\$101,531,570	\$2,050.27	13,968.1	\$25,000,885	\$1,789.86	0.87299
Facility, age 65+, no SPMI	134,802.2	\$232,196,651	\$1,722.50	34,724.3	\$56,837,705	\$1,636.83	0.95026
HCBS, age 65+, with SPMI	13,013.7	\$25,340,622	\$1,947.22	4,053.4	\$9,182,588	\$2,265.42	1.16341
HCBS, age 65+, no SPMI	77,733.2	\$134,697,797	\$1,732.82	22,206.4	\$50,937,894	\$2,293.83	1.32376
Community, age 65+, with SPMI	18,374.0	\$26,639,016	\$1,449.83	6,342.0	\$10,752,221	\$1,695.41	1.16939
Community, age 65+, no SPMI	145,708.4	\$180,348,162	\$1,237.73	45,903.9	\$76,034,799	\$1,656.39	1.33825
Facility, age <65, with SPMI	15,572.5	\$38,414,751	\$2,466.84	5,410.0	\$11,380,295	\$2,103.56	0.85273
Facility, age <65, no SPMI	18,444.5	\$42,190,174	\$2,287.41	6,099.0	\$12,567,091	\$2,060.53	0.90081
HCBS, age <65, with SPMI	19,449.1	\$33,612,486	\$1,728.23	7,251.8	\$12,537,795	\$1,728.92	1.00040
HCBS, age <65, no SPMI	35,610.1	\$70,808,747	\$1,988.45	12,451.4	\$30,155,081	\$2,421.81	1.21794
Community, age <65, with SPMI	81,718.6	\$106,653,671	\$1,305.13	28,503.5	\$37,661,965	\$1,321.31	1.01239
Community, age <65, no SPMI	126,749.7	\$198,168,952	\$1,563.47	43,745.1	\$75,186,583	\$1,718.74	1.09932

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

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	65,063.5	\$105,518,994	\$1,621.78	69,301.3	\$106,656,212	\$1,539.02	0.94897
Facility, age 65+, with SPMI	3,214.4	\$8,093,950	\$2,518.06	3,681.3	\$6,690,940	\$1,817.53	0.72180
Facility, age 65+, no SPMI	11,551.7	\$24,185,176	\$2,093.64	12,985.9	\$20,946,719	\$1,613.03	0.77044
HCBS, age 65+, with SPMI	779.3	\$1,322,670	\$1,697.19	831.5	\$1,328,447	\$1,597.60	0.94132
HCBS, age 65+, no SPMI	5,690.1	\$9,483,012	\$1,666.58	6,084.6	\$11,646,048	\$1,914.02	1.14847
Community, age 65+, with SPMI	1,626.1	\$2,462,467	\$1,514.30	1,728.4	\$2,551,544	\$1,476.25	0.97487
Community, age 65+, no SPMI	16,372.7	\$22,894,783	\$1,398.35	16,609.1	\$22,607,970	\$1,361.18	0.97342
Facility, age <65, with SPMI	932.3	\$2,831,556	\$3,037.13	1,179.8	\$2,542,209	\$2,154.83	0.70950
Facility, age <65, no SPMI	1,277.0	\$3,625,492	\$2,839.07	1,527.3	\$3,748,429	\$2,454.33	0.86449
HCBS, age <65, with SPMI	1,165.6	\$1,601,046	\$1,373.60	1,229.6	\$1,891,682	\$1,538.47	1.12003
HCBS, age <65, no SPMI	2,530.5	\$4,227,167	\$1,670.47	2,790.7	\$5,604,123	\$2,008.16	1.20216
Community, age <65, with SPMI	7,423.3	\$8,642,693	\$1,164.26	7,570.9	\$9,296,385	\$1,227.92	1.05467
Community, age <65, no SPMI	12,500.4	\$16,148,981	\$1,291.88	13,082.2	\$17,801,717	\$1,360.75	1.05331

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	65,063.5	\$105,518,994	\$1,621.78	48,456.6	\$69,135,362	\$1,426.75	0.87974
Facility, age 65+, with SPMI	3,214.4	\$8,093,950	\$2,518.06	2,435.3	\$4,325,597	\$1,776.18	0.70537
Facility, age 65+, no SPMI	11,551.7	\$24,185,176	\$2,093.64	8,242.3	\$11,938,663	\$1,448.47	0.69184
HCBS, age 65+, with SPMI	779.3	\$1,322,670	\$1,697.19	623.6	\$935,643	\$1,500.31	0.88399
HCBS, age 65+, no SPMI	5,690.1	\$9,483,012	\$1,666.58	3,873.6	\$7,368,389	\$1,902.21	1.14139
Community, age 65+, with SPMI	1,626.1	\$2,462,467	\$1,514.30	1,288.4	\$1,604,372	\$1,245.28	0.82235
Community, age 65+, no SPMI	16,372.7	\$22,894,783	\$1,398.35	12,158.2	\$18,162,600	\$1,493.85	1.06830
Facility, age <65, with SPMI	932.3	\$2,831,556	\$3,037.13	890.3	\$1,721,440	\$1,933.59	0.63665
Facility, age <65, no SPMI	1,277.0	\$3,625,492	\$2,839.07	1,004.4	\$2,194,821	\$2,185.30	0.76973
HCBS, age <65, with SPMI	1,165.6	\$1,601,046	\$1,373.60	957.1	\$1,072,394	\$1,120.47	0.81572
HCBS, age <65, no SPMI	2,530.5	\$4,227,167	\$1,670.47	2,136.3	\$3,375,769	\$1,580.22	0.94598
Community, age <65, with SPMI	7,423.3	\$8,642,693	\$1,164.26	5,561.8	\$5,377,561	\$966.88	0.83047
Community, age <65, no SPMI	12,500.4	\$16,148,981	\$1,291.88	9,285.4	\$11,058,111	\$1,190.91	0.92184

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	98,791.6	\$170,778,760	\$1,728.68	100,600.9	\$152,117,823	\$1,512.09	0.87471
Facility, age 65+, with SPMI	7,421.6	\$15,761,272	\$2,123.70	7,807.0	\$13,948,863	\$1,786.70	0.84132
Facility, age 65+, no SPMI	20,140.2	\$43,502,238	\$2,159.97	20,969.2	\$35,435,320	\$1,689.87	0.78236
HCBS, age 65+, with SPMI	1,381.9	\$2,299,060	\$1,663.72	1,524.8	\$2,261,793	\$1,483.29	0.89155
HCBS, age 65+, no SPMI	7,684.8	\$13,122,783	\$1,707.63	8,318.5	\$15,213,281	\$1,828.84	1.07098
Community, age 65+, with SPMI	3,608.8	\$5,886,761	\$1,631.24	3,576.9	\$4,932,154	\$1,378.89	0.84530
Community, age 65+, no SPMI	19,650.6	\$30,472,912	\$1,550.73	19,145.0	\$25,336,698	\$1,323.41	0.85341
Facility, age <65, with SPMI	1,730.1	\$5,476,043	\$3,165.23	1,739.6	\$4,334,674	\$2,491.83	0.78725
Facility, age <65, no SPMI	2,099.1	\$6,568,454	\$3,129.19	2,306.2	\$5,698,800	\$2,471.04	0.78968
HCBS, age <65, with SPMI	2,356.6	\$3,210,848	\$1,362.51	2,480.3	\$2,897,471	\$1,168.18	0.85737
HCBS, age <65, no SPMI	3,611.1	\$5,921,086	\$1,639.69	3,787.6	\$5,966,548	\$1,575.27	0.96071
Community, age <65, with SPMI	14,786.2	\$16,348,022	\$1,105.63	14,737.4	\$14,922,595	\$1,012.57	0.91583
Community, age <65, no SPMI	14,320.7	\$22,209,281	\$1,550.85	14,208.1	\$21,169,627	\$1,489.96	0.96074

Tables 3.A–3.I show the development of the trend rates from the baseline period to the demonstration period for the reweighted comparison group and the intervention group by category of beneficiary. The reweighting was done by category of beneficiary month by month. Thus, the comparison group PMPMs in **Tables 3.A–3.I** 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 \$2,050.27. But in **Table 3.A**, it is \$2,045.14, and in **Table 3.B**, it is \$2,042.94. This is because in **Tables 3.A–3.I**, 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 1 and 2 separately. **Table 3.G.1** shows that, for Demonstration Period 1, the PMPM for the comparison group increased by 14.8 percent from the baseline period, whereas that of the intervention group increased by only 6.2 percent, a difference of 8.6 percentage points. Similarly, **Table 3.G.2** shows that, for Demonstration Period 2, the PMPM for the comparison group increased by 16.5 percent from the baseline period, whereas that of the intervention group increased by only 3.7 percent, a difference of 12.8 percentage points. Thus, the PMPM for the comparison group increased from Demonstration Period 1 to Demonstration Period 2 by 1.4 percent, but the PMPM for the intervention group actually decreased by 2.3 percent. In general, there was a greater difference in these trend factors (i.e., a higher savings percentage) for those in facilities than in the community and also for those over 65 than for those that were under 65.

Tables 3.H show the results for Cohort 2. From the baseline period to Demonstration Period 1, the PMPM for the comparison group decreased by 10.8 percent whereas the PMPM for the intervention group decreased by 15.6 percent, a difference of 4.8 percent. From the baseline period to Demonstration Period 2, the PMPM for the comparison group decreased by 19.6 percent whereas the PMPM for the intervention group decreased by 20.8 percent, a difference of 1.2 percent. From Demonstration Period 1 to demonstration period 2, the PMPM for both the comparison group and the intervention group decreased.

Table 3.I.2 shows the results for Cohort 3. From the baseline period to demonstration period 2, the PMPM for the comparison group decreased by 7.8 percent, but the PMPM for the intervention group decreased by 13.5 percent, a difference of 5.7 percent. There is no savings calculation for Cohort 3 for Demonstration Period 1. The savings is greatest for those in a facility.

Tables 4 summarize the results of **Tables 3.A–3.I** by cohort and demonstration year. For Cohort 1, subcohorts 1A (the first cohort) and 1D (the largest cohort) show the greatest difference in trends in the direction of savings. Cohorts 1C, 1E, and 1F all show negative savings. Cohort 2 shows savings, but the small size of the cohort means the savings is less significant. Cohort 3 also shows significant savings, in between the savings rates of Cohorts 1 and 2. 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 subcohorts.

Table 3.A.1 – MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 1, by category of beneficiary: Cohort 1A

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	48,488.0	\$80,888,953	\$1,668.23	33,391.4	\$64,391,529	\$1,928.39	1.156
Facility, age 65+, with SPMI	1,352.5	\$2,766,031	\$2,045.14	799.1	\$1,531,947	\$1,917.08	0.937
Facility, age 65+, no SPMI	2,903.2	\$4,973,187	\$1,713.02	1,672.7	\$2,684,164	\$1,604.64	0.937
HCBS, age 65+, with SPMI	2,269.5	\$4,416,990	\$1,946.24	1,488.4	\$3,319,613	\$2,230.27	1.146
HCBS, age 65+, no SPMI	10,415.6	\$18,048,455	\$1,732.82	7,141.4	\$16,009,099	\$2,241.75	1.294
Community, age 65+, with SPMI	1,044.6	\$1,511,433	\$1,446.84	635.1	\$1,080,709	\$1,701.56	1.176
Community, age 65+, no SPMI	8,618.5	\$10,686,526	\$1,239.95	5,972.2	\$9,025,624	\$1,511.27	1.219
Facility, age <65, with SPMI	479.0	\$1,182,237	\$2,467.99	287.0	\$633,650	\$2,207.84	0.895
Facility, age <65, no SPMI	596.9	\$1,362,824	\$2,283.16	449.4	\$978,910	\$2,178.30	0.954
HCBS, age <65, with SPMI	3,601.9	\$6,224,128	\$1,728.03	2,580.1	\$4,383,330	\$1,698.92	0.983
HCBS, age <65, no SPMI	8,245.1	\$16,395,913	\$1,988.56	6,085.2	\$14,427,089	\$2,370.86	1.192
Community, age <65, with SPMI	2,682.4	\$3,497,859	\$1,303.98	1,895.7	\$2,559,537	\$1,350.20	1.035
Community, age <65, no SPMI	6,278.7	\$9,823,368	\$1,564.56	4,385.1	\$7,757,856	\$1,769.13	1.131
Intervention group	48,488.0	\$128,622,626	\$2,652.67	33,391.4	\$86,368,950	\$2,586.56	0.975
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	799.1	\$1,529,027	\$1,913.42	0.576
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	1,672.7	\$3,418,824	\$2,043.84	0.825
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	1,488.4	\$4,016,894	\$2,698.73	0.929
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	7,141.4	\$18,701,453	\$2,618.76	1.096
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	635.1	\$1,196,113	\$1,883.26	0.911
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	5,972.2	\$12,915,662	\$2,162.62	1.018
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	287.0	\$1,181,861	\$4,117.97	0.776
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	449.4	\$1,705,639	\$3,795.44	0.797
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	2,580.1	\$6,774,802	\$2,625.82	0.944
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	6,085.2	\$16,349,848	\$2,686.84	0.998
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	1,895.7	\$4,603,056	\$2,428.18	0.993
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	4,385.1	\$13,975,771	\$3,187.09	0.960

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	48,488.0	\$80,888,953	\$1,668.23	17,203.3	\$33,844,726	\$1,967.34	1.179
Facility, age 65+, with SPMI	1,352.5	\$2,766,031	\$2,045.14	326.1	\$583,676	\$1,790.09	0.875
Facility, age 65+, no SPMI	2,903.2	\$4,973,187	\$1,713.02	582.1	\$953,113	\$1,637.43	0.956
HCBS, age 65+, with SPMI	2,269.5	\$4,416,990	\$1,946.24	767.1	\$1,739,292	\$2,267.46	1.165
HCBS, age 65+, no SPMI	10,415.6	\$18,048,455	\$1,732.82	3,315.2	\$7,605,110	\$2,294.03	1.324
Community, age 65+, with SPMI	1,044.6	\$1,511,433	\$1,446.84	354.1	\$599,751	\$1,693.60	1.171
Community, age 65+, no SPMI	8,618.5	\$10,686,526	\$1,239.95	3,089.4	\$5,117,485	\$1,656.47	1.336
Facility, age <65, with SPMI	479.0	\$1,182,237	\$2,467.99	144.7	\$305,856	\$2,113.05	0.856
Facility, age <65, no SPMI	596.9	\$1,362,824	\$2,283.16	227.0	\$467,612	\$2,059.96	0.902
HCBS, age <65, with SPMI	3,601.9	\$6,224,128	\$1,728.03	1,422.9	\$2,458,136	\$1,727.54	1.000
HCBS, age <65, no SPMI	8,245.1	\$16,395,913	\$1,988.56	3,508.2	\$8,498,336	\$2,422.45	1.218
Community, age <65, with SPMI	2,682.4	\$3,497,859	\$1,303.98	1,111.2	\$1,467,700	\$1,320.85	1.013
Community, age <65, no SPMI	6,278.7	\$9,823,368	\$1,564.56	2,355.4	\$4,048,661	\$1,718.87	1.099
Intervention group	48,488.0	\$128,622,626	\$2,652.67	17,203.3	\$44,473,969	\$2,585.20	0.975
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	326.1	\$655,368	\$2,009.96	0.605
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	582.1	\$898,281	\$1,543.23	0.623
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	767.1	\$1,817,423	\$2,369.32	0.816
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	3,315.2	\$8,411,020	\$2,537.13	1.062
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	354.1	\$397,184	\$1,121.58	0.542
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	3,089.4	\$6,975,345	\$2,257.84	1.063
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	144.7	\$585,825	\$4,047.26	0.763
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	227.0	\$1,092,772	\$4,813.97	1.010
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	1,422.9	\$3,184,780	\$2,238.22	0.805
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	3,508.2	\$9,718,904	\$2,770.38	1.029
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	1,111.2	\$2,967,206	\$2,670.33	1.092
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	2,355.4	\$7,769,860	\$3,298.72	0.994

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

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	83,567.1	\$134,959,403	\$1,614.98	56,661.5	\$104,804,143	\$1,849.65	1.145
Facility, age 65+, with SPMI	2,625.5	\$5,363,824	\$2,042.94	1,584.4	\$3,005,670	\$1,897.05	0.929
Facility, age 65+, no SPMI	5,728.2	\$9,832,189	\$1,716.45	3,287.8	\$5,249,332	\$1,596.60	0.930
HCBS, age 65+, with SPMI	3,563.5	\$6,934,115	\$1,945.90	2,443.7	\$5,530,467	\$2,263.11	1.163
HCBS, age 65+, no SPMI	15,666.1	\$27,098,657	\$1,729.76	10,441.9	\$23,618,579	\$2,261.91	1.308
Community, age 65+, with SPMI	2,079.3	\$3,013,734	\$1,449.41	1,386.9	\$2,388,685	\$1,722.31	1.188
Community, age 65+, no SPMI	16,756.0	\$20,718,052	\$1,236.46	11,296.4	\$16,974,808	\$1,502.68	1.215
Facility, age <65, with SPMI	707.2	\$1,744,214	\$2,466.46	489.9	\$1,075,599	\$2,195.53	0.890
Facility, age <65, no SPMI	436.0	\$1,009,652	\$2,315.72	312.0	\$667,408	\$2,139.14	0.924
HCBS, age <65, with SPMI	6,710.7	\$11,596,649	\$1,728.09	4,782.1	\$8,166,736	\$1,707.75	0.988
HCBS, age <65, no SPMI	9,528.3	\$18,942,139	\$1,987.98	6,823.7	\$16,224,755	\$2,377.71	1.196
Community, age <65, with SPMI	8,555.1	\$11,158,891	\$1,304.36	5,913.8	\$7,942,771	\$1,343.10	1.030
Community, age <65, no SPMI	11,211.2	\$17,547,285	\$1,565.15	7,898.9	\$13,959,332	\$1,767.25	1.129
Intervention group	83,567.1	\$108,476,913	\$1,298.08	56,661.5	\$78,214,806	\$1,380.39	1.063
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	1,584.4	\$1,959,852	\$1,236.97	0.782
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	3,287.8	\$4,583,425	\$1,394.06	0.825
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	2,443.7	\$3,437,844	\$1,406.80	0.996
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	10,441.9	\$14,411,347	\$1,380.15	1.172
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	1,386.9	\$1,475,879	\$1,064.15	0.933
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	11,296.4	\$13,245,303	\$1,172.53	1.207
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	489.9	\$966,706	\$1,973.26	0.608
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	312.0	\$871,172	\$2,792.24	0.748
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	4,782.1	\$6,222,020	\$1,301.09	0.939
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	6,823.7	\$12,331,070	\$1,807.09	1.214
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	5,913.8	\$6,683,858	\$1,130.22	1.016
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	7,898.9	\$12,026,330	\$1,522.54	1.095

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	83,567.1	\$134,959,403	\$1,614.98	32,890.3	\$61,919,002	\$1,882.59	1.166
Facility, age 65+, with SPMI	2,625.5	\$5,363,824	\$2,042.94	837.3	\$1,499,184	\$1,790.50	0.876
Facility, age 65+, no SPMI	5,728.2	\$9,832,189	\$1,716.45	1,443.6	\$2,362,376	\$1,636.43	0.953
HCBS, age 65+, with SPMI	3,563.5	\$6,934,115	\$1,945.90	1,432.9	\$3,243,303	\$2,263.39	1.163
HCBS, age 65+, no SPMI	15,666.1	\$27,098,657	\$1,729.76	5,903.3	\$13,540,437	\$2,293.71	1.326
Community, age 65+, with SPMI	2,079.3	\$3,013,734	\$1,449.41	809.7	\$1,372,664	\$1,695.32	1.170
Community, age 65+, no SPMI	16,756.0	\$20,718,052	\$1,236.46	6,681.8	\$11,066,173	\$1,656.16	1.339
Facility, age <65, with SPMI	707.2	\$1,744,214	\$2,466.46	303.5	\$636,189	\$2,096.17	0.850
Facility, age <65, no SPMI	436.0	\$1,009,652	\$2,315.72	172.4	\$355,243	\$2,061.07	0.890
HCBS, age <65, with SPMI	6,710.7	\$11,596,649	\$1,728.09	2,924.0	\$5,054,566	\$1,728.63	1.000
HCBS, age <65, no SPMI	9,528.3	\$18,942,139	\$1,987.98	4,174.8	\$10,107,972	\$2,421.17	1.218
Community, age <65, with SPMI	8,555.1	\$11,158,891	\$1,304.36	3,584.5	\$4,736,250	\$1,321.30	1.013
Community, age <65, no SPMI	11,211.2	\$17,547,285	\$1,565.15	4,622.4	\$7,944,646	\$1,718.72	1.098
Intervention group	83,567.1	\$108,476,913	\$1,298.08	32,890.3	\$48,424,475	\$1,472.30	1.134
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	837.3	\$1,157,305	\$1,382.19	0.874
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	1,443.6	\$2,225,192	\$1,541.41	0.912
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	1,432.9	\$2,087,777	\$1,456.99	1.032
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	5,903.3	\$9,379,670	\$1,588.89	1.349
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	809.7	\$924,281	\$1,141.54	1.001
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	6,681.8	\$10,131,200	\$1,516.23	1.561
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	303.5	\$769,379	\$2,535.02	0.781
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	172.4	\$185,808	\$1,078.03	0.289
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	2,924.0	\$3,540,897	\$1,210.97	0.874
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	4,174.8	\$6,967,833	\$1,669.01	1.121
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	3,584.5	\$4,409,550	\$1,230.16	1.106
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	4,622.4	\$6,645,584	\$1,437.69	1.034

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

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	7,946.8	\$12,489,805	\$1,571.67	5,312.4	\$9,671,707	\$1,820.59	1.158
Facility, age 65+, with SPMI	78.0	\$161,336	\$2,068.41	48.5	\$91,629	\$1,889.25	0.913
Facility, age 65+, no SPMI	509.6	\$878,521	\$1,724.04	360.0	\$573,536	\$1,592.96	0.924
HCBS, age 65+, with SPMI	415.4	\$809,099	\$1,947.67	258.0	\$579,559	\$2,246.06	1.153
HCBS, age 65+, no SPMI	1,567.7	\$2,710,409	\$1,728.91	973.0	\$2,201,935	\$2,262.95	1.309
Community, age 65+, with SPMI	286.6	\$421,148	\$1,469.23	219.0	\$380,111	\$1,735.67	1.181
Community, age 65+, no SPMI	2,225.3	\$2,766,432	\$1,243.16	1,390.0	\$2,089,673	\$1,503.38	1.209
Facility, age <65, with SPMI	55.0	\$135,614	\$2,465.72	31.0	\$69,169	\$2,231.27	0.905
Facility, age <65, no SPMI	21.0	\$52,490	\$2,499.53	40.5	\$85,394	\$2,105.97	0.843
HCBS, age <65, with SPMI	422.7	\$732,996	\$1,733.91	312.5	\$529,880	\$1,695.46	0.978
HCBS, age <65, no SPMI	710.1	\$1,413,865	\$1,991.17	489.7	\$1,170,878	\$2,391.25	1.201
Community, age <65, with SPMI	731.4	\$954,420	\$1,304.96	471.8	\$630,638	\$1,336.63	1.024
Community, age <65, no SPMI	924.0	\$1,453,473	\$1,573.02	718.3	\$1,269,305	\$1,767.20	1.123
Intervention group	7,946.8	\$7,898,710	\$993.94	5,312.4	\$6,924,121	\$1,303.39	1.311
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	48.5	\$48,063	\$990.98	0.407
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	360.0	\$554,574	\$1,540.30	0.954
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	258.0	\$345,638	\$1,339.51	1.369
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	973.0	\$1,288,975	\$1,324.69	1.463
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	219.0	\$220,904	\$1,008.70	0.668
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	1,390.0	\$1,593,681	\$1,146.54	1.508
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	31.0	\$127,725	\$4,120.15	0.940
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	40.5	\$88,710	\$2,187.76	0.218
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	312.5	\$324,351	\$1,037.83	1.403
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	489.7	\$755,983	\$1,543.92	1.753
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	471.8	\$494,219	\$1,047.49	1.258
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	718.3	\$1,081,298	\$1,505.44	1.485

Table 3.C.2 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 2, by category of beneficiary: Cohort 1C

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	7,946.8	\$12,489,805	\$1,571.67	3,135.2	\$5,867,732	\$1,871.54	1.191
Facility, age 65+, with SPMI	78.0	\$161,336	\$2,068.41	28.6	\$51,132	\$1,787.01	0.864
Facility, age 65+, no SPMI	509.6	\$878,521	\$1,724.04	163.0	\$266,340	\$1,634.10	0.948
HCBS, age 65+, with SPMI	415.4	\$809,099	\$1,947.67	164.0	\$371,130	\$2,262.99	1.162
HCBS, age 65+, no SPMI	1,567.7	\$2,710,409	\$1,728.91	553.2	\$1,268,438	\$2,293.07	1.326
Community, age 65+, with SPMI	286.6	\$421,148	\$1,469.23	135.0	\$228,940	\$1,695.85	1.154
Community, age 65+, no SPMI	2,225.3	\$2,766,432	\$1,243.16	812.9	\$1,346,049	\$1,655.96	1.332
Facility, age <65, with SPMI	55.0	\$135,614	\$2,465.72	12.0	\$25,139	\$2,094.91	0.850
Facility, age <65, no SPMI	21.0	\$52,490	\$2,499.53	24.0	\$49,373	\$2,057.21	0.823
HCBS, age <65, with SPMI	422.7	\$732,996	\$1,733.91	228.0	\$394,930	\$1,732.15	0.999
HCBS, age <65, no SPMI	710.1	\$1,413,865	\$1,991.17	335.1	\$811,308	\$2,421.25	1.216
Community, age <65, with SPMI	731.4	\$954,420	\$1,304.96	284.8	\$375,901	\$1,320.00	1.012
Community, age <65, no SPMI	924.0	\$1,453,473	\$1,573.02	394.8	\$679,052	\$1,720.11	1.094
Intervention group	7,946.8	\$7,898,710	\$993.94	3,135.2	\$3,890,233	\$1,240.81	1.248
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	28.6	\$19,217	\$671.63	0.276
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	163.0	\$176,171	\$1,080.88	0.669
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	164.0	\$180,401	\$1,100.01	1.125
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	553.2	\$729,303	\$1,318.43	1.456
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	135.0	\$75,452	\$558.90	0.370
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	812.9	\$1,009,842	\$1,242.35	1.634
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	12.0	\$3,245	\$270.43	0.062
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	24.0	\$5,135	\$213.96	0.021
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	228.0	\$167,323	\$733.87	0.992
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	335.1	\$713,402	\$2,129.06	2.418
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	284.8	\$384,550	\$1,350.37	1.622
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	394.8	\$426,192	\$1,079.59	1.065

Table 3.D.1 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 1, by category of beneficiary: Cohort 1D

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	129,399.2	\$212,662,623	\$1,643.46	77,661.0	\$146,167,805	\$1,882.13	1.145
Facility, age 65+, with SPMI	3,449.1	\$7,052,427	\$2,044.72	1,806.3	\$3,407,233	\$1,886.29	0.923
Facility, age 65+, no SPMI	9,573.0	\$16,468,053	\$1,720.25	5,089.9	\$8,139,955	\$1,599.25	0.930
HCBS, age 65+, with SPMI	5,666.9	\$11,032,368	\$1,946.82	3,362.2	\$7,622,611	\$2,267.16	1.165
HCBS, age 65+, no SPMI	24,215.1	\$41,976,800	\$1,733.49	14,117.7	\$32,118,043	\$2,275.01	1.312
Community, age 65+, with SPMI	2,995.7	\$4,345,218	\$1,450.46	1,920.9	\$3,369,322	\$1,754.06	1.209
Community, age 65+, no SPMI	19,735.0	\$24,433,687	\$1,238.09	11,632.6	\$17,605,139	\$1,513.43	1.222
Facility, age <65, with SPMI	850.9	\$2,099,208	\$2,466.94	500.0	\$1,092,280	\$2,184.44	0.885
Facility, age <65, no SPMI	1,455.9	\$3,340,195	\$2,294.19	946.8	\$1,970,629	\$2,081.46	0.907
HCBS, age <65, with SPMI	8,850.4	\$15,295,574	\$1,728.24	5,518.6	\$9,259,966	\$1,677.97	0.971
HCBS, age <65, no SPMI	18,671.7	\$37,141,325	\$1,989.18	11,642.9	\$27,933,673	\$2,399.20	1.206
Community, age <65, with SPMI	13,939.8	\$18,207,498	\$1,306.16	8,618.2	\$11,544,044	\$1,339.49	1.026
Community, age <65, no SPMI	19,995.6	\$31,270,269	\$1,563.85	12,505.0	\$22,104,909	\$1,767.69	1.130
Intervention group	129,399.2	\$219,493,469	\$1,696.25	77,661.0	\$135,516,988	\$1,744.98	1.029
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	1,806.3	\$2,701,289	\$1,495.47	0.638
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	5,089.9	\$7,056,792	\$1,386.44	0.680
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	3,362.2	\$6,877,326	\$2,045.50	1.017
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	14,117.7	\$26,963,649	\$1,909.91	1.124
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	1,920.9	\$2,184,859	\$1,137.43	0.784
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	11,632.6	\$18,732,246	\$1,610.33	1.190
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	500.0	\$861,272	\$1,722.45	0.527
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	946.8	\$3,017,071	\$3,186.76	0.669
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	5,518.6	\$9,072,225	\$1,643.95	1.000
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	11,642.9	\$24,218,967	\$2,080.14	1.145
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	8,618.2	\$11,336,174	\$1,315.37	0.991
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	12,505.0	\$22,495,118	\$1,798.89	1.140

Table 3.D.2 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 2, by category of beneficiary: Cohort 1D

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	129,399.2	\$212,662,623	\$1,643.46	49,660.6	\$94,413,509	\$1,901.17	1.157
Facility, age 65+, with SPMI	3,449.1	\$7,052,427	\$2,044.72	891.3	\$1,595,108	\$1,789.60	0.875
Facility, age 65+, no SPMI	9,573.0	\$16,468,053	\$1,720.25	2,590.1	\$4,238,818	\$1,636.54	0.951
HCBS, age 65+, with SPMI	5,666.9	\$11,032,368	\$1,946.82	2,078.6	\$4,711,611	\$2,266.71	1.164
HCBS, age 65+, no SPMI	24,215.1	\$41,976,800	\$1,733.49	8,647.9	\$19,834,903	\$2,293.62	1.323
Community, age 65+, with SPMI	2,995.7	\$4,345,218	\$1,450.46	1,165.1	\$1,975,532	\$1,695.55	1.169
Community, age 65+, no SPMI	19,735.0	\$24,433,687	\$1,238.09	7,531.6	\$12,474,038	\$1,656.22	1.338
Facility, age <65, with SPMI	850.9	\$2,099,208	\$2,466.94	304.6	\$640,572	\$2,103.13	0.853
Facility, age <65, no SPMI	1,455.9	\$3,340,195	\$2,294.19	589.9	\$1,216,755	\$2,062.54	0.899
HCBS, age <65, with SPMI	8,850.4	\$15,295,574	\$1,728.24	3,767.3	\$6,508,592	\$1,727.65	1.000
HCBS, age <65, no SPMI	18,671.7	\$37,141,325	\$1,989.18	7,869.8	\$19,057,560	\$2,421.60	1.217
Community, age <65, with SPMI	13,939.8	\$18,207,498	\$1,306.16	5,750.2	\$7,594,397	\$1,320.73	1.011
Community, age <65, no SPMI	19,995.6	\$31,270,269	\$1,563.85	8,474.1	\$14,565,622	\$1,718.83	1.099
Intervention group	129,399.2	\$219,493,469	\$1,696.25	49,660.6	\$83,780,846	\$1,687.07	0.995
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	891.3	\$1,114,036	\$1,249.87	0.533
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	2,590.1	\$2,976,298	\$1,149.10	0.563
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	2,078.6	\$4,390,520	\$2,112.24	1.050
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	8,647.9	\$16,549,992	\$1,913.76	1.126
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	1,165.1	\$1,871,589	\$1,606.34	1.107
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	7,531.6	\$11,214,659	\$1,489.01	1.101
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	304.6	\$716,048	\$2,350.93	0.719
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	589.9	\$1,627,968	\$2,759.60	0.579
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	3,767.3	\$5,794,325	\$1,538.05	0.935
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	7,869.8	\$15,049,113	\$1,912.26	1.052
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	5,750.2	\$6,862,361	\$1,193.42	0.899
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	8,474.1	\$15,613,938	\$1,842.54	1.168

Table 3.E.1 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 1, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	15,153.3	\$24,067,197	\$1,588.24	8,907.5	\$16,177,221	\$1,816.14	1.143
Facility, age 65+, with SPMI	279.0	\$569,903	\$2,042.66	115.9	\$218,634	\$1,886.75	0.924
Facility, age 65+, no SPMI	1,143.7	\$1,971,476	\$1,723.76	658.6	\$1,048,255	\$1,591.61	0.923
HCBS, age 65+, with SPMI	297.0	\$578,186	\$1,946.75	171.0	\$389,467	\$2,277.45	1.170
HCBS, age 65+, no SPMI	3,090.8	\$5,365,547	\$1,735.99	1,706.4	\$3,876,345	\$2,271.65	1.309
Community, age 65+, with SPMI	352.0	\$511,995	\$1,454.53	240.3	\$418,472	\$1,741.22	1.197
Community, age 65+, no SPMI	3,588.7	\$4,441,609	\$1,237.67	2,049.2	\$3,100,458	\$1,512.98	1.222
Facility, age <65, with SPMI	137.2	\$339,178	\$2,471.27	75.0	\$160,602	\$2,141.36	0.867
Facility, age <65, no SPMI	211.0	\$482,282	\$2,285.70	112.9	\$231,750	\$2,052.05	0.898
HCBS, age <65, with SPMI	755.0	\$1,302,951	\$1,725.76	462.5	\$758,901	\$1,640.91	0.951
HCBS, age <65, no SPMI	1,481.9	\$2,945,209	\$1,987.42	902.9	\$2,175,381	\$2,409.42	1.212
Community, age <65, with SPMI	1,654.5	\$2,162,574	\$1,307.08	1,044.2	\$1,398,864	\$1,339.71	1.025
Community, age <65, no SPMI	2,162.5	\$3,396,287	\$1,570.54	1,368.6	\$2,400,092	\$1,753.72	1.117
Intervention group	15,153.3	\$10,288,068	\$678.93	8,907.5	\$9,495,608	\$1,066.02	1.570
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	115.9	\$65,550	\$565.68	0.463
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	658.6	\$703,340	\$1,067.91	1.242
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	171.0	\$169,990	\$994.04	1.456
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	1,706.4	\$2,568,052	\$1,504.95	1.862
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	240.3	\$335,139	\$1,394.48	1.808
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	2,049.2	\$2,083,373	\$1,016.65	1.902
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	75.0	\$42,779	\$570.39	1.350
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	112.9	\$137,132	\$1,214.25	0.983
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	462.5	\$332,543	\$719.03	1.235
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	902.9	\$1,020,929	\$1,130.76	1.973
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	1,044.2	\$920,455	\$881.53	1.268
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	1,368.6	\$1,116,326	\$815.69	1.341

Table 3.E.2 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 2, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	15,153.3	\$24,067,197	\$1,588.24	6,384.8	\$11,834,489	\$1,853.53	1.167
Facility, age 65+, with SPMI	279.0	\$569,903	\$2,042.66	65.8	\$117,494	\$1,786.14	0.874
Facility, age 65+, no SPMI	1,143.7	\$1,971,476	\$1,723.76	392.4	\$642,717	\$1,638.05	0.950
HCBS, age 65+, with SPMI	297.0	\$578,186	\$1,946.75	94.5	\$214,169	\$2,267.50	1.165
HCBS, age 65+, no SPMI	3,090.8	\$5,365,547	\$1,735.99	1,153.3	\$2,644,307	\$2,292.77	1.321
Community, age 65+, with SPMI	352.0	\$511,995	\$1,454.53	169.2	\$286,790	\$1,694.72	1.165
Community, age 65+, no SPMI	3,588.7	\$4,441,609	\$1,237.67	1,483.3	\$2,456,681	\$1,656.18	1.338
Facility, age <65, with SPMI	137.2	\$339,178	\$2,471.27	66.7	\$140,909	\$2,111.25	0.854
Facility, age <65, no SPMI	211.0	\$482,282	\$2,285.70	79.0	\$162,114	\$2,052.08	0.898
HCBS, age <65, with SPMI	755.0	\$1,302,951	\$1,725.76	366.2	\$633,894	\$1,730.88	1.003
HCBS, age <65, no SPMI	1,481.9	\$2,945,209	\$1,987.42	730.7	\$1,770,995	\$2,423.66	1.220
Community, age <65, with SPMI	1,654.5	\$2,162,574	\$1,307.08	758.1	\$1,001,231	\$1,320.66	1.010
Community, age <65, no SPMI	2,162.5	\$3,396,287	\$1,570.54	1,025.5	\$1,763,187	\$1,719.30	1.095
Intervention group	15,153.3	\$10,288,068	\$678.93	6,384.8	\$7,027,622	\$1,100.68	1.621
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	65.8	\$45,063	\$685.05	0.561
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	392.4	\$252,228	\$642.84	0.747
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	94.5	\$150,002	\$1,588.14	2.326
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	1,153.3	\$1,402,538	\$1,216.08	1.505
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	169.2	\$157,530	\$930.89	1.207
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	1,483.3	\$1,805,183	\$1,216.97	2.276
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	66.7	\$126,172	\$1,890.44	4.474
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	79.0	\$84,019	\$1,063.53	0.861
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	366.2	\$149,342	\$407.79	0.700
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	730.7	\$900,432	\$1,232.27	2.150
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	758.1	\$820,331	\$1,082.05	1.557
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	1,025.5	\$1,134,782	\$1,106.53	1.819

Table 3.F.1 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 1, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	15,986.6	\$25,300,908	\$1,582.64	8,849.3	\$16,161,045	\$1,826.25	1.154
Facility, age 65+, with SPMI	250.4	\$512,932	\$2,048.29	128.1	\$241,546	\$1,886.12	0.921
Facility, age 65+, no SPMI	838.0	\$1,440,175	\$1,718.59	457.6	\$730,144	\$1,595.43	0.928
HCBS, age 65+, with SPMI	480.2	\$940,185	\$1,957.93	306.6	\$713,558	\$2,327.34	1.189
HCBS, age 65+, no SPMI	2,635.0	\$4,586,893	\$1,740.75	1,364.0	\$3,085,646	\$2,262.27	1.300
Community, age 65+, with SPMI	438.1	\$638,676	\$1,457.81	236.9	\$415,804	\$1,755.20	1.204
Community, age 65+, no SPMI	3,854.1	\$4,793,169	\$1,243.64	2,195.1	\$3,340,847	\$1,521.96	1.224
Facility, age <65, with SPMI	99.2	\$244,215	\$2,462.00	59.0	\$127,469	\$2,160.49	0.878
Facility, age <65, no SPMI	99.0	\$225,055	\$2,273.29	65.0	\$133,999	\$2,061.52	0.907
HCBS, age <65, with SPMI	682.0	\$1,181,396	\$1,732.21	399.5	\$657,466	\$1,645.79	0.950
HCBS, age <65, no SPMI	1,969.2	\$3,913,561	\$1,987.35	1,074.9	\$2,586,954	\$2,406.76	1.211
Community, age <65, with SPMI	1,722.2	\$2,251,569	\$1,307.41	927.0	\$1,240,393	\$1,338.03	1.023
Community, age <65, no SPMI	2,919.1	\$4,573,082	\$1,566.61	1,635.7	\$2,887,220	\$1,765.18	1.127
Intervention group	15,986.6	\$9,731,043	\$608.70	8,849.3	\$10,223,682	\$1,155.31	1.898
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	128.1	\$250,187	\$1,953.60	1.574
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	457.6	\$388,862	\$849.70	0.757
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	306.6	\$555,186	\$1,810.80	2.255
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	1,364.0	\$1,910,153	\$1,400.45	2.027
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	236.9	\$324,858	\$1,371.29	1.906
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	2,195.1	\$2,207,035	\$1,005.44	2.105
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	59.0	\$85,515	\$1,449.41	2.629
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	65.0	\$45,807	\$704.72	1.596
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	399.5	\$205,114	\$513.45	0.707
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	1,074.9	\$1,075,731	\$1,000.80	2.622
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	927.0	\$933,641	\$1,007.13	1.291
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	1,635.7	\$2,241,593	\$1,370.46	2.798

Table 3.F.2 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 2, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	15,986.6	\$25,300,908	\$1,582.64	6,884.6	\$12,840,971	\$1,865.17	1.179
Facility, age 65+, with SPMI	250.4	\$512,932	\$2,048.29	74.3	\$133,045	\$1,790.65	0.874
Facility, age 65+, no SPMI	838.0	\$1,440,175	\$1,718.59	286.7	\$469,530	\$1,637.42	0.953
HCBS, age 65+, with SPMI	480.2	\$940,185	\$1,957.93	233.8	\$528,062	\$2,258.23	1.153
HCBS, age 65+, no SPMI	2,635.0	\$4,586,893	\$1,740.75	975.4	\$2,237,293	\$2,293.61	1.318
Community, age 65+, with SPMI	438.1	\$638,676	\$1,457.81	173.9	\$294,841	\$1,695.57	1.163
Community, age 65+, no SPMI	3,854.1	\$4,793,169	\$1,243.64	1,728.1	\$2,861,333	\$1,655.72	1.331
Facility, age <65, with SPMI	99.2	\$244,215	\$2,462.00	60.0	\$125,694	\$2,094.91	0.851
Facility, age <65, no SPMI	99.0	\$225,055	\$2,273.29	54.4	\$112,311	\$2,063.27	0.908
HCBS, age <65, with SPMI	682.0	\$1,181,396	\$1,732.21	316.4	\$546,163	\$1,725.99	0.996
HCBS, age <65, no SPMI	1,969.2	\$3,913,561	\$1,987.35	951.9	\$2,305,508	\$2,422.05	1.219
Community, age <65, with SPMI	1,722.2	\$2,251,569	\$1,307.41	654.9	\$864,609	\$1,320.26	1.010
Community, age <65, no SPMI	2,919.1	\$4,573,082	\$1,566.61	1,374.6	\$2,362,582	\$1,718.72	1.097
Intervention group	15,986.6	\$9,731,043	\$608.70	6,884.6	\$6,672,937	\$969.25	1.592
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	74.3	\$21,735	\$292.54	0.236
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	286.7	\$340,897	\$1,188.83	1.060
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	233.8	\$170,591	\$729.52	0.908
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	975.4	\$1,080,406	\$1,107.60	1.603
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	173.9	\$159,443	\$916.93	1.275
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	1,728.1	\$1,856,834	\$1,074.47	2.249
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	60.0	\$88,688	\$1,478.13	2.681
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	54.4	\$33,175	\$609.46	1.380
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	316.4	\$192,629	\$608.75	0.839
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	951.9	\$682,842	\$717.36	1.880
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	654.9	\$509,915	\$778.64	0.998
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	1,374.6	\$1,535,781	\$1,117.24	2.281

Table 3.G.1 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 1, by category of beneficiary: Cohort 1 Total

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	300,541.1	\$490,368,888	\$1,631.62	190,783.1	\$357,373,450	\$1,873.19	1.148
Facility, age 65+, with SPMI	8,034.5	\$16,426,454	\$2,044.48	4,482.3	\$8,496,658	\$1,895.62	0.927
Facility, age 65+, no SPMI	20,695.7	\$35,563,602	\$1,718.41	11,526.7	\$18,425,386	\$1,598.49	0.930
HCBS, age 65+, with SPMI	12,692.4	\$24,710,944	\$1,946.91	8,030.0	\$18,155,274	\$2,260.93	1.161
HCBS, age 65+, no SPMI	57,590.4	\$99,786,762	\$1,732.70	35,744.4	\$80,909,647	\$2,263.56	1.306
Community, age 65+, with SPMI	7,196.4	\$10,442,205	\$1,451.03	4,639.1	\$8,053,103	\$1,735.90	1.196
Community, age 65+, no SPMI	54,777.7	\$67,839,476	\$1,238.45	34,535.5	\$52,136,549	\$1,509.65	1.219
Facility, age <65, with SPMI	2,328.6	\$5,744,667	\$2,467.03	1,441.9	\$3,158,769	\$2,190.65	0.888
Facility, age <65, no SPMI	2,819.8	\$6,472,499	\$2,295.34	1,926.6	\$4,068,089	\$2,111.51	0.920
HCBS, age <65, with SPMI	21,022.7	\$36,333,694	\$1,728.31	14,055.3	\$23,756,279	\$1,690.20	0.978
HCBS, age <65, no SPMI	40,606.4	\$80,752,012	\$1,988.65	27,019.2	\$64,518,731	\$2,387.89	1.201
Community, age <65, with SPMI	29,285.3	\$38,232,811	\$1,305.53	18,870.6	\$25,316,248	\$1,341.57	1.028
Community, age <65, no SPMI	43,491.1	\$68,063,764	\$1,565.00	28,511.5	\$50,378,716	\$1,766.96	1.129
Intervention group	300,541.1	\$484,510,829	\$1,612.13	190,783.1	\$326,744,155	\$1,712.65	1.062
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	4,482.3	\$6,553,968	\$1,462.20	0.668
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	11,526.7	\$16,705,818	\$1,449.31	0.766
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	8,030.0	\$15,402,877	\$1,918.17	1.014
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	35,744.4	\$65,843,629	\$1,842.07	1.176
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	4,639.1	\$5,737,753	\$1,236.81	0.899
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	34,535.5	\$50,777,299	\$1,470.29	1.207
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	1,441.9	\$3,265,859	\$2,264.92	0.661
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	1,926.6	\$5,865,532	\$3,044.46	0.720
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	14,055.3	\$22,931,055	\$1,631.49	0.977
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	27,019.2	\$55,752,528	\$2,063.44	1.155
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	18,870.6	\$24,971,403	\$1,323.29	1.028
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	28,511.5	\$52,936,435	\$1,856.67	1.127

Table 3.G.2 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 2, by category of beneficiary: Cohort 1 Total

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	300,541.1	\$490,368,888	\$1,631.62	116,158.9	\$220,720,429	\$1,900.16	1.165
Facility, age 65+, with SPMI	8,034.5	\$16,426,454	\$2,044.48	2,223.4	\$3,979,638	\$1,789.91	0.875
Facility, age 65+, no SPMI	20,695.7	\$35,563,602	\$1,718.41	5,457.9	\$8,932,895	\$1,636.69	0.952
HCBS, age 65+, with SPMI	12,692.4	\$24,710,944	\$1,946.91	4,770.9	\$10,807,567	\$2,265.31	1.164
HCBS, age 65+, no SPMI	57,590.4	\$99,786,762	\$1,732.70	20,548.3	\$47,130,487	\$2,293.65	1.324
Community, age 65+, with SPMI	7,196.4	\$10,442,205	\$1,451.03	2,807.0	\$4,758,518	\$1,695.20	1.168
Community, age 65+, no SPMI	54,777.7	\$67,839,476	\$1,238.45	21,327.2	\$35,321,758	\$1,656.19	1.337
Facility, age <65, with SPMI	2,328.6	\$5,744,667	\$2,467.03	891.6	\$1,874,359	\$2,102.32	0.852
Facility, age <65, no SPMI	2,819.8	\$6,472,499	\$2,295.34	1,146.7	\$2,363,407	\$2,061.01	0.898
HCBS, age <65, with SPMI	21,022.7	\$36,333,694	\$1,728.31	9,024.9	\$15,596,282	\$1,728.14	1.000
HCBS, age <65, no SPMI	40,606.4	\$80,752,012	\$1,988.65	17,570.5	\$42,551,678	\$2,421.77	1.218
Community, age <65, with SPMI	29,285.3	\$38,232,811	\$1,305.53	12,143.7	\$16,040,088	\$1,320.86	1.012
Community, age <65, no SPMI	43,491.1	\$68,063,764	\$1,565.00	18,246.9	\$31,363,750	\$1,718.85	1.098
Intervention group	300,541.1	\$484,510,829	\$1,612.13	116,158.9	\$194,270,083	\$1,672.45	1.037
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	2,223.4	\$3,012,725	\$1,355.02	0.619
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	5,457.9	\$6,869,067	\$1,258.55	0.665
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	4,770.9	\$8,796,715	\$1,843.82	0.974
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	20,548.3	\$37,552,928	\$1,827.55	1.166
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	2,807.0	\$3,585,479	\$1,277.31	0.929
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	21,327.2	\$32,993,064	\$1,547.00	1.270
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	891.6	\$2,289,356	\$2,567.78	0.750
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	1,146.7	\$3,028,876	\$2,641.34	0.625
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	9,024.9	\$13,029,296	\$1,443.70	0.864
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	17,570.5	\$34,032,526	\$1,936.92	1.084
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	12,143.7	\$15,953,913	\$1,313.76	1.021
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	18,246.9	\$33,126,136	\$1,815.44	1.102

Table 3.H.1 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 1, by category of beneficiary: Cohort 2

Category of beneficiary	Baseline period			Demonstration period 1			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	4,220.4	\$7,560,297	\$1,791.37	6,799.0	\$10,866,860	\$1,598.31	0.892
Facility, age 65+, with SPMI	69.3	\$186,432	\$2,688.92	93.9	\$171,140	\$1,821.78	0.678
Facility, age 65+, no SPMI	224.1	\$536,349	\$2,392.99	316.1	\$509,479	\$1,611.99	0.674
HCBS, age 65+, with SPMI	143.3	\$265,751	\$1,853.99	265.1	\$419,346	\$1,581.86	0.853
HCBS, age 65+, no SPMI	667.3	\$1,258,224	\$1,885.61	1,086.8	\$2,081,319	\$1,915.11	1.016
Community, age 65+, with SPMI	112.9	\$198,139	\$1,755.67	187.0	\$275,667	\$1,474.41	0.840
Community, age 65+, no SPMI	715.1	\$1,234,717	\$1,726.64	1,151.2	\$1,566,716	\$1,360.98	0.788
Facility, age <65, with SPMI	48.6	\$174,144	\$3,581.47	74.9	\$162,360	\$2,167.59	0.605
Facility, age <65, no SPMI	49.0	\$157,986	\$3,224.20	86.3	\$211,181	\$2,447.59	0.759
HCBS, age <65, with SPMI	258.8	\$403,500	\$1,559.01	374.2	\$573,153	\$1,531.51	0.982
HCBS, age <65, no SPMI	572.9	\$1,101,422	\$1,922.46	993.9	\$2,003,244	\$2,015.51	1.048
Community, age <65, with SPMI	329.2	\$423,281	\$1,285.95	502.3	\$617,044	\$1,228.51	0.955
Community, age <65, no SPMI	1,029.8	\$1,620,351	\$1,573.42	1,667.3	\$2,276,211	\$1,365.18	0.868
Intervention group	4,220.4	\$9,945,769	\$2,356.60	6,799.0	\$13,528,628	\$1,989.81	0.844
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	93.9	\$228,029	\$2,427.36	0.384
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	316.1	\$706,621	\$2,235.75	0.419
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	265.1	\$561,222	\$2,117.05	1.182
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	1,086.8	\$2,198,034	\$2,022.50	0.874
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	187.0	\$267,387	\$1,430.12	0.558
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	1,151.2	\$2,090,036	\$1,815.58	0.895
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	74.9	\$52,541	\$701.45	0.310
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	86.3	\$461,273	\$5,346.17	0.581
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	374.2	\$1,012,597	\$2,705.74	0.936
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	993.9	\$2,462,001	\$2,477.07	1.092
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	502.3	\$794,962	\$1,582.74	0.773
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	1,667.3	\$2,693,925	\$1,615.71	1.121

Table 3.H.2 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 2, by category of beneficiary: Cohort 2

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	4,220.4	\$7,560,297	\$1,791.37	5,232.9	\$7,539,983	\$1,440.89	0.804
Facility, age 65+, with SPMI	69.3	\$186,432	\$2,688.92	61.0	\$108,860	\$1,784.81	0.664
Facility, age 65+, no SPMI	224.1	\$536,349	\$2,392.99	226.0	\$326,338	\$1,443.97	0.603
HCBS, age 65+, with SPMI	143.3	\$265,751	\$1,853.99	192.9	\$294,250	\$1,525.63	0.823
HCBS, age 65+, no SPMI	667.3	\$1,258,224	\$1,885.61	784.6	\$1,492,904	\$1,902.72	1.009
Community, age 65+, with SPMI	112.9	\$198,139	\$1,755.67	162.0	\$201,821	\$1,245.96	0.710
Community, age 65+, no SPMI	715.1	\$1,234,717	\$1,726.64	924.2	\$1,381,721	\$1,495.00	0.866
Facility, age <65, with SPMI	48.6	\$174,144	\$3,581.47	60.0	\$115,382	\$1,923.03	0.537
Facility, age <65, no SPMI	49.0	\$157,986	\$3,224.20	39.0	\$85,084	\$2,181.64	0.677
HCBS, age <65, with SPMI	258.8	\$403,500	\$1,559.01	306.5	\$344,763	\$1,124.86	0.722
HCBS, age <65, no SPMI	572.9	\$1,101,422	\$1,922.46	820.6	\$1,297,093	\$1,580.62	0.822
Community, age <65, with SPMI	329.2	\$423,281	\$1,285.95	363.5	\$352,232	\$969.00	0.754
Community, age <65, no SPMI	1,029.8	\$1,620,351	\$1,573.42	1,292.6	\$1,539,536	\$1,191.06	0.757
Intervention group	4,220.4	\$9,945,769	\$2,356.60	5,232.9	\$9,769,891	\$1,867.02	0.792
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	61.0	\$139,161	\$2,281.61	0.361
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	226.0	\$328,652	\$1,454.21	0.272
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	192.9	\$370,271	\$1,919.79	1.072
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	784.6	\$2,137,136	\$2,723.80	1.176
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	162.0	\$133,621	\$824.93	0.322
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	924.2	\$1,356,664	\$1,467.89	0.723
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	60.0	\$50,735	\$845.58	0.373
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	39.0	\$161,629	\$4,144.33	0.451
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	306.5	\$716,853	\$2,338.89	0.809
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	820.6	\$1,742,387	\$2,123.25	0.936
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	363.5	\$285,441	\$785.26	0.383
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	1,292.6	\$2,347,340	\$1,816.01	1.260

Table 3.I.2 – MEDICARE

Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the Demonstration Period 2, by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	61,731.0	\$100,243,078	\$1,623.87	59,906.7	\$89,699,434	\$1,497.32	0.922
Facility, age 65+, with SPMI	1,237.3	\$2,632,886	\$2,127.99	1,072.3	\$1,922,209	\$1,792.53	0.842
Facility, age 65+, no SPMI	4,352.8	\$9,452,236	\$2,171.55	3,616.2	\$6,125,395	\$1,693.88	0.780
HCBS, age 65+, with SPMI	2,672.5	\$4,453,105	\$1,666.24	2,650.0	\$3,935,068	\$1,484.91	0.891
HCBS, age 65+, no SPMI	12,039.6	\$20,423,825	\$1,696.38	11,406.7	\$20,860,145	\$1,828.76	1.078
Community, age 65+, with SPMI	1,956.2	\$3,176,896	\$1,624.04	1,935.2	\$2,669,319	\$1,379.33	0.849
Community, age 65+, no SPMI	11,639.1	\$18,062,426	\$1,551.87	11,501.7	\$15,217,138	\$1,323.03	0.853
Facility, age <65, with SPMI	411.5	\$1,303,513	\$3,168.06	404.6	\$1,006,463	\$2,487.61	0.785
Facility, age <65, no SPMI	696.3	\$2,177,604	\$3,127.47	706.6	\$1,746,477	\$2,471.69	0.790
HCBS, age <65, with SPMI	3,487.7	\$4,744,744	\$1,360.41	3,520.5	\$4,112,793	\$1,168.23	0.859
HCBS, age <65, no SPMI	6,711.9	\$11,006,058	\$1,639.78	6,970.3	\$10,980,354	\$1,575.30	0.961
Community, age <65, with SPMI	6,573.6	\$7,268,942	\$1,105.77	6,082.2	\$6,155,098	\$1,011.98	0.915
Community, age <65, no SPMI	9,952.5	\$15,540,842	\$1,561.50	10,040.2	\$14,968,975	\$1,490.91	0.955
Intervention group	61,731.0	\$104,848,901	\$1,698.48	59,906.7	\$87,997,190	\$1,468.90	0.865
Facility, age 65+, with SPMI	1,237.3	\$3,089,538	\$2,497.07	1,072.3	\$1,691,386	\$1,577.28	0.632
Facility, age 65+, no SPMI	4,352.8	\$9,422,298	\$2,164.67	3,616.2	\$4,654,359	\$1,287.09	0.595
HCBS, age 65+, with SPMI	2,672.5	\$5,333,403	\$1,995.63	2,650.0	\$5,600,899	\$2,113.52	1.059
HCBS, age 65+, no SPMI	12,039.6	\$21,450,042	\$1,781.62	11,406.7	\$18,592,247	\$1,629.93	0.915
Community, age 65+, with SPMI	1,956.2	\$2,701,462	\$1,381.00	1,935.2	\$2,316,050	\$1,196.78	0.867
Community, age 65+, no SPMI	11,639.1	\$15,082,817	\$1,295.87	11,501.7	\$15,399,138	\$1,338.86	1.033
Facility, age <65, with SPMI	411.5	\$1,872,124	\$4,550.02	404.6	\$1,160,415	\$2,868.13	0.630
Facility, age <65, no SPMI	696.3	\$3,044,669	\$4,372.75	706.6	\$1,609,935	\$2,278.45	0.521
HCBS, age <65, with SPMI	3,487.7	\$6,802,903	\$1,950.52	3,520.5	\$4,743,112	\$1,347.27	0.691
HCBS, age <65, no SPMI	6,711.9	\$12,563,585	\$1,871.84	6,970.3	\$11,706,810	\$1,679.52	0.897
Community, age <65, with SPMI	6,573.6	\$8,557,921	\$1,301.86	6,082.2	\$6,676,681	\$1,097.74	0.843
Community, age <65, no SPMI	9,952.5	\$14,928,139	\$1,499.94	10,040.2	\$13,846,157	\$1,379.07	0.919

Table 4.1
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Period 1

Cohort	Group	Baseline period			Demonstration period			Cost trend (demonstration period/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	\$80,888,953	\$1,668.23	33,391.4	\$64,391,529	\$1,928.39	1.156
	I	48,488.0	\$128,622,626	\$2,652.67	33,391.4	\$86,368,950	\$2,586.56	0.975
1B	C	83,567.1	\$134,959,403	\$1,614.98	56,661.5	\$104,804,143	\$1,849.65	1.145
	I	83,567.1	\$108,476,913	\$1,298.08	56,661.5	\$78,214,806	\$1,380.39	1.063
1C	C	7,946.8	\$12,489,805	\$1,571.67	5,312.4	\$9,671,707	\$1,820.59	1.158
	I	7,946.8	\$7,898,710	\$993.94	5,312.4	\$6,924,121	\$1,303.39	1.311
1D	C	129,399.2	\$212,662,623	\$1,643.46	77,661.0	\$146,167,805	\$1,882.13	1.145
	I	129,399.2	\$219,493,469	\$1,696.25	77,661.0	\$135,516,988	\$1,744.98	1.029
1E	C	15,153.3	\$24,067,197	\$1,588.24	8,907.5	\$16,177,221	\$1,816.14	1.143
	I	15,153.3	\$10,288,068	\$678.93	8,907.5	\$9,495,608	\$1,066.02	1.570
1F	C	15,986.6	\$25,300,908	\$1,582.64	8,849.3	\$16,161,045	\$1,826.25	1.154
	I	15,986.6	\$9,731,043	\$608.70	8,849.3	\$10,223,682	\$1,155.31	1.898
1 total	C	300,541.1	\$490,368,888	\$1,631.62	190,783.1	\$357,373,450	\$1,873.19	1.148
	I	300,541.1	\$484,510,829	\$1,612.13	190,783.1	\$326,744,155	\$1,712.65	1.062
2	C	4,220.4	\$7,560,297	\$1,791.37	6,799.0	\$10,866,860	\$1,598.31	0.892
	I	4,220.4	\$9,945,769	\$2,356.60	6,799.0	\$13,528,628	\$1,989.81	0.844

Table 4.2
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Period 2

Cohort	Group	Baseline period			Demonstration period			Cost trend (demonstration period/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	\$80,888,953	\$1,668.23	17,203.3	\$33,844,726	\$1,967.34	1.179
	I	48,488.0	\$128,622,626	\$2,652.67	17,203.3	\$44,473,969	\$2,585.20	0.975
1B	C	83,567.1	\$134,959,403	\$1,614.98	32,890.3	\$61,919,002	\$1,882.59	1.166
	I	83,567.1	\$108,476,913	\$1,298.08	32,890.3	\$48,424,475	\$1,472.30	1.134
1C	C	7,946.8	\$12,489,805	\$1,571.67	3,135.2	\$5,867,732	\$1,871.54	1.191
	I	7,946.8	\$7,898,710	\$993.94	3,135.2	\$3,890,233	\$1,240.81	1.248
1D	C	129,399.2	\$212,662,623	\$1,643.46	49,660.6	\$94,413,509	\$1,901.17	1.157
	I	129,399.2	\$219,493,469	\$1,696.25	49,660.6	\$83,780,846	\$1,687.07	0.995
1E	C	15,153.3	\$24,067,197	\$1,588.24	6,384.8	\$11,834,489	\$1,853.53	1.167
	I	15,153.3	\$10,288,068	\$678.93	6,384.8	\$7,027,622	\$1,100.68	1.621
1F	C	15,986.6	\$25,300,908	\$1,582.64	6,884.6	\$12,840,971	\$1,865.17	1.179
	I	15,986.6	\$9,731,043	\$608.70	6,884.6	\$6,672,937	\$969.25	1.592
1 total	C	300,541.1	\$490,368,888	\$1,631.62	116,158.9	\$220,720,429	\$1,900.16	1.165
	I	300,541.1	\$484,510,829	\$1,612.13	116,158.9	\$194,270,083	\$1,672.45	1.037
2	C	4,220.4	\$7,560,297	\$1,791.37	5,232.9	\$7,539,983	\$1,440.89	0.804
	I	4,220.4	\$9,945,769	\$2,356.60	5,232.9	\$9,769,891	\$1,867.02	0.792
3	C	61,731.0	\$100,243,078	\$1,623.87	59,906.7	\$89,699,434	\$1,497.32	0.922
	I	61,731.0	\$104,848,901	\$1,698.48	59,906.7	\$87,997,190	\$1,468.90	0.865

5.2 Medicare Adjustments

The trend in health care costs is not uniform across the United States but 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 were not published for 2011, because 2011 Medicare Advantage rates were set by law. 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 period separately. To determine the average AGA factor, the nonhospice 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 period).³ **Tables 5.A** and **5.B** show the results of the calculations for demonstration periods one and two, respectively.

For each cohort and demonstration period, the AGA adjustment factor was determined by comparing the trend from the baseline period to the demonstration period for the intervention group versus that of the comparison group. For Cohort 1, from the baseline period to Demonstration Period 1, the AGA factor decreased by 0.328 percent (a factor of 0.99672) for the comparison group and increased by 1.96 percent (a factor of 1.01960) for the intervention group. If the AGA had increased by the same 1.96 percent in the comparison area as it did in the intervention area, instead of decreasing by 0.328 percent, then the trend of the comparison group would have increased by an additional 2.296 percent ($1.01960/0.99672 = 1.02296$), which is the AGA adjustment factor that we apply to the comparison group trend. For Cohort 2, the corresponding AGA adjustment factor is 1.02704.

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

Cohort	Group	Baseline period	Demonstration period 1	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.90038	0.89743	0.99672	1.02296
	I	0.88374	0.90106	1.01960	
2	C	0.89953	0.89729	0.99751	1.02704
	I	0.89107	0.91289	1.02449	

³ The nonhospice 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 nonhospice expenditures of the cohort.

For Demonstration Period 2, the resulting calculations produced the AGA adjustment factors of 1.03855 for Cohort 1, 1.03352 for Cohort 2, and 1.00633 for Cohort 3.

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

Cohort	Group	Baseline period	Demonstration period 2	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.90038	0.89422	0.99315	1.03855
	I	0.88374	0.91152	1.03144	
2	C	0.89953	0.89661	0.99675	1.03352
	I	0.89107	0.91796	1.03017	
3	C	0.89231	0.89281	1.00056	1.00633
	I	0.90760	0.91385	1.00689	

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

Table 6.G displays the savings calculation for Cohort 1 in total. The baseline PMPM was \$1,612.13. For Demonstration Period 1, the AGA adjusted trend from the comparison group was 1.175, resulting in a target PMPM of \$1,894.11. The PMPM costs of the intervention group were actually \$1,712.65, an increase of 6.24 percent over the \$1,612.13 baseline PMPM. Because the intervention group PMPM costs increased at a slower rate (6.24 percent) than the comparison group costs (17.5 percent), we estimate a PMPM savings of \$181.47, or a savings rate of 9.6 percent. The savings dollar amount was \$34,620,853. For Demonstration Period 2, the results are a PMPM savings of \$220.44, or 11.6 percent, and a dollar savings of \$25,605,525.

For Demonstration Period 1, the same calculations for Cohort 2 (as shown in **Table 6.H.1**) result in a PMPM savings of \$115.36, or 5.5 percent, and a savings dollar amount of \$784,356. For Demonstration Period 2, the savings is \$3.17 on a PMPM basis, 0.2 percent, and \$16,565 on a dollar basis.

For Cohort 3 Demonstration Period 2 (as shown in **Table 6.I.2**), the savings is \$108.34 PMPM, or 6.9 percent, and \$6,490,172 in total dollars.

Table 6.A.1 – MEDICARE Demonstration Period 1
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	33,391.4	\$2,652.67	1.173	\$3,112.76	\$2,586.56	\$526.20	\$17,570,551	16.9
Facility, age 65+, with SPMI	799.1	\$3,321.06	0.958	\$3,180.97	\$1,913.42	\$1,267.55	\$1,012,908	39.8
Facility, age 65+, no SPMI	1,672.7	\$2,476.33	0.957	\$2,369.51	\$2,043.84	\$325.67	\$544,760	13.7
HCBS, age 65+, with SPMI	1,488.4	\$2,903.67	1.172	\$3,402.64	\$2,698.73	\$703.90	\$1,047,716	20.7
HCBS, age 65+, no SPMI	7,141.4	\$2,389.27	1.323	\$3,159.82	\$2,618.76	\$541.06	\$3,863,901	17.1
Community, age 65+, with SPMI	635.1	\$2,067.95	1.202	\$2,486.37	\$1,883.26	\$603.11	\$383,054	24.3
Community, age 65+, no SPMI	5,972.2	\$2,124.06	1.246	\$2,646.92	\$2,162.62	\$484.29	\$2,892,304	18.3
Facility, age <65, with SPMI	287.0	\$5,306.80	0.915	\$4,853.48	\$4,117.97	\$735.50	\$211,090	15.2
Facility, age <65, no SPMI	449.4	\$4,764.97	0.975	\$4,648.20	\$3,795.44	\$852.76	\$383,223	18.3
HCBS, age <65, with SPMI	2,580.1	\$2,780.44	1.006	\$2,795.77	\$2,625.82	\$169.94	\$438,464	6.1
HCBS, age <65, no SPMI	6,085.2	\$2,691.70	1.219	\$3,282.39	\$2,686.84	\$595.55	\$3,624,036	18.1
Community, age <65, with SPMI	1,895.7	\$2,446.14	1.059	\$2,590.76	\$2,428.18	\$162.58	\$308,193	6.3
Community, age <65, no SPMI	4,385.1	\$3,319.71	1.157	\$3,839.50	\$3,187.09	\$652.41	\$2,860,901	17.0

Table 6.A.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	17,203.3	\$2,652.67	1.216	\$3,224.45	\$2,585.20	\$639.25	\$10,997,163	19.8
Facility, age 65+, with SPMI	326.1	\$3,321.06	0.906	\$3,009.96	\$2,009.96	\$999.99	\$326,058	33.2
Facility, age 65+, no SPMI	582.1	\$2,476.33	0.988	\$2,447.53	\$1,543.23	\$904.29	\$526,369	36.9
HCBS, age 65+, with SPMI	767.1	\$2,903.67	1.209	\$3,509.71	\$2,369.32	\$1,140.39	\$874,755	32.5
HCBS, age 65+, no SPMI	3,315.2	\$2,389.27	1.372	\$3,278.73	\$2,537.13	\$741.60	\$2,458,527	22.6
Community, age 65+, with SPMI	354.1	\$2,067.95	1.214	\$2,510.26	\$1,121.58	\$1,388.68	\$491,771	55.3
Community, age 65+, no SPMI	3,089.4	\$2,124.06	1.386	\$2,943.09	\$2,257.84	\$685.25	\$2,117,023	23.3
Facility, age <65, with SPMI	144.7	\$5,306.80	0.888	\$4,713.91	\$4,047.26	\$666.66	\$96,496	14.1
Facility, age <65, no SPMI	227.0	\$4,764.97	0.936	\$4,458.06	\$4,813.97	-\$355.92	-\$80,793	-8.0
HCBS, age <65, with SPMI	1,422.9	\$2,780.44	1.038	\$2,885.60	\$2,238.22	\$647.38	\$921,164	22.4
HCBS, age <65, no SPMI	3,508.2	\$2,691.70	1.265	\$3,404.42	\$2,770.38	\$634.05	\$2,224,342	18.6
Community, age <65, with SPMI	1,111.2	\$2,446.14	1.052	\$2,572.85	\$2,670.33	-\$97.47	-\$108,309	-3.8
Community, age <65, no SPMI	2,355.4	\$3,319.71	1.141	\$3,786.86	\$3,298.72	\$488.13	\$1,149,760	12.9

Table 6.B.1 – MEDICARE Demonstration Period 1
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	56,661.5	\$1,298.08	1.156	\$1,500.85	\$1,380.39	\$120.47	\$6,825,837	8.0
Facility, age 65+, with SPMI	1,584.4	\$1,581.91	0.949	\$1,500.83	\$1,236.97	\$263.85	\$418,046	17.6
Facility, age 65+, no SPMI	3,287.8	\$1,689.87	0.950	\$1,605.47	\$1,394.06	\$211.41	\$695,085	13.2
HCBS, age 65+, with SPMI	2,443.7	\$1,412.22	1.189	\$1,679.52	\$1,406.80	\$272.73	\$666,470	16.2
HCBS, age 65+, no SPMI	10,441.9	\$1,178.09	1.337	\$1,574.75	\$1,380.15	\$194.61	\$2,032,049	12.4
Community, age 65+, with SPMI	1,386.9	\$1,140.11	1.215	\$1,385.03	\$1,064.15	\$320.88	\$445,037	23.2
Community, age 65+, no SPMI	11,296.4	\$971.09	1.243	\$1,206.62	\$1,172.53	\$34.09	\$385,093	2.8
Facility, age <65, with SPMI	489.9	\$3,244.58	0.910	\$2,952.52	\$1,973.26	\$979.26	\$479,741	33.2
Facility, age <65, no SPMI	312.0	\$3,733.76	0.944	\$3,526.44	\$2,792.24	\$734.20	\$229,069	20.8
HCBS, age <65, with SPMI	4,782.1	\$1,385.95	1.011	\$1,400.76	\$1,301.09	\$99.67	\$476,644	7.1
HCBS, age <65, no SPMI	6,823.7	\$1,488.47	1.223	\$1,820.88	\$1,807.09	\$13.79	\$94,077	0.8
Community, age <65, with SPMI	5,913.8	\$1,112.23	1.053	\$1,171.45	\$1,130.22	\$41.23	\$243,829	3.5
Community, age <65, no SPMI	7,898.9	\$1,390.75	1.155	\$1,606.18	\$1,522.54	\$83.64	\$660,696	5.2

Table 6.B.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	32,890.3	\$1,298.08	1.190	\$1,544.33	\$1,472.30	\$72.03	\$2,369,119	4.7
Facility, age 65+, with SPMI	837.3	\$1,581.91	0.908	\$1,435.59	\$1,382.19	\$53.41	\$44,716	3.7
Facility, age 65+, no SPMI	1,443.6	\$1,689.87	0.986	\$1,665.80	\$1,541.41	\$124.39	\$179,577	7.5
HCBS, age 65+, with SPMI	1,432.9	\$1,412.22	1.207	\$1,704.19	\$1,456.99	\$247.20	\$354,230	14.5
HCBS, age 65+, no SPMI	5,903.3	\$1,178.09	1.375	\$1,619.28	\$1,588.89	\$30.39	\$179,416	1.9
Community, age 65+, with SPMI	809.7	\$1,140.11	1.213	\$1,382.93	\$1,141.54	\$241.39	\$195,447	17.5
Community, age 65+, no SPMI	6,681.8	\$971.09	1.389	\$1,349.09	\$1,516.23	–\$167.14	–\$1,116,798	–12.4
Facility, age <65, with SPMI	303.5	\$3,244.58	0.882	\$2,860.85	\$2,535.02	\$325.83	\$98,890	11.4
Facility, age <65, no SPMI	172.4	\$3,733.76	0.923	\$3,445.99	\$1,078.03	\$2,367.96	\$408,138	68.7
HCBS, age <65, with SPMI	2,924.0	\$1,385.95	1.038	\$1,439.22	\$1,210.97	\$228.25	\$667,421	15.9
HCBS, age <65, no SPMI	4,174.8	\$1,488.47	1.264	\$1,882.16	\$1,669.01	\$213.15	\$889,850	11.3
Community, age <65, with SPMI	3,584.5	\$1,112.23	1.052	\$1,169.90	\$1,230.16	–\$60.26	–\$215,987	–5.2
Community, age <65, no SPMI	4,622.4	\$1,390.75	1.140	\$1,585.71	\$1,437.69	\$148.02	\$684,221	9.3

Table 6.C.1 – MEDICARE Demonstration Period 1
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	5,312.4	\$993.94	1.198	\$1,190.89	\$1,303.39	–\$112.50	–\$597,650	–9.4
Facility, age 65+, with SPMI	48.5	\$2,437.80	0.933	\$2,274.78	\$990.98	\$1,283.79	\$62,264	56.4
Facility, age 65+, no SPMI	360.0	\$1,615.10	0.944	\$1,524.07	\$1,540.30	–\$16.22	–\$5,841	–1.1
HCBS, age 65+, with SPMI	258.0	\$978.12	1.179	\$1,153.43	\$1,339.51	–\$186.08	–\$48,015	–16.1
HCBS, age 65+, no SPMI	973.0	\$905.53	1.338	\$1,211.55	\$1,324.69	–\$113.14	–\$110,094	–9.3
Community, age 65+, with SPMI	219.0	\$1,509.16	1.208	\$1,822.63	\$1,008.70	\$813.93	\$178,251	44.7
Community, age 65+, no SPMI	1,390.0	\$760.14	1.236	\$939.82	\$1,146.54	–\$206.72	–\$287,338	–22.0
Facility, age <65, with SPMI	31.0	\$4,384.61	0.925	\$4,056.31	\$4,120.15	–\$63.84	–\$1,979	–1.6
Facility, age <65, no SPMI	40.5	\$10,040.68	0.861	\$8,649.37	\$2,187.76	\$6,461.61	\$262,008	74.7
HCBS, age <65, with SPMI	312.5	\$739.84	1.000	\$739.86	\$1,037.83	–\$297.97	–\$93,124	–40.3
HCBS, age <65, no SPMI	489.7	\$880.51	1.228	\$1,081.55	\$1,543.92	–\$462.37	–\$226,401	–42.8
Community, age <65, with SPMI	471.8	\$832.44	1.048	\$872.14	\$1,047.49	–\$175.35	–\$82,733	–20.1
Community, age <65, no SPMI	718.3	\$1,013.70	1.149	\$1,164.83	\$1,505.44	–\$340.61	–\$244,648	–29.2

Table 6.C.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,135.2	\$993.94	1.220	\$1,212.90	\$1,240.81	–\$27.91	–\$87,509	–2.3
Facility, age 65+, with SPMI	28.6	\$2,437.80	0.895	\$2,180.81	\$671.63	\$1,509.18	\$43,182	69.2
Facility, age 65+, no SPMI	163.0	\$1,615.10	0.980	\$1,582.78	\$1,080.88	\$501.90	\$81,804	31.7
HCBS, age 65+, with SPMI	164.0	\$978.12	1.205	\$1,179.06	\$1,100.01	\$79.05	\$12,964	6.7
HCBS, age 65+, no SPMI	553.2	\$905.53	1.375	\$1,244.92	\$1,318.43	–\$73.51	–\$40,661	–5.9
Community, age 65+, with SPMI	135.0	\$1,509.16	1.197	\$1,806.44	\$558.90	\$1,247.53	\$168,417	69.1
Community, age 65+, no SPMI	812.9	\$760.14	1.382	\$1,050.20	\$1,242.35	–\$192.15	–\$156,187	–18.3
Facility, age <65, with SPMI	12.0	\$4,384.61	0.881	\$3,864.87	\$270.43	\$3,594.44	\$43,133	93.0
Facility, age <65, no SPMI	24.0	\$10,040.68	0.853	\$8,569.28	\$213.96	\$8,355.32	\$200,528	97.5
HCBS, age <65, with SPMI	228.0	\$739.84	1.037	\$767.25	\$733.87	\$33.38	\$7,611	4.4
HCBS, age <65, no SPMI	335.1	\$880.51	1.263	\$1,111.65	\$2,129.06	–\$1,017.41	–\$340,911	–91.5
Community, age <65, with SPMI	284.8	\$832.44	1.050	\$874.34	\$1,350.37	–\$476.03	–\$135,560	–54.4
Community, age <65, no SPMI	394.8	\$1,013.70	1.135	\$1,150.95	\$1,079.59	\$71.36	\$28,172	6.2

Table 6.D.1 – MEDICARE Demonstration Period 1
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	77,661.0	\$1,696.25	1.160	\$1,967.59	\$1,744.98	\$222.60	\$17,287,694	11.3
Facility, age 65+, with SPMI	1,806.3	\$2,345.53	0.942	\$2,210.52	\$1,495.47	\$715.05	\$1,291,604	32.3
Facility, age 65+, no SPMI	5,089.9	\$2,040.09	0.949	\$1,936.85	\$1,386.44	\$550.41	\$2,801,486	28.4
HCBS, age 65+, with SPMI	3,362.2	\$2,012.00	1.191	\$2,395.89	\$2,045.50	\$350.40	\$1,178,099	14.6
HCBS, age 65+, no SPMI	14,117.7	\$1,699.59	1.341	\$2,279.99	\$1,909.91	\$370.08	\$5,224,676	16.2
Community, age 65+, with SPMI	1,920.9	\$1,450.66	1.236	\$1,793.43	\$1,137.43	\$656.00	\$1,260,099	36.6
Community, age 65+, no SPMI	11,632.6	\$1,352.84	1.250	\$1,690.70	\$1,610.33	\$80.37	\$934,899	4.8
Facility, age <65, with SPMI	500.0	\$3,271.35	0.905	\$2,961.14	\$1,722.45	\$1,238.69	\$619,378	41.8
Facility, age <65, no SPMI	946.8	\$4,766.02	0.928	\$4,420.89	\$3,186.76	\$1,234.13	\$1,168,418	27.9
HCBS, age <65, with SPMI	5,518.6	\$1,644.72	0.993	\$1,633.13	\$1,643.95	–\$10.82	–\$59,690	–0.7
HCBS, age <65, no SPMI	11,642.9	\$1,817.35	1.234	\$2,241.93	\$2,080.14	\$161.79	\$1,883,682	7.2
Community, age <65, with SPMI	8,618.2	\$1,327.43	1.049	\$1,392.43	\$1,315.37	\$77.05	\$664,072	5.5
Community, age <65, no SPMI	12,505.0	\$1,578.14	1.156	\$1,824.56	\$1,798.89	\$25.67	\$320,972	1.4

Table 6.D.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	49,660.6	\$1,696.25	1.184	\$2,009.11	\$1,687.07	\$322.04	\$15,992,880	16.0
Facility, age 65+, with SPMI	891.3	\$2,345.53	0.906	\$2,125.66	\$1,249.87	\$875.78	\$780,604	41.2
Facility, age 65+, no SPMI	2,590.1	\$2,040.09	0.984	\$2,006.70	\$1,149.10	\$857.60	\$2,221,287	42.7
HCBS, age 65+, with SPMI	2,078.6	\$2,012.00	1.208	\$2,430.40	\$2,112.24	\$318.16	\$661,326	13.1
HCBS, age 65+, no SPMI	8,647.9	\$1,699.59	1.371	\$2,330.96	\$1,913.76	\$417.20	\$3,607,859	17.9
Community, age 65+, with SPMI	1,165.1	\$1,450.66	1.212	\$1,758.55	\$1,606.34	\$152.22	\$177,350	8.7
Community, age 65+, no SPMI	7,531.6	\$1,352.84	1.387	\$1,877.03	\$1,489.01	\$388.02	\$2,922,415	20.7
Facility, age <65, with SPMI	304.6	\$3,271.35	0.884	\$2,893.47	\$2,350.93	\$542.54	\$165,248	18.8
Facility, age <65, no SPMI	589.9	\$4,766.02	0.932	\$4,443.14	\$2,759.60	\$1,683.54	\$993,169	37.9
HCBS, age <65, with SPMI	3,767.3	\$1,644.72	1.038	\$1,706.82	\$1,538.05	\$168.77	\$635,794	9.9
HCBS, age <65, no SPMI	7,869.8	\$1,817.35	1.264	\$2,297.04	\$1,912.26	\$384.78	\$3,028,139	16.8
Community, age <65, with SPMI	5,750.2	\$1,327.43	1.050	\$1,393.73	\$1,193.42	\$200.31	\$1,151,832	14.4
Community, age <65, no SPMI	8,474.1	\$1,578.14	1.141	\$1,800.98	\$1,842.54	-\$41.56	-\$352,144	-2.3

Table 6.E.1 – MEDICARE Demonstration Period 1
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	8,907.5	\$678.93	1.161	\$788.00	\$1,066.02	–\$278.02	–\$2,476,499	–35.3
Facility, age 65+, with SPMI	115.9	\$1,222.01	0.944	\$1,153.11	\$565.68	\$587.43	\$68,070	50.9
Facility, age 65+, no SPMI	658.6	\$860.02	0.943	\$810.88	\$1,067.91	–\$257.02	–\$169,280	–31.7
HCBS, age 65+, with SPMI	171.0	\$682.88	1.196	\$816.87	\$994.04	–\$177.16	–\$30,297	–21.7
HCBS, age 65+, no SPMI	1,706.4	\$808.12	1.338	\$1,080.91	\$1,504.95	–\$424.05	–\$723,593	–39.2
Community, age 65+, with SPMI	240.3	\$771.30	1.224	\$943.91	\$1,394.48	–\$450.57	–\$108,287	–47.7
Community, age 65+, no SPMI	2,049.2	\$534.63	1.250	\$668.16	\$1,016.65	–\$348.50	–\$714,156	–52.2
Facility, age <65, with SPMI	75.0	\$422.56	0.886	\$374.28	\$570.39	–\$196.11	–\$14,709	–52.4
Facility, age <65, no SPMI	112.9	\$1,235.18	0.918	\$1,133.73	\$1,214.25	–\$80.52	–\$9,094	–7.1
HCBS, age <65, with SPMI	462.5	\$582.37	0.972	\$566.30	\$719.03	–\$152.72	–\$70,633	–27.0
HCBS, age <65, no SPMI	902.9	\$573.21	1.240	\$710.76	\$1,130.76	–\$420.01	–\$379,211	–59.1
Community, age <65, with SPMI	1,044.2	\$695.05	1.048	\$728.69	\$881.53	–\$152.84	–\$159,589	–21.0
Community, age <65, no SPMI	1,368.6	\$608.17	1.142	\$694.60	\$815.69	–\$121.09	–\$165,722	–17.4

Table 6.E.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	6,384.8	\$678.93	1.187	\$806.06	\$1,100.68	–\$294.61	–\$1,881,043	–36.5
Facility, age 65+, with SPMI	65.8	\$1,222.01	0.905	\$1,106.45	\$685.05	\$421.40	\$27,720	38.1
Facility, age 65+, no SPMI	392.4	\$860.02	0.983	\$845.02	\$642.84	\$202.18	\$79,330	23.9
HCBS, age 65+, with SPMI	94.5	\$682.88	1.208	\$825.20	\$1,588.14	–\$762.95	–\$72,061	–92.5
HCBS, age 65+, no SPMI	1,153.3	\$808.12	1.369	\$1,106.32	\$1,216.08	–\$109.77	–\$126,596	–9.9
Community, age 65+, with SPMI	169.2	\$771.30	1.208	\$931.93	\$930.89	\$1.04	\$176	0.1
Community, age 65+, no SPMI	1,483.3	\$534.63	1.388	\$742.01	\$1,216.97	–\$474.96	–\$704,523	–64.0
Facility, age <65, with SPMI	66.7	\$422.56	0.886	\$374.54	\$1,890.44	–\$1,515.90	–\$101,174	–404.7
Facility, age <65, no SPMI	79.0	\$1,235.18	0.931	\$1,149.92	\$1,063.53	\$86.39	\$6,825	7.5
HCBS, age <65, with SPMI	366.2	\$582.37	1.041	\$606.36	\$407.79	\$198.58	\$72,724	32.7
HCBS, age <65, no SPMI	730.7	\$573.21	1.266	\$725.76	\$1,232.27	–\$506.51	–\$370,113	–69.8
Community, age <65, with SPMI	758.1	\$695.05	1.049	\$729.22	\$1,082.05	–\$352.83	–\$267,487	–48.4
Community, age <65, no SPMI	1,025.5	\$608.17	1.137	\$691.27	\$1,106.53	–\$415.26	–\$425,863	–60.1

Table 6.F.1 – MEDICARE Demonstration Period 1
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	8,849.3	\$608.70	1.157	\$704.53	\$1,155.31	–\$450.78	–\$3,989,080	–64.0
Facility, age 65+, with SPMI	128.1	\$1,241.30	0.941	\$1,167.60	\$1,953.60	–\$786.00	–\$100,659	–67.3
Facility, age 65+, no SPMI	457.6	\$1,121.79	0.948	\$1,063.38	\$849.70	\$213.68	\$97,788	20.1
HCBS, age 65+, with SPMI	306.6	\$803.19	1.215	\$976.22	\$1,810.80	–\$834.57	–\$255,879	–85.5
HCBS, age 65+, no SPMI	1,364.0	\$690.94	1.328	\$917.83	\$1,400.45	–\$482.62	–\$658,274	–52.6
Community, age 65+, with SPMI	236.9	\$719.43	1.231	\$885.51	\$1,371.29	–\$485.78	–\$115,080	–54.9
Community, age 65+, no SPMI	2,195.1	\$477.67	1.251	\$597.63	\$1,005.44	–\$407.81	–\$895,184	–68.2
Facility, age <65, with SPMI	59.0	\$551.42	0.897	\$494.62	\$1,449.41	–\$954.79	–\$56,332	–193.0
Facility, age <65, no SPMI	65.0	\$441.48	0.927	\$409.30	\$704.72	–\$295.42	–\$19,202	–72.2
HCBS, age <65, with SPMI	399.5	\$725.74	0.972	\$705.18	\$513.45	\$191.73	\$76,593	27.2
HCBS, age <65, no SPMI	1,074.9	\$381.65	1.239	\$472.73	\$1,000.80	–\$528.07	–\$567,611	–111.7
Community, age <65, with SPMI	927.0	\$779.84	1.047	\$816.34	\$1,007.13	–\$190.79	–\$176,868	–23.4
Community, age <65, no SPMI	1,635.7	\$489.77	1.152	\$564.44	\$1,370.46	–\$806.02	–\$1,318,371	–142.8

Table 6.F.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	6,884.6	\$608.70	1.166	\$709.97	\$969.25	–\$259.29	–\$1,785,086	–36.5
Facility, age 65+, with SPMI	74.3	\$1,241.30	0.905	\$1,123.66	\$292.54	\$831.12	\$61,752	74.0
Facility, age 65+, no SPMI	286.7	\$1,121.79	0.985	\$1,105.13	\$1,188.83	–\$83.70	–\$24,002	–7.6
HCBS, age 65+, with SPMI	233.8	\$803.19	1.197	\$961.07	\$729.52	\$231.54	\$54,144	24.1
HCBS, age 65+, no SPMI	975.4	\$690.94	1.366	\$943.67	\$1,107.60	–\$163.93	–\$159,907	–17.4
Community, age 65+, with SPMI	173.9	\$719.43	1.206	\$867.74	\$916.93	–\$49.19	–\$8,553	–5.7
Community, age 65+, no SPMI	1,728.1	\$477.67	1.381	\$659.60	\$1,074.47	–\$414.87	–\$716,950	–62.9
Facility, age <65, with SPMI	60.0	\$551.42	0.883	\$486.79	\$1,478.13	–\$991.34	–\$59,480	–203.6
Facility, age <65, no SPMI	54.4	\$441.48	0.941	\$415.50	\$609.46	–\$193.96	–\$10,558	–46.7
HCBS, age <65, with SPMI	316.4	\$725.74	1.034	\$750.69	\$608.75	\$141.95	\$44,916	18.9
HCBS, age <65, no SPMI	951.9	\$381.65	1.265	\$482.92	\$717.36	–\$234.44	–\$223,160	–48.5
Community, age <65, with SPMI	654.9	\$779.84	1.049	\$817.71	\$778.64	\$39.07	\$25,589	4.8
Community, age <65, no SPMI	1,374.6	\$489.77	1.139	\$557.90	\$1,117.24	–\$559.34	–\$768,878	–100.3

Table 6.G.1 – MEDICARE Demonstration Period 1
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	190,783.1	\$1,612.13	1.175	\$1,894.11	\$1,712.65	\$181.47	\$34,620,853	9.6
Facility, age 65+, with SPMI	4,482.3	\$2,187.68	0.949	\$2,076.23	\$1,462.20	\$614.03	\$2,752,232	29.6
Facility, age 65+, no SPMI	11,526.7	\$1,891.49	0.948	\$1,793.21	\$1,449.31	\$343.90	\$3,963,998	19.2
HCBS, age 65+, with SPMI	8,030.0	\$1,892.37	1.182	\$2,236.73	\$1,918.17	\$318.57	\$2,558,094	14.2
HCBS, age 65+, no SPMI	35,744.4	\$1,566.85	1.348	\$2,111.44	\$1,842.07	\$269.38	\$9,628,667	12.8
Community, age 65+, with SPMI	4,639.1	\$1,375.13	1.220	\$1,677.21	\$1,236.81	\$440.40	\$2,043,074	26.3
Community, age 65+, no SPMI	34,535.5	\$1,218.15	1.262	\$1,537.34	\$1,470.29	\$67.05	\$2,315,618	4.4
Facility, age <65, with SPMI	1,441.9	\$3,424.47	0.912	\$3,122.93	\$2,264.92	\$858.01	\$1,237,189	27.5
Facility, age <65, no SPMI	1,926.6	\$4,229.44	0.967	\$4,090.03	\$3,044.46	\$1,045.57	\$2,014,422	25.6
HCBS, age <65, with SPMI	14,055.3	\$1,670.54	1.009	\$1,686.15	\$1,631.49	\$54.66	\$768,255	3.2
HCBS, age <65, no SPMI	27,019.2	\$1,786.30	1.247	\$2,227.35	\$2,063.44	\$163.90	\$4,428,573	7.4
Community, age <65, with SPMI	18,870.6	\$1,286.74	1.061	\$1,365.52	\$1,323.29	\$42.23	\$796,904	3.1
Community, age <65, no SPMI	28,511.5	\$1,647.99	1.172	\$1,930.81	\$1,856.67	\$74.14	\$2,113,827	3.8

Table 6.G.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	116,158.9	\$1,612.13	1.174	\$1,892.89	\$1,672.45	\$220.44	\$25,605,525	11.6
Facility, age 65+, with SPMI	2,223.4	\$2,187.68	0.883	\$1,932.54	\$1,355.02	\$577.52	\$1,284,033	29.9
Facility, age 65+, no SPMI	5,457.9	\$1,891.49	0.962	\$1,820.01	\$1,258.55	\$561.45	\$3,064,365	30.8
HCBS, age 65+, with SPMI	4,770.9	\$1,892.37	1.183	\$2,239.00	\$1,843.82	\$395.18	\$1,885,358	17.6
HCBS, age 65+, no SPMI	20,548.3	\$1,566.85	1.350	\$2,115.58	\$1,827.55	\$288.04	\$5,918,638	13.6
Community, age 65+, with SPMI	2,807.0	\$1,375.13	1.194	\$1,642.33	\$1,277.31	\$365.01	\$1,024,609	22.2
Community, age 65+, no SPMI	21,327.2	\$1,218.15	1.360	\$1,656.95	\$1,547.00	\$109.95	\$2,344,980	6.6
Facility, age <65, with SPMI	891.6	\$3,424.47	0.829	\$2,840.46	\$2,567.78	\$272.68	\$243,113	9.6
Facility, age <65, no SPMI	1,146.7	\$4,229.44	0.937	\$3,964.51	\$2,641.34	\$1,323.17	\$1,517,309	33.4
HCBS, age <65, with SPMI	9,024.9	\$1,670.54	1.020	\$1,704.05	\$1,443.70	\$260.35	\$2,349,629	15.3
HCBS, age <65, no SPMI	17,570.5	\$1,786.30	1.250	\$2,233.33	\$1,936.92	\$296.41	\$5,208,147	13.3
Community, age <65, with SPMI	12,143.7	\$1,286.74	1.050	\$1,350.83	\$1,313.76	\$37.06	\$450,077	2.7
Community, age <65, no SPMI	18,246.9	\$1,647.99	1.112	\$1,832.72	\$1,815.44	\$17.28	\$315,268	0.9

Table 6.H.1 – MEDICARE Demonstration Period 1
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	6,799.0	\$2,356.60	0.893	\$2,105.17	\$1,989.81	\$115.36	\$784,356	5.5
Facility, age 65+, with SPMI	93.9	\$6,327.51	0.695	\$4,396.57	\$2,427.36	\$1,969.22	\$184,991	44.8
Facility, age 65+, no SPMI	316.1	\$5,338.95	0.691	\$3,687.96	\$2,235.75	\$1,452.21	\$458,978	39.4
HCBS, age 65+, with SPMI	265.1	\$1,791.38	0.875	\$1,567.62	\$2,117.05	–\$549.42	–\$145,650	–35.0
HCBS, age 65+, no SPMI	1,086.8	\$2,315.40	1.042	\$2,412.00	\$2,022.50	\$389.49	\$423,296	16.1
Community, age 65+, with SPMI	187.0	\$2,564.32	0.862	\$2,210.82	\$1,430.12	\$780.69	\$145,965	35.3
Community, age 65+, no SPMI	1,151.2	\$2,029.05	0.809	\$1,641.73	\$1,815.58	–\$173.85	–\$200,132	–10.6
Facility, age <65, with SPMI	74.9	\$2,265.17	0.621	\$1,406.83	\$701.45	\$705.38	\$52,835	50.1
Facility, age <65, no SPMI	86.3	\$9,194.32	0.779	\$7,166.00	\$5,346.17	\$1,819.83	\$157,016	25.4
HCBS, age <65, with SPMI	374.2	\$2,892.19	1.009	\$2,917.89	\$2,705.74	\$212.15	\$79,394	7.3
HCBS, age <65, no SPMI	993.9	\$2,269.10	1.076	\$2,442.27	\$2,477.07	–\$34.80	–\$34,588	–1.4
Community, age <65, with SPMI	502.3	\$2,048.38	0.981	\$2,009.64	\$1,582.74	\$426.90	\$214,419	21.2
Community, age <65, no SPMI	1,667.3	\$1,441.79	0.891	\$1,284.54	\$1,615.71	–\$331.17	–\$552,168	–25.8

Table 6.H.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	5,232.9	\$2,356.60	0.794	\$1,870.19	\$1,867.02	\$3.17	\$16,565	0.2
Facility, age 65+, with SPMI	61.0	\$6,327.51	0.684	\$4,328.20	\$2,281.61	\$2,046.59	\$124,827	47.3
Facility, age 65+, no SPMI	226.0	\$5,338.95	0.622	\$3,320.93	\$1,454.21	\$1,866.71	\$421,877	56.2
HCBS, age 65+, with SPMI	192.9	\$1,791.38	0.850	\$1,521.95	\$1,919.79	–\$397.84	–\$76,732	–26.1
HCBS, age 65+, no SPMI	784.6	\$2,315.40	1.042	\$2,411.58	\$2,723.80	–\$312.23	–\$244,979	–12.9
Community, age 65+, with SPMI	162.0	\$2,564.32	0.733	\$1,880.05	\$824.93	\$1,055.12	\$170,908	56.1
Community, age 65+, no SPMI	924.2	\$2,029.05	0.894	\$1,813.94	\$1,467.89	\$346.06	\$319,834	19.1
Facility, age <65, with SPMI	60.0	\$2,265.17	0.554	\$1,255.83	\$845.58	\$410.25	\$24,615	32.7
Facility, age <65, no SPMI	39.0	\$9,194.32	0.699	\$6,427.48	\$4,144.33	\$2,283.15	\$89,043	35.5
HCBS, age <65, with SPMI	306.5	\$2,892.19	0.746	\$2,156.24	\$2,338.89	–\$182.65	–\$55,981	–8.5
HCBS, age <65, no SPMI	820.6	\$2,269.10	0.849	\$1,926.40	\$2,123.25	–\$196.85	–\$161,540	–10.2
Community, age <65, with SPMI	363.5	\$2,048.38	0.779	\$1,595.08	\$785.26	\$809.83	\$294,371	50.8
Community, age <65, no SPMI	1,292.6	\$1,441.79	0.782	\$1,127.72	\$1,816.01	–\$688.30	–\$889,678	–61.0

Table 6.I.2 – MEDICARE Demonstration Period 2
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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	59,906.7	\$1,698.48	0.929	\$1,577.24	\$1,468.90	\$108.34	\$6,490,172	6.9
Facility, age 65+, with SPMI	1,072.3	\$2,497.07	0.847	\$2,116.12	\$1,577.28	\$538.83	\$577,811	25.5
Facility, age 65+, no SPMI	3,616.2	\$2,164.67	0.785	\$1,698.55	\$1,287.09	\$411.46	\$1,487,910	24.2
HCBS, age 65+, with SPMI	2,650.0	\$1,995.63	0.897	\$1,789.64	\$2,113.52	–\$323.87	–\$858,272	–18.1
HCBS, age 65+, no SPMI	11,406.7	\$1,781.62	1.085	\$1,932.52	\$1,629.93	\$302.59	\$3,451,556	15.7
Community, age 65+, with SPMI	1,935.2	\$1,381.00	0.855	\$1,180.16	\$1,196.78	–\$16.62	–\$32,164	–1.4
Community, age 65+, no SPMI	11,501.7	\$1,295.87	0.858	\$1,111.63	\$1,338.86	–\$227.22	–\$2,613,453	–20.4
Facility, age <65, with SPMI	404.6	\$4,550.02	0.790	\$3,594.40	\$2,868.13	\$726.27	\$293,843	20.2
Facility, age <65, no SPMI	706.6	\$4,372.75	0.795	\$3,477.43	\$2,278.45	\$1,198.98	\$847,186	34.5
HCBS, age <65, with SPMI	3,520.5	\$1,950.52	0.864	\$1,685.56	\$1,347.27	\$338.29	\$1,190,967	20.1
HCBS, age <65, no SPMI	6,970.3	\$1,871.84	0.967	\$1,809.50	\$1,679.52	\$129.98	\$906,032	7.2
Community, age <65, with SPMI	6,082.2	\$1,301.86	0.921	\$1,198.94	\$1,097.74	\$101.21	\$615,566	8.4
Community, age <65, no SPMI	10,040.2	\$1,499.94	0.961	\$1,441.14	\$1,379.07	\$62.07	\$623,190	4.3

Table 7.A – MEDICARE
Summary of Demonstration Years 1 and 2 savings by cohort

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	50,594.7	\$2,652.67	1.188	\$3,150.74	\$2,586.10	\$564.64	\$28,567,714	17.9
1B	89,551.8	\$1,298.08	1.169	\$1,516.82	\$1,414.14	\$102.68	\$9,194,956	6.8
1C	8,447.6	\$993.94	1.206	\$1,199.06	\$1,280.16	-\$81.11	-\$685,159	-6.8
1D	127,321.6	\$1,696.25	1.170	\$1,983.78	\$1,722.39	\$261.39	\$33,280,574	13.2
1E	15,292.3	\$678.93	1.172	\$795.54	\$1,080.49	-\$284.95	-\$4,357,543	-35.8
1F	15,733.9	\$608.70	1.161	\$706.91	\$1,073.90	-\$366.99	-\$5,774,165	-51.9
1 total	306,942.0	\$1,612.13	1.175	\$1,893.65	\$1,697.44	\$196.21	\$60,226,378	10.4
2	12,031.8	\$2,356.60	0.850	\$2,002.97	\$1,936.40	\$66.57	\$800,922	3.3
3	59,906.7	\$1,698.48	0.929	\$1,577.24	\$1,468.90	\$108.34	\$6,490,172	6.9
Total 1&2&3	378,880.6	\$1,635.25	1.130	\$1,847.09	\$1,668.89	\$178.20	\$67,517,471	9.6

Table 7.B – MEDICARE
Summary of Demonstration Year 1 savings by cohort

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	33,391.4	\$2,652.67	1.173	\$3,112.76	\$2,586.56	\$526.20	\$17,570,551	16.9
1B	56,661.5	\$1,298.08	1.156	\$1,500.85	\$1,380.39	\$120.47	\$6,825,837	8.0
1C	5,312.4	\$993.94	1.198	\$1,190.89	\$1,303.39	–\$112.50	–\$597,650	–9.4
1D	77,661.0	\$1,696.25	1.160	\$1,967.59	\$1,744.98	\$222.60	\$17,287,694	11.3
1E	8,907.5	\$678.93	1.161	\$788.00	\$1,066.02	–\$278.02	–\$2,476,499	–35.3
1F	8,849.3	\$608.70	1.157	\$704.53	\$1,155.31	–\$450.78	–\$3,989,080	–64.0
1 total	190,783.1	\$1,612.13	1.175	\$1,894.11	\$1,712.65	\$181.47	\$34,620,853	9.6
2	6,799.0	\$2,356.60	0.893	\$2,105.17	\$1,989.81	\$115.36	\$784,356	5.5
Total 1&2	197,582.1	\$1,635.25	1.163	\$1,901.38	\$1,722.18	\$179.19	\$35,405,210	9.4

Table 7.C – MEDICARE
Summary of Demonstration Year 2 savings by cohort

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	17,203.3	\$2,652.67	1.216	\$3,224.45	\$2,585.20	\$639.25	\$10,997,163	19.8
1B	32,890.3	\$1,298.08	1.190	\$1,544.33	\$1,472.30	\$72.03	\$2,369,119	4.7
1C	3,135.2	\$993.94	1.220	\$1,212.90	\$1,240.81	–\$27.91	–\$87,509	–2.3
1D	49,660.6	\$1,696.25	1.184	\$2,009.11	\$1,687.07	\$322.04	\$15,992,880	16.0
1E	6,384.8	\$678.93	1.187	\$806.06	\$1,100.68	–\$294.61	–\$1,881,043	–36.5
1F	6,884.6	\$608.70	1.166	\$709.97	\$969.25	–\$259.29	–\$1,785,086	–36.5
1 total	116,158.9	\$1,612.13	1.174	\$1,892.89	\$1,672.45	\$220.44	\$25,605,525	11.6
2	5,232.9	\$2,356.60	0.794	\$1,870.19	\$1,867.02	\$3.17	\$16,565	0.2
3	59,906.7	\$1,698.48	0.929	\$1,577.24	\$1,468.90	\$108.34	\$6,490,172	6.9
Total 1&2&3	181,298.5	\$1,635.25	1.093	\$1,787.93	\$1,610.81	\$177.12	\$32,112,261	9.9

Tables 7.A–7.C summarize the savings calculation (before the attributed savings and the outlier adjustment) by cohort for demonstration years 1 and 2 combined and each year separately. For demonstration year 1, the total savings was \$34.6 million for Cohort 1, with the largest contributions to savings coming from Cohorts 1A and 1D. The three small subcohorts (1C, 1E, and 1F) produced negative savings. For Cohort 2, the savings was \$0.8 million. Thus, the total savings before the outlier adjustment for Demonstration Period 1 was \$35.4 million. For Demonstration Period 2, the total savings before the outlier adjustment by cohort was \$25.6 million (Cohort 1), \$17 thousand (Cohort 2), and \$6.5 million (Cohort 3), for a total of \$32.1 million. For both demonstration periods combined, the savings before the outlier adjustment was \$67.5 million or 9.6 percent.

5.3 Outlier Adjustment

To ensure that a disproportionate number of high-cost beneficiaries were not making an undue impact on either the intervention or the comparison group, we tabulated the costs of each beneficiary separately for each cohort and separately for the baseline and two demonstration periods, but for the intervention and comparison groups combined. The beneficiaries were then ranked by total Medicare costs and the costs for the 99th percentile were determined. **Table 8** shows the results of this tabulation. These results are used to make the outlier adjustment as shown in **Table 9**, which has the same column headings as **Table 7**. **Table 9** shows the outlier adjustment for each cohort and each demonstration period. For the intervention group PMPM in the baseline period and in the demonstration period, 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 Period 1 is 1.08603 ($= \$1,755.17 / \$1,616.14$) for the untruncated PMPMs, and it is 1.08026 ($= \$1,710.84 / \$1,583.72$) for the truncated PMPMs. The ratio of these trend factors is the outlier adjustment factor 0.99469 ($= 1.08026 / 1.08603$) that is to be applied to the comparison group trend. For Demonstration Period 2, the resulting outlier adjustment factor is 0.98358. For Cohort 2, the corresponding outlier adjustment factor for the comparison group trend is 0.99950 for Demonstration Period 1 and 0.99155 for Demonstration Period 2. For Cohort 3, the outlier adjustment factor is 0.99038.

5.4 Attributed Savings

Cohort 1 consists of those who are eligible for the demonstration on the start date of July 1, 2013. On every succeeding 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. 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.

Table 10 shows the amount of attributed savings for Cohorts 2, 3, and 4. 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 Period 1 was 8.9 percent. Applying the 8.9 percent to the \$1,817.45 PMPM yields attributed savings of \$161.78 PMPM. Multiplying this savings PMPM times the months of eligibility results in \$262,723 of attributed 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 \$72.52 and aggregate attributed savings of \$2,740,977. Cohort 4 consists of those individuals whose experience will be added to the Demonstration Year 3 savings calculation on January 1, 2016, after becoming eligible for the demonstration during calendar year 2015. Cohort 4 has an estimated 5,635 beneficiaries who had 36,392.9 months of eligibility during 2015 and the PMPM savings determined for Cohort 3 was \$73.40. This results in \$2,671,383 savings being attributed to Cohort 4.

Table 8 – MEDICARE Outlier adjustment data

Group/Period	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99 th percentile	Truncated PMPM/ total PMPM
Cohort 1					
Intervention – Baseline	13,940	170	\$1,612.13	\$1,566.42	97.16%
Comparison – Baseline	34,609	316	\$1,616.14	\$1,583.72	97.99%
Intervention – Demo Period 1	13,940	129	\$1,712.65	\$1,667.68	97.37%
Comparison – Demo Period 1	34,609	357	\$1,755.17	\$1,710.84	97.47%
Comparison group trend factor DP1			1.08603	1.08026	0.99469
Intervention – Demo Period 2	13,940	158	\$1,672.45	\$1,594.84	95.36%
Comparison – Demo Period 2	34,609	328	\$1,769.86	\$1,705.88	96.39%
Comparison group trend factor DP2			1.09512	1.07714	.98358
Cohort 2					
Intervention – Baseline	685	10	\$2,356.60	\$2,288.30	97.10%
Comparison – Baseline	6,694	64	\$1,621.78	\$1,584.68	97.71%
Intervention – Demo Period 1	685	10	\$1,989.81	\$1,930.11	97.00%
Comparison – Demo Period 1	6,694	64	\$1,539.02	\$1,503.05	97.66%
Comparison group trend factor DP1			.94897	.94849	0.99950
Intervention – Demo Period 2	685	1	\$1,867.02	\$1,773.07	94.97%
Comparison – Demo Period 2	6,694	10	\$1,426.75	\$1,382.33	96.89%
Comparison group trend factor DP2			.87974	.87231	0.99155
Cohort 3					
Intervention – Baseline	5,697	79	\$1,698.48	\$1,635.31	96.28%
Comparison – Baseline	9,674	75	\$1,728.68	\$1,693.49	97.96%
Intervention – Demo Period 2	5,697	61	\$1,468.90	\$1,430.56	97.39%
Comparison – Demo Period 2	9,674	93	\$1,512.09	\$1,467.07	97.02%
Comparison group trend factor DP2			.87471	.86629	0.99038

Table 9 – MEDICARE
Summary of Demonstration Periods 1 and 2 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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Periods 1 and 2 Combined								
Cohort 1 – total	306,942.0	\$1,612.13	1.175	\$1,893.65	\$1,697.44	\$196.21	\$60,226,378	10.4
Outlier adjusted	306,942.0	\$1,566.42	1.163	\$1,822.45	\$1,640.11	\$182.34	\$55,967,458	10.0
Cohort 2	12,031.8	\$2,356.60	0.850	\$2,002.97	\$1,936.40	\$66.57	\$800,922	3.3
Outlier adjusted	12,031.8	\$2,288.30	0.847	\$1,937.67	\$1,861.81	\$75.86	\$912,740	3.9
Cohort 3	59,906.7	\$1,698.48	0.929	\$1,577.24	\$1,468.90	\$108.34	\$6,490,172	6.9
Outlier adjusted	59,906.7	\$1,635.31	0.920	\$1,503.97	\$1,430.56	\$73.40	\$4,397,391	4.9
Cohorts 1+2+3	378,880.6	\$1,649.42	1.120	\$1,847.09	\$1,668.89	\$178.20	\$67,517,471	9.6
Outlier Adjusted	378,880.6	\$1,600.24	1.110	\$1,775.75	\$1,614.02	\$161.73	\$61,277,588	9.1
Demonstration Period 1								
Cohort 1 – total	190,783.1	\$1,612.13	1.175	\$1,894.11	\$1,712.65	\$181.47	\$34,620,853	9.6
Outlier adjusted	190,783.1	\$1,566.42	1.169	\$1,830.64	\$1,667.68	\$162.96	\$31,089,525	8.9
Cohort 2	6,799.0	\$2,356.60	0.893	\$2,105.17	\$1,989.81	\$115.36	\$784,356	5.5
Outlier adjusted	6,799.0	\$2,288.30	0.893	\$2,043.13	\$1,930.11	\$113.02	\$768,444	5.5
Cohorts 1+2	197,582.1	\$1,637.75	1.161	\$1,901.38	\$1,722.18	\$179.19	\$35,405,210	9.4
Outlier Adjusted	197,582.1	\$1,591.26	1.155	\$1,837.95	\$1,676.71	\$161.24	\$31,857,968	8.8
Demonstration Period 2								
Cohort 1 – total	116,158.9	\$1,612.13	1.174	\$1,892.89	\$1,672.45	\$220.44	\$25,605,525	11.6
Outlier adjusted	116,158.9	\$1,566.42	1.155	\$1,809.02	\$1,594.84	\$214.17	\$24,877,933	11.8
Cohort 2	5,232.9	\$2,356.60	0.794	\$1,870.19	\$1,867.02	\$3.17	\$16,565	0.2
Outlier adjusted	5,232.9	\$2,288.30	0.787	\$1,800.64	\$1,773.07	\$27.57	\$144,296	1.5
Cohort 3	59,906.7	\$1,698.48	0.929	\$1,577.24	\$1,468.90	\$108.34	\$6,490,172	6.9
Outlier adjusted	59,906.7	\$1,635.31	0.920	\$1,503.97	\$1,430.56	\$73.40	\$4,397,391	4.9
Cohorts 1+2+3	181,298.5	\$1,662.15	1.076	\$1,787.93	\$1,610.81	\$177.12	\$32,112,261	9.9
Outlier Adjusted	181,298.5	\$1,610.02	1.061	\$1,707.98	\$1,545.70	\$162.27	\$29,419,620	9.5

Table 10. – MEDICARE
Summary of Demonstration Periods 1 and 2 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 period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Periods 1 and 2 Combined (outlier adjusted)								
Cohort 1	306,942.0	\$1,566.42	1.163	\$1,822.45	\$1,640.11	\$182.34	\$55,967,458	10.0
Cohort 2	12,031.8	\$2,288.30	0.847	\$1,937.67	\$1,861.81	\$75.86	\$912,740	3.9
Cohort 3	59,906.7	\$1,635.31	0.920	\$1,503.97	\$1,430.56	\$73.40	\$4,397,391	4.9
Cohorts 1+2+3	378,880.6	\$1,600.24	1.110	\$1,775.75	\$1,614.02	\$161.73	\$61,277,588	9.1
Attributed Savings								
Cohort 2	1,809.4	\$1,817.45				\$161.78	\$292,723	8.9
Cohort 3	36,294.6	\$1,365.18				\$75.52	\$2,740,977	5.5
Cohort 4	36,392.9					\$73.40	\$2,671,383	
Cohorts 1+2+3+4	453,377.5						\$66,982,671	
Demonstration Period 1 (outlier adjusted)								
Cohort 1	190,783.1	\$1,566.42	1.169	\$1,830.64	\$1,667.68	\$162.96	\$31,089,525	8.9
Cohort 2	6,799.0	\$2,288.30	0.893	\$2,043.13	\$1,930.11	\$113.02	\$768,444	5.5
Cohorts 1+2	197,582.1	\$1,591.26	1.155	\$1,837.95	\$1,676.71	\$161.24	\$31,857,968	8.8
Attributed Savings								
Cohort 2	1,809.4	\$1,817.45				\$161.78	\$292,723	8.9
Cohort 3	36,294.6	\$1,365.18				\$75.52	\$2,740,977	5.5
Cohorts 1+2+3	235,686.1	\$1,558.18				\$148.04	\$34,891,668	
Demonstration Period 2 (outlier adjusted)								
Cohort 1	116,158.9	\$1,566.42	1.155	\$1,809.02	\$1,594.84	\$214.17	\$24,877,933	11.8
Cohort 2	5,232.9	\$2,288.30	0.787	\$1,800.64	\$1,773.07	\$27.57	\$144,296	1.5
Cohort 3	59,906.7	\$1,635.31	0.920	\$1,503.97	\$1,430.56	\$73.40	\$4,397,391	4.9
Cohorts 1+2+3	181,298.5	\$1,610.02	1.061	\$1,707.98	\$1,545.70	\$162.27	\$29,419,620	9.5
Attributed Savings								
Cohort 4	36,392.9					\$73.40	\$2,671,383	
Cohorts 1+2+3+4	217,691.4					\$147.42	\$32,091,003	

5.5 Summary of Total Savings

Table 9 summarizes the savings calculation by cohort including the outlier adjustment. For both demonstration periods combined, the outlier adjustment reduced the total savings by about \$6 million. Savings were reduced for Cohort 1 and Cohort 3, but increased for Cohort 2. The reduction was \$4.3 million for Cohort 1 (\$60.2 million to \$56.0 million) and \$2.1 million for Cohort 3 (\$6.5 million to \$4.4 million). The increase for Cohort 2 was \$112 thousand. Thus, the total reduction across all three cohorts was \$6.2 million (\$67.5 million to \$61.3 million). Across all three cohorts and both demonstration periods, total savings after the outlier adjustment was \$61.3 million, or 9.1 percent.

Table 10 summarizes total savings, including the attributed savings from Cohorts 2, 3, and 4 were \$0.3 million, \$2.7 million, and \$2.7 million, bringing the total savings for all four cohorts to \$67.0 million, of which \$34.9 million was for Demonstration Period 1 and \$32.1 million was for Demonstration Period 2.

5.6 Additional Analysis

Tables 11 (A, B, and C) and **Tables 12 (A, B, and C)** show additional analysis of the savings by month and by type of service, respectively, for each cohort. 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 period, the target PMPM, the actual intervention PMPM, and the ratio of the intervention PMPM to the target PMPM (the I/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 I/T ratio is significantly under 1.00 for Cohort 1 in all months. The average over all 30 months is 0.90 and the average for the last 6 months is 0.88. The I/T ratio for Cohort 2 varies widely, reflecting the small size of the cohort. The average over the 24 months of Cohort 2 is 0.97 and the average over the last 6 months is 0.91. For Cohort 3, the I/T ratio shows one high month of 1.15 in May 2015, but is otherwise no more than 1.00. The average over the 12 months of operations is 0.93 and over the last 6 months is 0.91. For each of the three cohorts, the I/T ratio is lower during the last 6 months than for the entire demonstration period, which is a good indicator that savings are continuing.

Table 12 shows the I/T ratio by type of service. For all cohorts and both demonstration periods, the lowest I/T ratio is 0.45 for hospice services. However, in dollar terms, significant savings were achieved for home health agency costs (\$42.02 PMPM or \$16 million), inpatient hospital costs (\$43.11 PMPM or \$16 million), and professional services (\$85.19 PMPM or \$32 million). Increased costs were experienced by outpatient hospital services and SNF services.

Tables 13.A–C show more detail on the savings by type of service by demonstration period and category of beneficiary for all cohorts combined. The savings by type of service are similar for Demonstration Period 1 and Demonstration Period 2. **Table 13.A** shows the results for both demonstration periods combined. For durable medical equipment, the savings is greatest for the HCBS beneficiaries without SPMI and savings is small for those in a facility. For home health agency services, savings are greatest for the HCBS beneficiaries, both with and without

SPMI. For hospice services, savings are greatest for those over age 65, especially for those in a facility. For inpatient hospital services, savings are greatest for those in a facility, but savings is also significant for those over 65 in the community with SPMI and those under 65 in HCBS with SPMI. In total, outpatient hospital services showed negative savings, but savings did occur for those in a facility, both over and under 65. Professional services saw significant savings, especially for those in a facility. In total, SNF services experienced negative savings, but savings did occur for those in a facility.

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

Month	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$484,510,829	300,541.1	\$1,612	\$1,632	\$1,612	1.00
Jul-13	\$5,585,924	2,192.6	\$2,548	\$1,873	\$3,055	0.83
Aug-13	\$10,380,665	5,931.5	\$1,750	\$1,865	\$2,075	0.84
Sep-13	\$10,595,911	6,191.4	\$1,711	\$1,814	\$1,973	0.87
Oct-13	\$23,116,932	12,028.2	\$1,922	\$1,947	\$2,082	0.92
Nov-13	\$21,509,489	12,481.0	\$1,723	\$1,817	\$1,866	0.92
Dec-13	\$21,157,805	12,980.0	\$1,630	\$1,795	\$1,785	0.91
Jan-14	\$21,903,774	12,704.0	\$1,724	\$1,882	\$1,873	0.92
Feb-14	\$20,844,291	12,510.2	\$1,666	\$1,802	\$1,787	0.93
Mar-14	\$21,281,043	12,186.2	\$1,746	\$1,890	\$1,872	0.93
Apr-14	\$21,285,479	11,961.8	\$1,779	\$1,931	\$1,911	0.93
May-14	\$20,892,321	11,727.4	\$1,781	\$1,941	\$1,920	0.93
Jun-14	\$19,354,280	11,570.4	\$1,673	\$1,850	\$1,828	0.92
Jul-14	\$19,813,675	11,443.9	\$1,731	\$1,919	\$1,896	0.91
Aug-14	\$18,269,017	11,287.1	\$1,619	\$1,885	\$1,858	0.87
Sep-14	\$18,024,170	11,112.7	\$1,622	\$1,851	\$1,833	0.88
Oct-14	\$19,048,431	10,985.9	\$1,734	\$2,002	\$1,974	0.88
Nov-14	\$16,081,929	10,820.3	\$1,486	\$1,739	\$1,715	0.87
Dec-14	\$17,599,020	10,668.5	\$1,650	\$1,893	\$1,862	0.89
Jan-15	\$17,601,243	10,402.0	\$1,692	\$1,853	\$1,853	0.91
Feb-15	\$16,429,873	10,258.0	\$1,602	\$1,809	\$1,802	0.89
Mar-15	\$18,498,916	10,121.1	\$1,828	\$1,951	\$1,953	0.94
Apr-15	\$16,430,442	9,978.8	\$1,647	\$1,891	\$1,893	0.87
May-15	\$16,297,661	9,833.7	\$1,657	\$1,967	\$1,956	0.85
Jun-15	\$16,582,584	9,682.8	\$1,713	\$1,919	\$1,916	0.89
Jul-15	\$16,531,784	9,575.5	\$1,726	\$1,980	\$1,970	0.88
Aug-15	\$15,066,954	9,483.2	\$1,589	\$1,830	\$1,824	0.87
Sep-15	\$15,215,473	9,361.9	\$1,625	\$1,965	\$1,954	0.83
Oct-15	\$15,580,475	9,267.3	\$1,681	\$1,956	\$1,940	0.87
Nov-15	\$15,180,271	9,158.5	\$1,658	\$1,790	\$1,778	0.93
Dec-15	\$14,854,407	9,036.2	\$1,644	\$1,895	\$1,878	0.88
Total	\$521,014,238	306,942.0	\$1,697	\$1,883	\$1,894	0.90

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

Month	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$9,945,769	4,220.4	\$2,357	\$1,791	\$2,357	1.00
Jan-14	\$1,652,577	681.0	2,426.7	1,731.3	\$2,295	1.06
Feb-14	\$1,523,805	655.5	2,324.8	1,520.0	\$2,026	1.15
Mar-14	\$1,190,161	619.1	1,922.5	1,781.1	\$2,280	0.84
Apr-14	\$1,329,005	589.9	2,252.8	1,655.7	\$2,172	1.04
May-14	\$1,089,756	571.3	1,907.5	1,586.8	\$2,086	0.91
Jun-14	\$1,305,351	562.6	2,320.3	1,581.5	\$2,111	1.10
Jul-14	\$984,443	557.3	1,766.5	1,642.1	\$2,193	0.81
Aug-14	\$850,889	536.2	1,587.0	1,533.3	\$2,012	0.79
Sep-14	\$969,125	529.4	1,830.6	1,355.0	\$1,785	1.03
Oct-14	\$769,316	510.2	1,507.8	1,654.1	\$2,191	0.69
Nov-14	\$743,225	499.6	1,487.5	1,504.6	\$1,966	0.76
Dec-14	\$1,120,976	486.9	2,302.1	1,572.5	\$2,061	1.12
Jan-15	\$870,792	479.0	1,817.8	1,479.0	\$1,946	0.93
Feb-15	\$1,046,811	471.4	2,220.5	1,457.4	\$1,950	1.14
Mar-15	\$1,045,298	462.6	2,259.4	1,462.8	\$1,899	1.19
Apr-15	\$903,311	454.7	1,986.6	1,544.7	\$1,961	1.01
May-15	\$831,244	450.1	1,846.9	1,504.9	\$1,930	0.96
Jun-15	\$963,292	442.5	2,176.8	1,382.1	\$1,798	1.21
Jul-15	\$795,028	434.0	\$1,832	\$1,457	\$1,864	0.98
Aug-15	\$753,166	425.8	\$1,769	\$1,365	\$1,765	1.00
Sep-15	\$623,157	416.9	\$1,495	\$1,338	\$1,724	0.87
Oct-15	\$750,115	409.0	\$1,834	\$1,413	\$1,829	1.00
Nov-15	\$651,568	398.8	\$1,634	\$1,475	\$1,955	0.84
Dec-15	\$536,109	387.9	\$1,382	\$1,389	\$1,787	0.77
Total	\$23,298,518	12,031.8	\$1,936	\$1,530	\$2,003	0.97

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

Month	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$104,848,901	61,731.0	\$1,698	\$1,624	\$1,698	1.00
Jan-15	\$8,864,762	5,671.0	1,563.2	1,674.8	\$1,763	0.89
Feb-15	\$8,107,373	5,510.6	1,471.2	1,498.1	\$1,571	0.94
Mar-15	\$7,881,569	5,360.4	1,470.3	1,629.3	\$1,722	0.85
Apr-15	\$7,331,985	5,220.1	1,404.6	1,464.9	\$1,540	0.91
May-15	\$8,504,095	5,099.6	1,667.6	1,377.5	\$1,455	1.15
Jun-15	\$7,882,061	4,991.1	1,579.2	1,515.9	\$1,587	1.00
Jul-15	\$7,138,756	4,884.0	1,461.7	1,471.1	\$1,548	0.94
Aug-15	\$7,092,789	4,788.9	1,481.1	1,477.4	\$1,562	0.95
Sep-15	\$5,969,677	4,700.5	1,270.0	1,458.1	\$1,552	0.82
Oct-15	\$6,991,691	4,632.6	1,509.2	1,499.8	\$1,579	0.96
Nov-15	\$5,855,417	4,560.2	1,284.0	1,353.4	\$1,418	0.91
Dec-15	\$6,377,014	4,487.6	1,421.0	1,502.2	\$1,583	0.90
Total	\$87,997,190	59,906.7	\$1,469	\$1,497	\$1,577	0.93

Table 12.A – MEDICARE
PMPM costs for Demonstration Period 1 based on incurred Medicare claims for Cohorts 1, 2 and 3

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM savings	Dollar savings
	Incurred claims	Member months	Intervention	Comparison	Target			
Baseline	\$599,305,500	366,492.5	\$1,635.25	\$1,632.15	—	—	—	—
Durable medical equipment	\$14,798,240	197,582.1	\$74.90	\$95.28	\$95.56	0.78	\$20.67	\$4,083,597
Home health agency	\$13,458,358	197,582.1	\$68.12	\$114.91	\$112.71	0.60	\$44.60	\$8,811,434
Hospice	\$3,475,435	197,582.1	\$17.59	\$39.48	\$39.61	0.44	\$22.02	\$4,351,503
Inpatient	\$131,825,892	197,582.1	\$667.20	\$695.73	\$708.90	0.94	\$41.70	\$8,239,554
Outpatient	\$82,111,057	197,582.1	\$415.58	\$376.79	\$387.02	1.07	−\$28.56	−\$5,642,799
Professional	\$63,393,382	197,582.1	\$320.85	\$397.55	\$407.80	0.79	\$86.95	\$17,180,248
SNF	\$31,210,420	197,582.1	\$157.96	\$143.99	\$149.77	1.05	−\$8.19	−\$1,618,328
Total	\$340,272,783	197,582.1	\$1,722.18	\$1,863.73	\$1,901.38	0.91	\$179.19	\$35,405,210

Table 12.B – MEDICARE
PMPM costs for Demonstration Period 2 based on incurred Medicare claims for Cohorts 1, 2 and 3

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM savings	Dollar savings
	Incurred claims	Member months	Intervention	Comparison	Target			
Baseline	\$599,305,500	366,492.5	\$1,635.25	\$1,632.15	—	—	—	—
Durable medical equipment	\$13,319,884	181,298.5	\$73.47	\$88.94	\$89.93	0.82	\$16.46	\$2,985,013
Home health agency	\$11,889,433	181,298.5	\$65.58	\$104.87	\$104.79	0.63	\$39.21	\$7,109,122
Hospice	\$3,704,100	181,298.5	\$20.43	\$45.79	\$45.32	0.45	\$24.89	\$4,511,994
Inpatient	\$112,217,243	181,298.5	\$618.96	\$649.39	\$663.60	0.93	\$44.64	\$8,092,857
Outpatient	\$69,668,250	181,298.5	\$384.27	\$353.20	\$360.19	1.07	−\$24.08	−\$4,366,364
Professional	\$54,062,986	181,298.5	\$298.20	\$372.93	\$381.46	0.78	\$83.27	\$15,096,040
SNF	\$27,175,267	181,298.5	\$149.89	\$138.67	\$142.63	1.05	−\$7.26	−\$1,316,401
Total	\$292,037,163	181,298.5	\$1,610.81	\$1,753.79	\$1,787.93	0.90	\$177.12	\$32,112,261

Table 12.C – MEDICARE
PMPM costs for Demonstration Periods 1 and 2 combined based on incurred Medicare claims for Cohorts 1, 2 and 3

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM savings	Dollar savings
	Incurred claims	Member months	Intervention	Comparison	Target			
Baseline	\$599,305,500	366,492.5	\$1,635.25	\$1,632.15	—	—	—	—
Durable medical equipment	\$28,118,123	378,880.6	\$74.21	\$92.25	\$92.87	0.80	\$18.66	\$7,068,611
Home health agency	\$25,347,791	378,880.6	\$66.90	\$110.10	\$108.92	0.61	\$42.02	\$15,920,556
Hospice	\$7,179,535	378,880.6	\$18.95	\$42.50	\$42.34	0.45	\$23.39	\$8,863,497
Inpatient	\$244,043,136	378,880.6	\$644.12	\$673.56	\$687.22	0.94	\$43.11	\$16,332,411
Outpatient	\$151,779,306	378,880.6	\$400.60	\$365.50	\$374.18	1.07	−\$26.42	−\$10,009,163
Professional	\$117,456,368	378,880.6	\$310.01	\$385.77	\$395.20	0.78	\$85.19	\$32,276,287
SNF	\$58,385,687	378,880.6	\$154.10	\$141.44	\$146.35	1.05	−\$7.75	−\$2,934,729
Total	\$632,309,945	378,880.6	\$1,668.89	\$1,811.13	\$1,847.09	0.90	\$178.20	\$67,517,471

Table 13.A – MEDICARE
PMPM costs by category of beneficiary for Demonstration Periods 1 and 2 based on incurred Medicare claims for Cohorts 1, 2, and 3

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	\$178.20	\$67,517,471	\$18.66	\$7,068,611	\$42.02	\$15,920,556	\$23.39	\$8,863,497	\$43.11	\$16,332,411	-\$26.42	-\$10,009,163	\$85.19	\$32,276,287	-\$7.75	-\$2,934,729
Fac 65+ SPMI	\$620.69	\$4,923,895	-\$1.47	-\$11,670	-\$9.77	-\$77,484	\$88.70	\$703,656	\$203.46	\$1,614,030	\$104.58	\$829,661	\$129.91	\$1,030,549	\$105.28	\$835,152
Fac 65+ xSPMI	\$444.46	\$9,397,128	\$5.01	\$105,980	-\$8.51	-\$179,961	\$109.76	\$2,320,610	\$94.39	\$1,995,716	\$43.16	\$912,559	\$121.17	\$2,561,936	\$79.47	\$1,680,287
HCBS 65+ SPMI	\$211.38	\$3,362,798	\$10.25	\$163,087	\$103.03	\$1,639,076	\$8.62	\$137,083	\$25.33	\$403,004	-\$8.32	-\$132,437	\$96.96	\$1,542,527	-\$24.49	-\$389,542
HCBS 65+ xSPMI	\$275.65	\$19,177,178	\$21.64	\$1,505,220	\$79.62	\$5,539,408	\$32.39	\$2,253,559	\$63.80	\$4,438,610	-\$9.08	-\$631,855	\$103.34	\$7,189,237	-\$16.06	-\$1,117,001
Com 65+ SPMI	\$344.53	\$3,352,392	\$18.92	\$184,081	\$41.77	\$406,395	\$30.28	\$294,636	\$180.08	\$1,752,249	\$5.12	\$49,773	\$65.59	\$638,262	\$2.77	\$26,996
Com 65+ xSPMI	\$31.20	\$2,166,846	\$8.98	\$623,745	\$38.40	\$2,666,300	\$22.89	\$1,589,632	-\$22.53	-\$1,564,803	-\$63.07	-\$4,379,715	\$44.32	\$3,077,303	\$2.22	\$154,385
Fac <65 SPMI	\$644.48	\$1,851,594	\$7.51	\$21,567	-\$34.30	-\$98,552	\$80.99	\$232,697	\$156.30	\$449,057	\$67.35	\$193,488	\$258.17	\$741,708	\$108.47	\$311,629
Fac <65 xSPMI	\$1,184.31	\$4,624,976	\$76.88	\$300,233	-\$20.81	-\$81,268	\$75.86	\$296,262	\$398.91	\$1,557,818	\$82.37	\$321,667	\$470.08	\$1,835,768	\$101.02	\$394,497
HCBS <65 SPMI	\$158.80	\$4,332,265	\$20.36	\$555,358	\$36.89	\$1,006,458	\$7.32	\$199,829	\$68.80	\$1,876,963	-\$20.93	-\$571,012	\$66.60	\$1,816,929	-\$20.24	-\$552,262
HCBS <65 xSPMI	\$193.85	\$10,346,623	\$56.27	\$3,003,258	\$64.31	\$3,432,373	\$10.07	\$537,553	\$47.77	\$2,549,863	-\$30.77	-\$1,642,342	\$89.56	\$4,780,450	-\$43.36	-\$2,314,532
Com <65 SPMI	\$62.47	\$2,371,337	\$11.12	\$422,200	\$13.50	\$512,508	-\$0.70	-\$26,704	\$46.18	\$1,752,929	-\$70.24	-\$2,666,509	\$70.30	\$2,668,823	-\$7.69	-\$291,910
Com <65 xSPMI	\$26.95	\$1,610,439	\$3.27	\$195,553	\$19.33	\$1,155,303	\$5.43	\$324,683	-\$8.25	-\$493,025	-\$38.36	-\$2,292,442	\$73.51	\$4,392,795	-\$27.99	-\$1,672,429

Table 13.B
PMPM costs by category of beneficiary for Demonstration Period 1 based on incurred Medicare claims for Cohorts 1 and 2

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	\$179.19	\$35,405,210	\$20.67	\$4,083,597	\$44.60	\$8,811,434	\$22.02	\$4,351,503	\$41.70	\$8,239,554	-\$28.56	-\$5,642,799	\$86.95	\$17,180,248	-\$8.19	-\$1,618,328
Fac 65+ SPMI	\$641.85	\$2,937,223	-\$4.88	-\$22,317	-\$10.97	-\$50,200	\$77.02	\$352,441	\$229.98	\$1,052,426	\$95.95	\$439,064	\$123.00	\$562,892	\$131.75	\$602,917
Fac 65+ xSPMI	\$373.47	\$4,422,976	\$7.22	\$85,538	-\$9.53	-\$112,843	\$88.99	\$1,053,927	\$62.44	\$739,450	\$38.37	\$454,374	\$120.46	\$1,426,581	\$65.52	\$775,950
HCBS 65+ SPMI	\$290.83	\$2,412,444	\$4.63	\$38,414	\$118.25	\$980,918	\$9.54	\$79,164	\$89.39	\$741,514	-\$6.71	-\$55,669	\$108.04	\$896,234	-\$32.32	-\$268,130
HCBS 65+ xSPMI	\$272.92	\$10,051,963	\$21.51	\$792,158	\$85.58	\$3,151,828	\$31.30	\$1,152,636	\$56.00	\$2,062,369	-\$13.42	-\$494,428	\$106.75	\$3,931,731	-\$14.78	-\$544,332
Com 65+ SPMI	\$453.58	\$2,189,039	\$19.39	\$93,581	\$40.15	\$193,749	\$35.53	\$171,458	\$209.15	\$1,009,358	\$20.71	\$99,968	\$90.87	\$438,532	\$37.79	\$182,393
Com 65+ xSPMI	\$59.28	\$2,115,486	\$11.24	\$401,173	\$43.19	\$1,541,238	\$21.99	\$784,843	\$3.26	\$116,410	-\$60.07	-\$2,143,607	\$47.82	\$1,706,423	-\$8.15	-\$290,993
Fac <65 SPMI	\$850.47	\$1,290,024	\$40.16	\$60,915	-\$30.43	-\$46,159	\$78.97	\$119,792	\$160.88	\$244,026	\$103.43	\$156,881	\$282.37	\$428,315	\$215.09	\$326,254
Fac <65 xSPMI	\$1,078.76	\$2,171,439	\$87.51	\$176,157	-\$17.56	-\$35,344	\$78.16	\$157,331	\$318.39	\$640,899	\$65.69	\$132,234	\$486.35	\$978,982	\$60.20	\$121,180
HCBS <65 SPMI	\$58.74	\$847,649	\$18.82	\$271,546	\$34.95	\$504,298	\$8.95	\$129,163	\$11.43	\$164,929	-\$45.24	-\$652,721	\$57.46	\$829,171	-\$27.63	-\$398,737
HCBS <65 xSPMI	\$156.85	\$4,393,985	\$64.07	\$1,794,810	\$63.33	\$1,774,078	\$7.53	\$210,904	\$20.54	\$575,418	-\$17.85	-\$499,984	\$76.67	\$2,147,775	-\$57.44	-\$1,609,016
Com <65 SPMI	\$52.20	\$1,011,323	\$15.98	\$309,576	\$16.33	\$316,269	-\$1.06	-\$20,458	\$40.60	\$786,577	-\$90.47	-\$1,752,688	\$72.91	\$1,412,500	-\$2.09	-\$40,453
Com <65 xSPMI	\$51.75	\$1,561,659	\$2.72	\$82,048	\$19.67	\$593,602	\$5.31	\$160,301	\$3.52	\$106,180	-\$43.95	-\$1,326,224	\$80.23	\$2,421,112	-\$15.75	-\$475,360

Table 13C
PMPM costs by category of beneficiary for Demonstration Period 2 based on incurred Medicare claims for Cohorts 1, 2, and 3

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	\$177.12	\$32,112,261	\$16.46	\$2,985,013	\$39.21	\$7,109,122	\$24.89	\$4,511,994	\$44.64	\$8,092,857	−\$24.08	−\$4,366,364	\$83.27	\$15,096,040	−\$7.26	−\$1,316,401
Fac 65+ SPMI	\$591.85	\$1,986,671	\$3.17	\$10,647	−\$8.13	−\$27,283	\$104.63	\$351,215	\$167.31	\$561,604	\$116.36	\$390,597	\$139.32	\$467,657	\$69.19	\$232,235
Fac 65+ xSPMI	\$534.85	\$4,974,152	\$2.20	\$20,442	−\$7.22	−\$67,118	\$136.20	\$1,266,683	\$135.08	\$1,256,266	\$49.27	\$458,185	\$122.08	\$1,135,356	\$97.24	\$904,338
HCBS 65+ SPMI	\$124.82	\$950,354	\$16.37	\$124,673	\$86.44	\$658,158	\$7.61	\$57,919	−\$44.46	−\$338,510	−\$10.08	−\$76,768	\$84.88	\$646,294	−\$15.95	−\$121,412
HCBS 65+ xSPMI	\$278.72	\$9,125,215	\$21.78	\$713,061	\$72.93	\$2,387,580	\$33.63	\$1,100,923	\$72.58	\$2,376,241	−\$4.20	−\$137,427	\$99.50	\$3,257,506	−\$17.49	−\$572,669
Com 65+ SPMI	\$237.21	\$1,163,353	\$18.45	\$90,501	\$43.36	\$212,646	\$25.12	\$123,178	\$151.48	\$742,891	−\$10.24	−\$50,195	\$40.73	\$199,730	−\$31.69	−\$155,397
Com 65+ xSPMI	\$1.52	\$51,360	\$6.59	\$222,572	\$33.33	\$1,125,062	\$23.84	\$804,789	−\$49.81	−\$1,681,213	−\$66.25	−\$2,236,108	\$40.61	\$1,370,880	\$13.20	\$445,378
Fac <65 SPMI	\$414.09	\$561,571	−\$29.01	−\$39,348	−\$38.63	−\$52,393	\$83.25	\$112,905	\$151.19	\$205,032	\$26.99	\$36,607	\$231.09	\$313,393	−\$10.78	−\$14,624
Fac <65 xSPMI	\$1,296.58	\$2,453,537	\$65.57	\$124,076	−\$24.27	−\$45,924	\$73.42	\$138,930	\$484.55	\$916,919	\$100.11	\$189,433	\$452.77	\$856,786	\$144.44	\$273,317
HCBS <65 SPMI	\$271.14	\$3,484,616	\$22.08	\$283,813	\$39.07	\$502,160	\$5.50	\$70,666	\$133.21	\$1,712,034	\$6.36	\$81,709	\$76.86	\$987,758	−\$11.95	−\$153,524
HCBS <65 xSPMI	\$234.71	\$5,952,638	\$47.65	\$1,208,448	\$65.39	\$1,658,294	\$12.88	\$326,649	\$77.85	\$1,974,445	−\$45.04	−\$1,142,357	\$103.81	\$2,632,675	−\$27.82	−\$705,516
Com <65 SPMI	\$73.16	\$1,360,014	\$6.06	\$112,624	\$10.56	\$196,239	−\$0.34	−\$6,247	\$51.98	\$966,352	−\$49.16	−\$913,821	\$67.58	\$1,256,324	−\$13.53	−\$251,457
Com <65 xSPMI	\$1.65	\$48,780	\$3.84	\$113,505	\$18.99	\$561,701	\$5.56	\$164,381	−\$20.26	−\$599,204	−\$32.66	−\$966,218	\$66.66	\$1,971,682	−\$40.47	−\$1,197,069