

Summer 2021

Report for Colorado Managed Fee-for Service (MFFS) Concluding Demonstration Year 2 and Demonstration Year 3 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative

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RTI Project Number 0212790.003.002.007/008



REPORT FOR COLORADO MANAGED FEE-FOR-SERVICE (MFFS) CONCLUDING
DEMONSTRATION YEAR 2 AND DEMONSTRATION YEAR 3 MEDICARE SAVINGS
ESTIMATES: MEDICARE-MEDICAID FINANCIAL ALIGNMENT INITIATIVE

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CMS Contract No. HHSM-500-2014-00037i TO #7

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

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1. Executive Summary

The Accountable Care Collaborative: Medicare-Medicaid Program (ACC:MMP) was a Colorado statewide Managed Fee-for-Service (MFFS) demonstration that began on September 1, 2014 and ended on December 31, 2017. The demonstration was intended to coordinate medical care, behavioral health services, and long-term services and supports (LTSS) for Medicare-Medicaid enrollees.

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

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

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

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

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

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

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

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

This report is the third Medicare savings report for the Colorado managed fee-for-service (MFFS) demonstration under the Medicare-Medicaid Financial Alignment Initiative. Colorado began enrollment on September 1, 2014, and this report covers the 40-month period from September 1, 2014 through December 31, 2017. The period September 1, 2014 through December 31, 2015 is referred to as Colorado's Demonstration Year 1, while the period January 1, 2016 through December 31, 2016 is referred to as Colorado's Demonstration Year 2 and the period January 1, 2017 to December 31, 2017 is referred to as Colorado's Demonstration Year 3.

In addition to the gross Medicare Parts A & B savings calculation results presented in this report, the Medicaid savings calculation results, if and when they are available, will be shared with the Centers for Medicare & Medicaid Services (CMS). The information will provide an actuarial analysis of the impact of ACC:MMP on overall costs of the dually eligible enrollees.

The method used to perform the actuarial savings calculation in this report is different from the multivariate regression-based method that is used to estimate the impact of the demonstration in the evaluation report for the Colorado demonstration. Both methods use beneficiaries from the same pool of comparison beneficiaries. Because the actuarial analysis constructs cohorts of beneficiaries from the comparison group (as will be explained later), the actuarial savings calculation uses a subset of the comparison group that was constructed for the other descriptive and regression-based analyses that RTI performs as part of this evaluation.

The results presented in this report are final for Medicare for Demonstration Year 2, but preliminary for Demonstration Year 3. It is important to note that there are a number of reasons why the final and initial Medicare gross cost savings results for Demonstration Year 2 may differ, including the attributed savings methodology, eligibility updates, and claims run out. The final Medicare savings results for Demonstration Year 2 incorporate 12 months of run-out and were updated to include any retroactive adjustments to eligibility data for beneficiaries in both the intervention and comparison groups.

For Demonstration Year 2, the final total additional Medicare costs for all three cohorts is \$8,958,821, or \$33.99 PMPM. In Demonstration Year 3, the preliminary total additional Medicare cost was \$8,154,562 for Cohort 1 (\$57.54 PMPM) and was \$1,788,408 for Cohort 2

(\$32.23 PMPM) while Cohort 3 experienced preliminary total savings of \$1,912,381 (\$40.70 PMPM). The total additional cost for all three cohorts combined in Demonstration Year 3 was \$8,030,589, which represents an additional \$32.88 PMPM (3.5 percent). For cohorts 1, 2, and 3 in Demonstration Years 1, 2, and 3 combined, the total additional gross Medicare cost was \$27,543,124, a PMPM of \$34.85 (4.02 percent).

The calculations in this report include Medicare Parts A and B expenditures only, because the data needed to perform the calculations for Medicaid expenditures are not yet available. The final savings calculations will include the available Medicare and Medicaid data. Note also that the final evaluation report will include an analysis of Medicare Part D data. Medicare Part D spending does not inform the amount of any performance-based payments to the State and is not included in this report.

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2. Data Sources for PMPM Cost Analysis

The actuarial savings analysis mainly uses two types of data – beneficiary summary information based on which eligibility is determined, and claims data from which Medicare payment is constructed. The data used in creating the results of this report are described in more detail below.

2.1 Determining Eligibility

As a part of performing expenditure calculations on a per member per month (PMPM) basis, it was necessary to construct an eligibility timeline for each beneficiary to determine whether claims occurred during periods of eligibility, or ineligibility, for the demonstration. ARC used beneficiary information extracted from CMS's Integrated Data Repository (IDR) on January 7, 2019 to construct an analytic file that contains the date of death; eligibility occurrences for Part A coverage, Part B coverage, and primary payer status; state/county codes of residence; and Group Health Organization (GHO) enrollment (e.g., Medicare Advantage [MA] or the Program of All-Inclusive Care for the Elderly [PACE]). In addition, we relied on information generated by RTI for dual eligibility (based on data from the IDR). Demonstration eligibility data was supplied by Colorado and delivered to ARC by RTI. ARC used this information to construct a historical eligibility record for each beneficiary in both the intervention and comparison groups.

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

2.2 Claims Data

The primary source of Medicare Parts A and B claims data for this report was CMS's Chronic Condition Warehouse (CCW). For each of the beneficiary cohorts included in this report, the claims data employed in the analysis were extracted from the CCW and represent claims incurred from the start date of each cohort through December 31, 2017, and processed by CMS through January 2019. The paid claim amounts tabulated for this report do not include estimates of incurred-but-not-reported (IBNR) claims for medical services performed during all 24 months but not yet paid by the end of January 2019. We have assumed the claims runout is effectively 100 percent complete for Demonstration Year 2.

Medicare payments were separated into seven claim categories:

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

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3. Basic Approach

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

The PMPM amounts are calculated by dividing total incurred Medicare Parts A and B expenditures by the number of member months of eligibility. Medicare paid amounts do not include the amounts for deductibles, coinsurance, or improper billing. For hospital claims, the paid amount is reduced for Medicare Disproportionate Share (DSH) payments and Indirect Medical Education (IME) payments, because these payments are not directly related to the cost of care provided to individual beneficiaries. All of these adjustments are performed uniformly across time periods and for all cohorts in the intervention and comparison groups.

3.1 Categories of Beneficiaries

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

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

It is important to note that beneficiaries are categorized into cells according to their characteristics at the time that they are first placed in “cohorts,” even if these characteristics subsequently change. This is done to ensure that the PMPMs in each category change only from the effects of the demonstration and not from the changing “mix” of beneficiaries in the category. This will also capture the potential effect of the demonstration on slowing the progression of the use of LTSS.

For example, during the demonstration, some of the beneficiaries originally placed in the community category may begin using HCBS or institutional services, which usually result in increased costs for care. If the rate of beneficiaries in the community category moving into more resource-intensive categories (HCBS or LTSS) during the demonstration is higher for the comparison group than for the intervention group, then the PMPM of the comparison group would increase faster and the savings calculation would indicate potential demonstration savings.

3.2 Cohorts

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

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

1. Are not eligible for Medicaid
2. Do not reside in Colorado
3. Do not have both Part A and Part B coverage
4. Are enrolled in a Group Health Organization
5. Have Medicare as a secondary payer
6. Do not have at least 90 days of FFS experience as a dually eligible beneficiary during the Baseline Period²
7. Are in another CMS Medicare shared savings initiative.

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

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.

Special Note: in prior actuarial analyses for the Colorado demonstration, RTI constructed the comparison group from selected Metropolitan Statistical Areas (MSAs) and non-MSAs in five States—Arkansas, Georgia, Pennsylvania, Virginia, and Wisconsin—based on similarities between the demonstration and comparison areas.³ However, during the early stages of the Demonstration Year 3 Medicare savings analysis, information was provided to CMS and the evaluation contractor that critically undermined the validity of the eligibility information reported for Arkansas, one of the comparison states, beginning in Demonstration Year 2. Upon

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

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

further investigation, it became clear that including beneficiaries from Arkansas in the comparison group for purposes of the actuarial savings analysis for Demonstration Years 2 and 3 was not a credible option and Arkansas was thus dropped from the comparison group after consultation with CMS. The paragraph below describes the relative distribution of the intervention and comparison group beneficiaries after the updates. Dropping Arkansas from CO's comparison group had minimum impact on the distribution (and thus the validity) of the comparison group because Arkansas beneficiaries accounted for only about 2% of the group.

The intervention group and the comparison group had similar distributions as measured by the prevalence of SPMI. The intervention group had 28 percent prevalence of SPMI while the comparison group had 29 percent prevalence of SPMI. The distributions by basis of Medicare eligibility and by facility status showed more variation. In the intervention group, 43 percent were aged 65+ while in the comparison group 48 percent were aged 65+. In the intervention group, 36 percent of members used HCBS and 13 percent used facility-based LTSS, whereas the prevalence in the comparison group was 15 percent HCBS and 23 percent facility-based services. Because the savings were calculated for each basis of eligibility and for each facility status category separately and weighted according to the intervention group distribution, the savings calculation appropriately takes into account this different distribution.

The tables presented in this report analyze demonstration eligibility and Medicare payments for nine populations of beneficiaries: seven sub-cohorts that are all members of Cohort 1 and then Cohorts 2 and 3. Cohort 1 consists of those beneficiaries who were first flagged as eligible for the demonstration by Colorado during the months of September 2014 through May 2015 (i.e., the 9-month demonstration enrollment phase-in period) and who also met all of the CMS demonstration eligibility requirements in September 2014 (the month that the demonstration began). However, there were few enrollments in November 2014 and April 2015. Therefore, Cohort 1 of the intervention group is subdivided into seven subgroups consisting of those first identified as eligible for the demonstration in each of the months from September 2014 through May 2015, but with enrollments in November combined with those in October and enrollments in April combined with those in March, because of the small number of enrollments in November and April. The seven sub-cohorts are assigned as Cohort 1A through 1G.

Cohort 2 consists of those beneficiaries who were eligible for the demonstration in January 2016 with at least three months of baseline experience and who were not in Cohort 1. For Cohort 2, the baseline experience consists of the portion of Demonstration Year 1 (September 2014 through December 2015) that Cohort 2 beneficiaries met all of the CMS eligibility requirements. Cohort 3 consists of those beneficiaries who were eligible for the demonstration in January 2017 with at least three months of baseline experience and who were not in Cohorts 1 or 2. For Cohort 3, the baseline experience consists of the portion of Demonstration Year 2 (January 2016 through December 2016) that Cohort 3 beneficiaries met all of the CMS eligibility requirements. The actuarial savings calculation does not include the actual cost experience of beneficiaries until their first full year of demonstration eligibility. Therefore, although Cohort 2 enrollees were enrolled in the demonstration for a portion of Demonstration Year 1, they were not included in Cohort 1 because they were not eligible for the demonstration as of the September 1, 2014 start date with three months of baseline experience. The same rule applies to Cohort 3 enrollees.

In accordance with the Final Demonstration Agreement, to reflect the fact that Cohort 2 beneficiaries were enrolled in the demonstration during a portion of Demonstration Year 1, the actual Demonstration Year 1 savings percentage experienced by Cohort 1 was attributed to Cohort 2 enrollees for those Demonstration Year 1 months during which they were enrolled. This attribution approach was used for each subsequent cohort. For example, for this Demonstration Year 2 savings calculation, the actual cost experience for both Cohort 1 and Cohort 2 is included in the calculation, and the actual Cohort 1 experience during Demonstration Year 1 is attributed to Cohort 2 experience for enrolled months during Demonstration Year 1, while the actual Cohort 2 experience during Demonstration Year 2 is attributed to Cohort 3 for those Demonstration Year 2 months during which they were enrolled.

Initially, Cohort 1 was to consist of only those beneficiaries first identified as enrolled in the demonstration in September 2014 (instead of during the period September 2014 through May 2015). However, from those beneficiaries who were eligible in September 2014, Colorado enrolled beneficiaries into the demonstration in stages over the first 9 months of operations based on facility status and whether their Primary Care Medical Provider (PCMP) was already in the Accountable Care Collaborative (ACC). During this start-up phase, we did not include a beneficiary's experience in the savings calculation until the beneficiary had been flagged as eligible by Colorado. It is not possible to re-create this process of rolling entry for the comparison group. Thus, Cohort 1 for the comparison group consists of those beneficiaries who met the eligibility requirements for the demonstration in September 2014.

For Cohort 1, the Baseline Period consists of the 24 months immediately preceding the start of the demonstration (i.e., September 1, 2012 through August 31, 2014). As noted, for Cohort 2, the baseline experience is the period September 1, 2014 through December 31, 2015 and for Cohort 3, the baseline experience is the period January 1, 2016 through December 31, 2016. The same beneficiaries are in the baseline and the Demonstration Years. It is important that each beneficiary have relevant experience in both of these periods because the savings calculation methodology relies on determining the trend in PMPM expenditures between the Baseline Period and the Demonstration Years. Thus, an individual beneficiary must have 3 months of baseline experience during which they were dually eligible, before being included in a cohort for the savings calculation.

The trend factors from the Baseline Period to the Demonstration Years are calculated separately for the intervention and comparison groups, for each of the 12 categories of beneficiaries, for each cohort, and for each month of the Demonstration Year. For the intervention group, when aggregating across months, cells, or cohorts, expenditures and member months are simply added up and the aggregate PMPMs are obtained by performing division. For the comparison group, however, expenditures for each month, cell, and cohort are obtained by multiplying the PMPM of the comparison group by the member months (MM) of the intervention group, which represents the expenditures that the comparison group would have experienced if it had the same size and beneficiary distribution among cells as the intervention group. For the comparison group, when aggregating across months, cells, or cohorts, the reweighted expenditures and intervention group member months are summed and the aggregate PMPMs are obtained by division. Totals and PMPMs obtained in this way are referred to as "reweighted" in the following tables.

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

3.3 AGA and Outlier Adjustments

Adjustments to the target PMPMs are needed to reflect Federal and State policies and market characteristics that affect the costs in the comparison States differently from those in the demonstration States, and to help ensure that calculated savings result only from the demonstration and not from these government policies or market characteristics. For this report, which covers only Medicare expenditures, the only such adjustment is for the Average Geographic Adjustment (AGA) factor. The AGA factor reflects varying FFS cost trends in each county over time compared with the costs of the entire nation. The AGA changes through time at different rates for each geographic area. The target PMPMs are adjusted so that the comparison group trend is what it would have been if the AGA factors in the comparison States had changed by the same percentage amount as the change in the demonstration State from the baseline period to the Demonstration Year. If not adjusted for differences in the change in costs between the comparison and the demonstration group from the base period to the Demonstration Year, savings calculations could mask or amplify true savings from the demonstration. When the Medicaid savings calculation is conducted, other adjustments will have to be made to the Medicaid expenditures.

Another adjustment is made to both the intervention and the comparison PMPMs to account for outliers. Average health care expenditures (as represented by the PMPMs) can be significantly affected by the expenditures of a few very high-cost beneficiaries. Although it is possible to “save” by managing the care of such high-cost beneficiaries in the intervention group, this savings cannot be measured unless there are corresponding and similar high-cost beneficiaries in the comparison group, which may or may not be the case. The outlier adjustment is made by combining the intervention and comparison group beneficiaries and ranking them by their Medicare expenditures in the Baseline Period and Demonstration Years separately. A threshold amount is calculated at the 99th percentile of these beneficiary-level costs. The costs of any individual that are above this threshold amount are winsorized to the threshold amount. The costs above the threshold are subtracted from the total costs, and the PMPMs are re-calculated by excluding the amounts above the threshold. This adjustment effectively nullifies the potentially outsized effect that just a few outliers could have on the overall trends.

3.4 Determining Member Months

Savings are determined by comparing intervention and comparison group PMPM Medicare expenditures. The first step in determining PMPM amounts is determining the number of member months to be used in the calculation for each beneficiary. For Cohorts 1, 2 and 3,

Demonstration Years 1, 2 and 3 member months are tabulated for each beneficiary starting on September 1, 2014 (for Demonstration Year 1), on January 1, 2016 (for Demonstration Year 2), or January 1, 2017 (for Demonstration Year 3) and accrue until one of the following recorded dates (i.e., the first day that is not included as a member month):

1. January 1, 2018.
2. The day after a beneficiary's death.
3. The day after a beneficiary moves outside of the intervention area or comparison area.
4. The day a beneficiary joins a Group Health Organization (GHO).
5. The day that Medicare is no longer the beneficiary's primary payer.
6. The day of loss of beneficiary coverage for either Medicare Part A or Part B.
7. The day of loss of beneficiary full Medicaid eligibility.
8. For intervention beneficiaries, the day that Colorado determines that the beneficiary is no longer eligible for the demonstration.

When one of the above occurs during a month, a prorated number of member months are calculated, so that the number of member months contains fractions of whole months. Also, if a beneficiary meets the demonstration eligibility criteria after being excluded previously, his or her experience would once again be included.

4. Analysis of Cohorts

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

Cohort 1 consisted of 19,852 Medicare-Medicaid enrollees in the intervention group and 55,708 Medicare-Medicaid enrollees in the comparison group. After 40 months of operations, there were 11,019 eligible intervention group members and 25,441 eligible comparison group members as of December 31, 2017. The monthly attrition rates for the intervention and comparison groups were 1.67 percent and 2.02 percent, respectively. A common reason for attrition was death and the monthly death rate for the intervention group was 0.46 percent, which is lower than the monthly death rate of 0.74 percent for the comparison group. The intervention group also experienced a lower rate of attrition because beneficiaries joined Group Health Organizations (GHO) or moved out of area. However, the intervention group experienced higher monthly rates of attrition from loss of eligibility for the demonstration. This is generally the loss of Medicaid eligibility. For the comparison group this is determined by RTI using Medicare beneficiary enrollment information and for the intervention group, this is determined by Colorado. The monthly attrition rates for loss of eligibility were 0.73 percent for the intervention group and 0.29 percent for the comparison group.

Cohort 2 consisted of 7,237 Medicare-Medicaid enrollees in the intervention group and 13,236 Medicare-Medicaid enrollees in the comparison group. After 24 months of operations, there were 4,211 eligible intervention group members and 6,748 comparison group members as of December 31, 2017. The monthly attrition rates for the intervention and comparison groups were 2.54% and 2.89%, respectively.

Cohort 3 consisted of 4,759 Medicare-Medicaid enrollees in the intervention group and 13,586 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 3,378 eligible intervention group members and 9,722 comparison group members as of December 31, 2017. The monthly attrition rates for the intervention and comparison groups were 2.94% and 2.82%, respectively.

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

Table 1A
Monthly attrition rates for Cohort 1

Subgroup	Number of beneficiaries	Monthly death rate	Total monthly attrition rate
1A	4,566	0.24%	1.49%
1B	4,397	0.50%	1.65%
1C	2,619	0.49%	1.59%
1D	2,314	0.49%	1.74%
1E	2,249	0.56%	1.75%
1F	2,275	0.58%	1.95%
1G	1,432	0.72%	1.95%

Table 1B summarizes the reasons for ineligibility from the savings calculations for members of Cohort 1 who became ineligible during the first 40 months of demonstration operations (September 1, 2014 to December 31, 2017), Table 1C summarizes the reasons for ineligibility from the saving calculations for the members of Cohort 2 who became ineligible during the period between January 1, 2016 and December 31, 2017 and Table 1D summarizes the reasons for ineligibility from the savings calculations for the members of Cohort 3 who became ineligible during the period between January 1, 2017 and December 31, 2017. (Beneficiaries may have still been considered “eligible” by the State, but they needed to meet other criteria to be included in the savings analysis.)

Table 1B
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	2,451	0.46%	11,123	0.74%
Loss of Part A or B	79	0.01%	355	0.02%
GHO* enrollment	1,344	0.25%	7,145	0.48%
Medicare secondary payer	334	0.06%	963	0.06%
Moved out of service area	582	0.11%	2,120	0.14%
Participation in an SSP	213	0.04%	4,173	0.28%
Loss of eligibility	3,830	0.73%	4,388	0.29%
All ineligibles ⁴	8,833	1.67%	30,267	2.02%
Beneficiaries as of 1 st day of 1 st month of eligibility	19,852		55,708	
Beneficiaries as of 12/31/2017	11,019		25,441	
Total member months	528,166		1,500,054	

⁴ For Cohort 1 we included attrition experience from Demonstration Year 1 in the count of events, the total member months of exposure and the calculation of the monthly attrition rate in order to show a full picture of the demonstration attrition to date. Because Demonstration Year 1 experience was finalized, it was not re-run, but the total beneficiary counts for the first day eligible and eligible as of 12/31/2017 reflect the most recent run. This can lead to small discrepancies whereby beneficiaries remaining do not equal starting total beneficiaries minus all ineligibles due to retroactive eligibility changes.

Table 1C
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	549	0.46%	1,784	0.80%
Loss of Part A or B	28	0.02%	88	0.04%
GHO* enrollment	357	0.30%	1,639	0.73%
Medicare secondary payer	121	0.10%	185	0.08%
Moved out of service area	197	0.17%	570	0.25%
Participation in an SSP	108	0.09%	661	0.29%
Loss of eligibility	1,666	1.40%	1,561	0.70%
All ineligibles	3,026	2.54%	6,488	2.89%
Beneficiaries as of 1 st day of 1 st month of eligibility	7,237		13,236	
Beneficiaries as of 12/31/2017	4,211		6,748	
Total member months	119,239		224,156	

Table 1D
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	229	0.49%	1,270	0.93%
Loss of Part A or B	7	0.01%	38	0.03%
GHO* enrollment	180	0.38%	1,088	0.80%
Medicare secondary payer	33	0.07%	102	0.07%
Moved out of service area	56	0.12%	218	0.16%
Loss of eligibility	876	1.86%	1,148	0.84%
All ineligibles	1,381	2.94%	3,864	2.82%
Beneficiaries as of 1 st day of 1 st month of eligibility	4,759		13,586	
Beneficiaries as of 12/31/2017	3,378		9,722	
Total member months	46,986		136,830	

*GHO = Group Health Organization.

5. Results of PMPM Cost Analysis

5.1 Medicare Savings before Adjustments

The gross Medicare savings are determined by comparing the rate of growth in expenditures between the intervention group (CO) and the comparison group (the comparison states) as measured by the average monthly costs per beneficiary, the per member per month (PMPM) costs. We begin this calculation by tabulating the PMPM costs for the comparison group in both the baseline period and the Demonstration Year as shown in Tables 2. Tables 2.A-C show the number of incurred claims, member months, PMPM costs, and trend for the comparison group, from the Baseline Period to Demonstration Years 2 and 3. It also decomposes the descriptive statistics by cohort and beneficiary characteristics. Tables 3.A-J exhibit the reweighted PMPM for the comparison group and the calculated trend based on the reweighted PMPM. Section 5.2 shows the effect of AGA on the trend in PMPM while Section 5.3 shows the effect of outlier adjustment. Section 5.4 explains the concept of attributed savings and summarizes total savings after all adjustments are taken into account.

For Cohort 1, the PMPM increases by 11 percent from \$891.89 during the Baseline Period to \$990.16 during Demonstration Year 2 (Table 2.A.1) and holds steady at \$990.01 during Demonstration Year 3 (Table 2.A.2). For Cohort 2, the PMPM decreases by 4 percent from \$1,227.37 during the Baseline Period to \$1,175.48 during Demonstration Year 2 (Table 2.B.1) and decreases slightly again to \$1,155.07 during Demonstration Year 3 (Table 2.B.2). For Cohort 3, the PMPM increases by 3 percent from \$1,271.59 during the Baseline Period to \$1,303.99 during Demonstration Year 3 (Table 2.C.).

It should be noted that Cohort 1 represents a cross-section of demonstration-eligible beneficiaries, whereas Cohorts 2 and 3 represent newly eligible beneficiaries. In other words, Cohort 1 beneficiaries could have first met the requirements for demonstration eligibility at any time during the past (perhaps years ago), whereas future cohort beneficiaries will first meet the requirements for demonstration eligibility after the start date of the previous cohort (otherwise they would have been included in Cohort 1). Often those newly eligible to Medicaid have higher than average costs (which we measure in the Baseline Period), which then regress back toward the mean costs for similar individuals (which we measure in the Demonstration Year). After the high initial costs for newly eligible individuals have been incurred, the trend would generally return to an increasing trend. On the other hand, successive cross sections of individuals usually exhibit steadily increasing costs. When performing analyses of successive cross sections, it is important that the rate of growth in the numbers of beneficiaries in the comparison and intervention groups be similar.

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

The PMPM costs are adjusted for two reasons: (1) to reflect the difference in the trend in the Average Geographic Adjustment factor between Colorado and the comparison States, and (2)

to include an adjustment for the trimming of outlier costs above the 99th percentile of annual costs of total paid claims.

As noted above, it is expected that there will be some differences between the preliminary and final savings calculations for DY2 due to the attributed savings methodology, eligibility updates, and claims run out.

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Comparison Group</i>	1,120,458.0	\$999,326,439	\$891.89	412,849.5	\$408,787,433	\$990.16	1.11018
Facility, Age 65+, with SPMI	55,195.2	\$99,204,410	\$1,797.34	17,290.7	\$29,952,693	\$1,732.30	0.96381
Facility, Age 65+, no SPMI	148,824.3	\$197,830,955	\$1,329.29	40,653.5	\$56,241,909	\$1,383.44	1.04074
HCBS, Age 65+, with SPMI	14,199.6	\$22,612,378	\$1,592.47	5,079.8	\$8,269,707	\$1,627.94	1.02228
HCBS, Age 65+, no SPMI	72,832.9	\$89,815,561	\$1,233.17	23,669.7	\$39,177,346	\$1,655.17	1.34221
Community, Age 65+, with SPMI	20,767.1	\$19,630,876	\$945.29	7,719.5	\$8,958,276	\$1,160.47	1.22764
Community, Age 65+, no SPMI	226,117.0	\$120,799,435	\$534.23	87,013.0	\$72,341,417	\$831.39	1.55622
Facility, Age <65, with SPMI	16,471.3	\$38,343,393	\$2,327.89	6,143.3	\$12,467,485	\$2,029.45	0.87180
Facility, Age <65, no SPMI	22,142.5	\$35,795,409	\$1,616.59	6,238.9	\$11,060,474	\$1,772.84	1.09665
HCBS, Age <65, with SPMI	29,310.1	\$32,853,123	\$1,120.88	12,194.1	\$13,551,481	\$1,111.31	0.99146
HCBS, Age <65, no SPMI	69,444.4	\$66,004,387	\$950.46	29,309.8	\$30,951,273	\$1,056.00	1.11104
Community, Age <65, with SPMI	146,717.3	\$103,229,990	\$703.60	56,685.7	\$42,094,410	\$742.59	1.05542
Community, Age <65, no SPMI	298,436.2	\$173,206,520	\$580.38	120,851.5	\$83,720,963	\$692.76	1.19363

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Comparison Group</i>	1,120,458.0	\$999,326,439	\$891.89	332,825.8	\$329,500,264	\$990.01	1.11001
Facility, Age 65+, with SPMI	55,195.2	\$99,204,410	\$1,797.34	12,160.7	\$19,848,347	\$1,632.17	0.90810
Facility, Age 65+, no SPMI	148,824.3	\$197,830,955	\$1,329.29	26,957.7	\$37,915,128	\$1,406.47	1.05806
HCBS, Age 65+, with SPMI	14,199.6	\$22,612,378	\$1,592.47	3,972.3	\$6,581,389	\$1,656.83	1.04042
HCBS, Age 65+, no SPMI	72,832.9	\$89,815,561	\$1,233.17	17,624.0	\$31,007,766	\$1,759.41	1.42673
Community, Age 65+, with SPMI	20,767.1	\$19,630,876	\$945.29	6,427.4	\$8,421,091	\$1,310.19	1.38602
Community, Age 65+, no SPMI	226,117.0	\$120,799,435	\$534.23	70,833.4	\$61,452,504	\$867.56	1.62394
Facility, Age <65, with SPMI	16,471.3	\$38,343,393	\$2,327.89	4,822.7	\$9,598,321	\$1,990.25	0.85496
Facility, Age <65, no SPMI	22,142.5	\$35,795,409	\$1,616.59	5,023.8	\$8,808,617	\$1,753.38	1.08462
HCBS, Age <65, with SPMI	29,310.1	\$32,853,123	\$1,120.88	10,876.6	\$11,590,295	\$1,065.62	0.95070
HCBS, Age <65, no SPMI	69,444.4	\$66,004,387	\$950.46	25,304.4	\$24,272,841	\$959.23	1.00923
Community, Age <65, with SPMI	146,717.3	\$103,229,990	\$703.60	47,826.0	\$37,286,395	\$779.63	1.10806
Community, Age <65, no SPMI	298,436.2	\$173,206,520	\$580.38	100,996.9	\$72,717,570	\$720.00	1.24056

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Comparison Group</i>	135,958.9	\$166,871,738	\$1,227.37	132,665.6	\$155,945,736	\$1,175.48	0.95772
Facility, Age 65+, with SPMI	12,733.2	\$32,194,693	\$2,528.41	12,283.1	\$23,053,217	\$1,876.83	0.74229
Facility, Age 65+, no SPMI	16,112.7	\$31,570,337	\$1,959.35	15,675.2	\$24,508,352	\$1,563.51	0.79797
HCBS, Age 65+, with SPMI	2,362.1	\$5,060,574	\$2,142.45	2,203.0	\$4,260,052	\$1,933.77	0.90260
HCBS, Age 65+, no SPMI	5,793.6	\$7,758,494	\$1,339.15	5,588.8	\$9,208,668	\$1,647.70	1.23040
Community, Age 65+, with SPMI	3,430.3	\$4,666,953	\$1,360.49	3,562.6	\$4,285,776	\$1,202.99	0.88423
Community, Age 65+, no SPMI	22,525.8	\$14,440,713	\$641.07	23,070.4	\$17,340,371	\$751.63	1.17245
Facility, Age <65, with SPMI	2,394.0	\$7,975,374	\$3,331.34	2,389.5	\$7,681,164	\$3,214.56	0.96495
Facility, Age <65, no SPMI	1,432.5	\$4,131,967	\$2,884.54	1,456.5	\$3,407,638	\$2,339.55	0.81106
HCBS, Age <65, with SPMI	3,129.6	\$5,042,822	\$1,611.34	3,002.6	\$4,428,741	\$1,474.98	0.91537
HCBS, Age <65, no SPMI	6,124.6	\$5,597,685	\$913.96	5,937.2	\$6,318,884	\$1,064.28	1.16447
Community, Age <65, with SPMI	21,000.5	\$21,051,040	\$1,002.41	19,551.6	\$20,694,750	\$1,058.47	1.05593
Community, Age <65, no SPMI	38,920.1	\$27,381,087	\$703.52	37,945.1	\$30,758,122	\$810.60	1.15220

Table 2.B.2
Eligible months, incurred claims, and PMPM for the comparison group, Baseline Period, and Demonstration Year 3, by
category of beneficiary: Cohort 2

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Comparison Group</i>	135,958.9	\$166,871,738	\$1,227.37	91,489.9	\$105,677,574	\$1,155.07	0.94110
Facility, Age 65+, with SPMI	12,733.2	\$32,194,693	\$2,528.41	7,827.6	\$15,320,109	\$1,957.20	0.77408
Facility, Age 65+, no SPMI	16,112.7	\$31,570,337	\$1,959.35	9,783.2	\$13,533,324	\$1,383.32	0.70601
HCBS, Age 65+, with SPMI	2,362.1	\$5,060,574	\$2,142.45	1,587.9	\$3,191,229	\$2,009.68	0.93803
HCBS, Age 65+, no SPMI	5,793.6	\$7,758,494	\$1,339.15	3,771.9	\$7,430,526	\$1,969.96	1.47105
Community, Age 65+, with SPMI	3,430.3	\$4,666,953	\$1,360.49	2,586.7	\$2,991,246	\$1,156.40	0.84999
Community, Age 65+, no SPMI	22,525.8	\$14,440,713	\$641.07	16,516.8	\$12,898,755	\$780.95	1.21819
Facility, Age <65, with SPMI	2,394.0	\$7,975,374	\$3,331.34	1,598.5	\$3,952,957	\$2,472.85	0.74230
Facility, Age <65, no SPMI	1,432.5	\$4,131,967	\$2,884.54	1,029.5	\$2,199,423	\$2,136.35	0.74062
HCBS, Age <65, with SPMI	3,129.6	\$5,042,822	\$1,611.34	2,355.2	\$3,123,909	\$1,326.40	0.82316
HCBS, Age <65, no SPMI	6,124.6	\$5,597,685	\$913.96	4,827.8	\$4,273,163	\$885.11	0.96843
Community, Age <65, with SPMI	21,000.5	\$21,051,040	\$1,002.41	13,436.6	\$13,806,951	\$1,027.57	1.02510
Community, Age <65, no SPMI	38,920.1	\$27,381,087	\$703.52	26,168.1	\$22,955,982	\$877.25	1.24694

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
Comparison Group	125,791.3	\$159,955,528	\$1,271.59	136,829.6	\$178,424,960	\$1,303.99	1.02548
Facility, Age 65+, with SPMI	17,786.6	\$37,596,865	\$2,113.77	18,317.8	\$35,112,770	\$1,916.87	0.90685
Facility, Age 65+, no SPMI	12,814.8	\$22,222,160	\$1,734.10	13,341.0	\$21,273,096	\$1,594.57	0.91954
HCBS, Age 65+, with SPMI	3,338.7	\$7,487,394	\$2,242.62	3,666.4	\$9,072,587	\$2,474.55	1.10342
HCBS, Age 65+, no SPMI	5,307.1	\$6,693,540	\$1,261.25	5,848.3	\$9,726,684	\$1,663.17	1.31867
Community, Age 65+, with SPMI	5,082.4	\$7,337,948	\$1,443.78	5,469.2	\$8,056,588	\$1,473.08	1.02029
Community, Age 65+, no SPMI	19,934.2	\$10,874,552	\$545.52	23,225.4	\$17,096,006	\$736.09	1.34934
Facility, Age <65, with SPMI	3,637.4	\$11,891,841	\$3,269.33	3,839.9	\$11,094,183	\$2,889.18	0.88372
Facility, Age <65, no SPMI	1,381.5	\$3,854,306	\$2,790.01	1,544.4	\$3,715,522	\$2,405.83	0.86230
HCBS, Age <65, with SPMI	4,020.1	\$7,228,290	\$1,798.04	4,123.3	\$8,037,658	\$1,949.33	1.08414
HCBS, Age <65, no SPMI	5,102.3	\$4,481,916	\$878.42	5,831.8	\$6,620,654	\$1,135.27	1.29241
Community, Age <65, with SPMI	19,508.5	\$22,646,957	\$1,160.88	20,665.5	\$23,254,511	\$1,125.28	0.96933
Community, Age <65, no SPMI	27,877.7	\$17,639,761	\$632.75	30,956.7	\$25,364,701	\$819.36	1.29491

Tables 3.A–3.J show the development of the trend rates from the Baseline Period to Demonstration Years 2 and 3 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.J do not match exactly the PMPMs in Table 2 by category of beneficiary, because the PMPMs in Table 2 are weighted by the number of beneficiaries (month by month) in the comparison group. For example, in Table 2.B.1, the Cohort 2 baseline PMPM for the category “Facility, Age 65+, with SPMI” is \$2,528.41. But in Table 3.I.1, it is \$2,559.79. This is because in Tables 3.A–3.J, the weighted average PMPM across all months in the Baseline Period is based on the eligible months of the particular subcohort of the intervention group beneficiaries and not that of the comparison group beneficiaries.

Tables 3.H.1-3.H.2, which show the results for the entire Cohort 1, show that the PMPM for the reweighted comparison group increased by 13.8 percent from the Baseline Period to Demonstration Year 2 and 13.2 percent from the Baseline Period to Demonstration Year 3, whereas that of the intervention group increased by 21.1 percent for Demonstration Year 2 and 22.7 percent for Demonstration Year 3, a difference of 7.3 and 9.5 percentage points, respectively. In general, there was a greater difference in these trend factors (i.e., a higher negative savings percentage) for those that were in HCBS or diagnosed with SPMI than for the other categories.

Tables 4.A-4.B summarize the results of Tables 3.A–3.J by cohort for each of the two Demonstration Years. Cohorts 1F and 1G show slight savings (5.0 and 2.1 percentage point difference in trend rate, respectively) for Demonstration Year 2 and Cohorts 1F, 1G, 2 and 3 show savings (2.0, 3.0, 0.2 and 6.6 percentage point difference in trend rate, respectively) for Demonstration Year 3, because the PMPM trend from the Baseline Period to the Demonstration Year for the comparison group was greater than the trend for their respective intervention group. All of the other subgroups experienced additional costs (negative savings) with the difference in trend rate between the comparison group and intervention group ranging from 1 to 31 percent. The wide variation in the trends by cohort highlights the variability of health care costs. The aggregate experience of all cohorts combined should be considered much more reliable than that of the individual cohorts.

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	82,844.1	\$66,027,658	\$797.01	37,093.7	\$34,700,352	\$935.48	1.174
Facility, Age 65+, with SPMI	206.1	\$372,873	\$1,809.18	109.0	\$189,422	\$1,737.81	0.961
Facility, Age 65+, no SPMI	771.1	\$1,041,934	\$1,351.29	293.5	\$406,106	\$1,383.90	1.024
HCBS, Age 65+, with SPMI	1,100.7	\$1,769,753	\$1,607.80	501.9	\$815,808	\$1,625.53	1.011
HCBS, Age 65+, no SPMI	5,497.4	\$6,802,407	\$1,237.40	2,248.5	\$3,720,923	\$1,654.86	1.337
Community, Age 65+, with SPMI	952.7	\$910,441	\$955.69	399.6	\$462,558	\$1,157.52	1.211
Community, Age 65+, no SPMI	14,399.0	\$7,785,334	\$540.69	7,118.7	\$5,919,733	\$831.57	1.538
Facility, Age <65, with SPMI	330.0	\$785,255	\$2,379.56	168.0	\$341,677	\$2,033.79	0.855
Facility, Age <65, no SPMI	578.0	\$984,070	\$1,702.54	326.7	\$579,836	\$1,774.71	1.042
HCBS, Age <65, with SPMI	7,020.7	\$7,886,324	\$1,123.30	3,094.8	\$3,439,531	\$1,111.41	0.989
HCBS, Age <65, no SPMI	16,343.7	\$15,565,161	\$952.36	7,693.8	\$8,124,590	\$1,056.00	1.109
Community, Age <65, with SPMI	10,408.7	\$7,380,402	\$709.06	4,254.7	\$3,160,355	\$742.80	1.048
Community, Age <65, no SPMI	25,236.2	\$14,743,705	\$584.23	10,884.6	\$7,539,812	\$692.70	1.186
<i>Intervention Group</i>	82,844.1	\$56,659,388	\$683.93	37,093.7	\$31,087,766	\$838.09	1.225
Facility, Age 65+, with SPMI	206.1	\$870,094	\$4,221.71	109.0	\$237,024	\$2,174.54	0.515
Facility, Age 65+, no SPMI	771.1	\$994,262	\$1,289.46	293.5	\$241,663	\$823.52	0.639
HCBS, Age 65+, with SPMI	1,100.7	\$1,153,746	\$1,048.16	501.9	\$608,746	\$1,212.95	1.157
HCBS, Age 65+, no SPMI	5,497.4	\$5,589,239	\$1,016.71	2,248.5	\$2,832,434	\$1,259.71	1.239
Community, Age 65+, with SPMI	952.7	\$771,744	\$810.10	399.6	\$411,762	\$1,030.40	1.272
Community, Age 65+, no SPMI	14,399.0	\$5,562,869	\$386.34	7,118.7	\$4,151,878	\$583.23	1.510
Facility, Age <65, with SPMI	330.0	\$785,395	\$2,379.98	168.0	\$114,539	\$681.78	0.286
Facility, Age <65, no SPMI	578.0	\$1,328,238	\$2,297.99	326.7	\$609,113	\$1,864.32	0.811
HCBS, Age <65, with SPMI	7,020.7	\$5,413,304	\$771.05	3,094.8	\$3,022,508	\$976.66	1.267
HCBS, Age <65, no SPMI	16,343.7	\$11,595,880	\$709.50	7,693.8	\$8,181,561	\$1,063.40	1.499
Community, Age <65, with SPMI	10,408.7	\$7,200,645	\$691.79	4,254.7	\$3,155,623	\$741.68	1.072
Community, Age <65, no SPMI	25,236.2	\$15,393,970	\$610.00	10,884.6	\$7,520,915	\$690.97	1.133

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	82,844.1	\$66,027,658	\$797.01	32,986.4	\$30,928,994	\$937.63	1.176
Facility, Age 65+, with SPMI	206.1	\$372,873	\$1,809.18	69.3	\$113,626	\$1,639.09	0.906
Facility, Age 65+, no SPMI	771.1	\$1,041,934	\$1,351.29	251.5	\$354,198	\$1,408.16	1.042
HCBS, Age 65+, with SPMI	1,100.7	\$1,769,753	\$1,607.80	460.0	\$762,229	\$1,657.14	1.031
HCBS, Age 65+, no SPMI	5,497.4	\$6,802,407	\$1,237.40	1,884.1	\$3,314,405	\$1,759.19	1.422
Community, Age 65+, with SPMI	952.7	\$910,441	\$955.69	351.0	\$458,930	\$1,307.49	1.368
Community, Age 65+, no SPMI	14,399.0	\$7,785,334	\$540.69	6,078.5	\$5,273,583	\$867.58	1.605
Facility, Age <65, with SPMI	330.0	\$785,255	\$2,379.56	128.5	\$255,108	\$1,984.63	0.834
Facility, Age <65, no SPMI	578.0	\$984,070	\$1,702.54	319.7	\$561,969	\$1,757.92	1.033
HCBS, Age <65, with SPMI	7,020.7	\$7,886,324	\$1,123.30	2,983.1	\$3,179,451	\$1,065.81	0.949
HCBS, Age <65, no SPMI	16,343.7	\$15,565,161	\$952.36	7,109.2	\$6,823,906	\$959.87	1.008
Community, Age <65, with SPMI	10,408.7	\$7,380,402	\$709.06	3,676.1	\$2,866,394	\$779.74	1.100
Community, Age <65, no SPMI	25,236.2	\$14,743,705	\$584.23	9,675.4	\$6,965,196	\$719.89	1.232
<i>Intervention Group</i>	82,844.1	\$56,659,388	\$683.93	32,986.4	\$27,520,164	\$834.29	1.220
Facility, Age 65+, with SPMI	206.1	\$870,094	\$4,221.71	69.3	\$190,481	\$2,747.74	0.651
Facility, Age 65+, no SPMI	771.1	\$994,262	\$1,289.46	251.5	\$387,395	\$1,540.14	1.194
HCBS, Age 65+, with SPMI	1,100.7	\$1,153,746	\$1,048.16	460.0	\$746,903	\$1,623.82	1.549
HCBS, Age 65+, no SPMI	5,497.4	\$5,589,239	\$1,016.71	1,884.1	\$1,942,600	\$1,031.08	1.014
Community, Age 65+, with SPMI	952.7	\$771,744	\$810.10	351.0	\$392,894	\$1,119.36	1.382
Community, Age 65+, no SPMI	14,399.0	\$5,562,869	\$386.34	6,078.5	\$4,149,435	\$682.64	1.767
Facility, Age <65, with SPMI	330.0	\$785,395	\$2,379.98	128.5	\$75,186	\$584.91	0.246
Facility, Age <65, no SPMI	578.0	\$1,328,238	\$2,297.99	319.7	\$731,556	\$2,288.42	0.996
HCBS, Age <65, with SPMI	7,020.7	\$5,413,304	\$771.05	2,983.1	\$2,355,792	\$789.71	1.024
HCBS, Age <65, no SPMI	16,343.7	\$11,595,880	\$709.50	7,109.2	\$7,056,154	\$992.54	1.399
Community, Age <65, with SPMI	10,408.7	\$7,200,645	\$691.79	3,676.1	\$2,734,378	\$743.83	1.075
Community, Age <65, no SPMI	25,236.2	\$15,393,970	\$610.00	9,675.4	\$6,757,392	\$698.41	1.145

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	91,754.7	\$86,938,504	\$947.51	36,021.9	\$38,724,487	\$1,075.03	1.135
Facility, Age 65+, with SPMI	2,553.0	\$4,576,317	\$1,792.53	740.4	\$1,281,233	\$1,730.36	0.965
Facility, Age 65+, no SPMI	6,705.0	\$8,889,804	\$1,325.85	1,629.7	\$2,253,625	\$1,382.83	1.043
HCBS, Age 65+, with SPMI	2,354.9	\$3,745,505	\$1,590.52	943.2	\$1,533,212	\$1,625.54	1.022
HCBS, Age 65+, no SPMI	10,472.4	\$12,943,797	\$1,235.99	4,249.1	\$7,033,391	\$1,655.25	1.339
Community, Age 65+, with SPMI	974.1	\$919,453	\$943.90	376.1	\$435,988	\$1,159.15	1.228
Community, Age 65+, no SPMI	16,944.1	\$9,050,298	\$534.13	7,011.2	\$5,829,280	\$831.42	1.557
Facility, Age <65, with SPMI	1,869.6	\$4,332,025	\$2,317.05	723.8	\$1,465,750	\$2,025.08	0.874
Facility, Age <65, no SPMI	1,884.3	\$3,034,556	\$1,610.44	603.9	\$1,071,312	\$1,773.89	1.101
HCBS, Age <65, with SPMI	9,481.4	\$10,608,171	\$1,118.84	4,006.3	\$4,456,122	\$1,112.27	0.994
HCBS, Age <65, no SPMI	14,761.8	\$14,020,330	\$949.77	6,329.7	\$6,683,692	\$1,055.92	1.112
Community, Age <65, with SPMI	8,334.4	\$5,869,968	\$704.31	3,242.4	\$2,408,644	\$742.85	1.055
Community, Age <65, no SPMI	15,419.8	\$8,948,281	\$580.31	6,165.9	\$4,272,237	\$692.88	1.194
<i>Intervention Group</i>	91,754.7	\$77,195,354	\$841.32	36,021.9	\$36,992,860	\$1,026.95	1.221
Facility, Age 65+, with SPMI	2,553.0	\$4,057,796	\$1,589.42	740.4	\$1,122,198	\$1,515.58	0.954
Facility, Age 65+, no SPMI	6,705.0	\$8,391,431	\$1,251.52	1,629.7	\$1,752,661	\$1,075.44	0.859
HCBS, Age 65+, with SPMI	2,354.9	\$2,778,010	\$1,179.67	943.2	\$1,672,246	\$1,772.95	1.503
HCBS, Age 65+, no SPMI	10,472.4	\$12,450,297	\$1,188.87	4,249.1	\$7,052,904	\$1,659.85	1.396
Community, Age 65+, with SPMI	974.1	\$787,814	\$808.76	376.1	\$319,465	\$849.35	1.050
Community, Age 65+, no SPMI	16,944.1	\$6,313,595	\$372.61	7,011.2	\$4,714,994	\$672.50	1.805
Facility, Age <65, with SPMI	1,869.6	\$3,103,673	\$1,660.04	723.8	\$1,110,271	\$1,533.95	0.924
Facility, Age <65, no SPMI	1,884.3	\$3,472,949	\$1,843.10	603.9	\$966,656	\$1,600.60	0.868
HCBS, Age <65, with SPMI	9,481.4	\$9,415,188	\$993.02	4,006.3	\$4,187,537	\$1,045.23	1.053
HCBS, Age <65, no SPMI	14,761.8	\$12,491,604	\$846.21	6,329.7	\$7,151,721	\$1,129.86	1.335
Community, Age <65, with SPMI	8,334.4	\$5,981,672	\$717.71	3,242.4	\$2,734,933	\$843.49	1.175
Community, Age <65, no SPMI	15,419.8	\$7,951,325	\$515.66	6,165.9	\$4,207,273	\$682.35	1.323

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	91,754.7	\$86,938,504	\$947.51	30,648.2	\$32,663,371	\$1,065.75	1.125
Facility, Age 65+, with SPMI	2,553.0	\$4,576,317	\$1,792.53	454.8	\$743,687	\$1,635.25	0.912
Facility, Age 65+, no SPMI	6,705.0	\$8,889,804	\$1,325.85	1,166.7	\$1,640,670	\$1,406.27	1.061
HCBS, Age 65+, with SPMI	2,354.9	\$3,745,505	\$1,590.52	760.8	\$1,260,319	\$1,656.51	1.041
HCBS, Age 65+, no SPMI	10,472.4	\$12,943,797	\$1,235.99	3,441.8	\$6,054,496	\$1,759.13	1.423
Community, Age 65+, with SPMI	974.1	\$919,453	\$943.90	322.3	\$423,869	\$1,315.11	1.393
Community, Age 65+, no SPMI	16,944.1	\$9,050,298	\$534.13	5,897.1	\$5,116,369	\$867.60	1.624
Facility, Age <65, with SPMI	1,869.6	\$4,332,025	\$2,317.05	601.2	\$1,195,400	\$1,988.44	0.858
Facility, Age <65, no SPMI	1,884.3	\$3,034,556	\$1,610.44	486.5	\$852,185	\$1,751.49	1.088
HCBS, Age <65, with SPMI	9,481.4	\$10,608,171	\$1,118.84	3,613.8	\$3,852,153	\$1,065.94	0.953
HCBS, Age <65, no SPMI	14,761.8	\$14,020,330	\$949.77	5,618.6	\$5,387,563	\$958.88	1.010
Community, Age <65, with SPMI	8,334.4	\$5,869,968	\$704.31	2,881.8	\$2,247,425	\$779.87	1.107
Community, Age <65, no SPMI	15,419.8	\$8,948,281	\$580.31	5,402.7	\$3,889,236	\$719.86	1.240
<i>Intervention Group</i>	91,754.7	\$77,195,354	\$841.32	30,648.2	\$31,706,522	\$1,034.53	1.230
Facility, Age 65+, with SPMI	2,553.0	\$4,057,796	\$1,589.42	454.8	\$746,487	\$1,641.40	1.033
Facility, Age 65+, no SPMI	6,705.0	\$8,391,431	\$1,251.52	1,166.7	\$1,412,696	\$1,210.87	0.968
HCBS, Age 65+, with SPMI	2,354.9	\$2,778,010	\$1,179.67	760.8	\$1,423,928	\$1,871.55	1.586
HCBS, Age 65+, no SPMI	10,472.4	\$12,450,297	\$1,188.87	3,441.8	\$4,587,245	\$1,332.82	1.121
Community, Age 65+, with SPMI	974.1	\$787,814	\$808.76	322.3	\$347,522	\$1,078.24	1.333
Community, Age 65+, no SPMI	16,944.1	\$6,313,595	\$372.61	5,897.1	\$3,876,475	\$657.35	1.764
Facility, Age <65, with SPMI	1,869.6	\$3,103,673	\$1,660.04	601.2	\$946,473	\$1,574.37	0.948
Facility, Age <65, no SPMI	1,884.3	\$3,472,949	\$1,843.10	486.5	\$949,436	\$1,951.37	1.059
HCBS, Age <65, with SPMI	9,481.4	\$9,415,188	\$993.02	3,613.8	\$3,921,380	\$1,085.10	1.093
HCBS, Age <65, no SPMI	14,761.8	\$12,491,604	\$846.21	5,618.6	\$6,888,674	\$1,226.05	1.449
Community, Age <65, with SPMI	8,334.4	\$5,981,672	\$717.71	2,881.8	\$2,083,561	\$723.01	1.007
Community, Age <65, no SPMI	15,419.8	\$7,951,325	\$515.66	5,402.7	\$4,522,645	\$837.10	1.623

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	55,408.0	\$52,106,263	\$940.41	22,172.1	\$23,788,724	\$1,072.91	1.141
Facility, Age 65+, with SPMI	792.0	\$1,421,482	\$1,794.80	270.7	\$469,006	\$1,732.88	0.965
Facility, Age 65+, no SPMI	5,589.0	\$7,396,153	\$1,323.34	1,455.2	\$2,013,754	\$1,383.79	1.046
HCBS, Age 65+, with SPMI	1,290.0	\$2,050,293	\$1,589.37	513.1	\$832,620	\$1,622.85	1.021
HCBS, Age 65+, no SPMI	7,327.0	\$9,029,509	\$1,232.37	2,913.8	\$4,823,517	\$1,655.42	1.343
Community, Age 65+, with SPMI	735.3	\$692,796	\$942.20	340.2	\$394,899	\$1,160.81	1.232
Community, Age 65+, no SPMI	9,568.4	\$5,113,996	\$534.47	4,208.9	\$3,500,116	\$831.59	1.556
Facility, Age <65, with SPMI	637.0	\$1,477,523	\$2,319.50	232.4	\$469,274	\$2,019.08	0.870
Facility, Age <65, no SPMI	940.0	\$1,512,691	\$1,609.25	354.9	\$628,376	\$1,770.74	1.100
HCBS, Age <65, with SPMI	5,641.2	\$6,314,163	\$1,119.30	2,394.5	\$2,663,549	\$1,112.37	0.994
HCBS, Age <65, no SPMI	8,603.9	\$8,167,777	\$949.32	3,618.6	\$3,819,911	\$1,055.63	1.112
Community, Age <65, with SPMI	5,258.2	\$3,697,825	\$703.26	2,166.7	\$1,609,115	\$742.64	1.056
Community, Age <65, no SPMI	9,026.2	\$5,232,056	\$579.65	3,703.2	\$2,564,587	\$692.54	1.195
<i>Intervention Group</i>	55,408.0	\$42,410,236	\$765.42	22,172.1	\$21,558,230	\$972.31	1.270
Facility, Age 65+, with SPMI	792.0	\$1,726,558	\$2,180.00	270.7	\$290,447	\$1,073.14	0.492
Facility, Age 65+, no SPMI	5,589.0	\$6,098,202	\$1,091.11	1,455.2	\$1,463,236	\$1,005.49	0.922
HCBS, Age 65+, with SPMI	1,290.0	\$1,495,859	\$1,159.58	513.1	\$1,040,802	\$2,028.62	1.749
HCBS, Age 65+, no SPMI	7,327.0	\$7,341,120	\$1,001.93	2,913.8	\$3,782,382	\$1,298.11	1.296
Community, Age 65+, with SPMI	735.3	\$360,396	\$490.13	340.2	\$233,027	\$684.98	1.398
Community, Age 65+, no SPMI	9,568.4	\$4,900,864	\$512.19	4,208.9	\$3,803,729	\$903.72	1.764
Facility, Age <65, with SPMI	637.0	\$996,375	\$1,564.17	232.4	\$253,236	\$1,089.57	0.697
Facility, Age <65, no SPMI	940.0	\$2,045,963	\$2,176.56	354.9	\$681,414	\$1,920.20	0.882
HCBS, Age <65, with SPMI	5,641.2	\$3,787,057	\$671.33	2,394.5	\$2,191,492	\$915.23	1.363
HCBS, Age <65, no SPMI	8,603.9	\$6,366,161	\$739.92	3,618.6	\$3,410,923	\$942.61	1.274
Community, Age <65, with SPMI	5,258.2	\$3,289,816	\$625.66	2,166.7	\$1,515,734	\$699.55	1.118
Community, Age <65, no SPMI	9,026.2	\$4,001,864	\$443.36	3,703.2	\$2,891,808	\$780.90	1.761

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	55,408.0	\$52,106,263	\$940.41	19,076.7	\$20,447,918	\$1,071.88	1.140
Facility, Age 65+, with SPMI	792.0	\$1,421,482	\$1,794.80	188.7	\$307,894	\$1,631.96	0.909
Facility, Age 65+, no SPMI	5,589.0	\$7,396,153	\$1,323.34	1,038.7	\$1,462,454	\$1,408.00	1.064
HCBS, Age 65+, with SPMI	1,290.0	\$2,050,293	\$1,589.37	444.6	\$738,104	\$1,660.23	1.045
HCBS, Age 65+, no SPMI	7,327.0	\$9,029,509	\$1,232.37	2,391.8	\$4,207,855	\$1,759.26	1.428
Community, Age 65+, with SPMI	735.3	\$692,796	\$942.20	308.0	\$403,520	\$1,310.13	1.391
Community, Age 65+, no SPMI	9,568.4	\$5,113,996	\$534.47	3,728.0	\$3,235,315	\$867.84	1.624
Facility, Age <65, with SPMI	637.0	\$1,477,523	\$2,319.50	212.0	\$420,917	\$1,985.79	0.856
Facility, Age <65, no SPMI	940.0	\$1,512,691	\$1,609.25	289.4	\$509,104	\$1,759.37	1.093
HCBS, Age <65, with SPMI	5,641.2	\$6,314,163	\$1,119.30	2,079.8	\$2,216,499	\$1,065.71	0.952
HCBS, Age <65, no SPMI	8,603.9	\$8,167,777	\$949.32	3,266.5	\$3,134,542	\$959.61	1.011
Community, Age <65, with SPMI	5,258.2	\$3,697,825	\$703.26	1,969.3	\$1,537,067	\$780.53	1.110
Community, Age <65, no SPMI	9,026.2	\$5,232,056	\$579.65	3,160.0	\$2,274,648	\$719.82	1.242
<i>Intervention Group</i>	55,408.0	\$42,410,236	\$765.42	19,076.7	\$19,791,237	\$1,037.45	1.355
Facility, Age 65+, with SPMI	792.0	\$1,726,558	\$2,180.00	188.7	\$303,427	\$1,608.28	0.738
Facility, Age 65+, no SPMI	5,589.0	\$6,098,202	\$1,091.11	1,038.7	\$1,254,194	\$1,207.50	1.107
HCBS, Age 65+, with SPMI	1,290.0	\$1,495,859	\$1,159.58	444.6	\$793,690	\$1,785.26	1.540
HCBS, Age 65+, no SPMI	7,327.0	\$7,341,120	\$1,001.93	2,391.8	\$3,558,445	\$1,487.74	1.485
Community, Age 65+, with SPMI	735.3	\$360,396	\$490.13	308.0	\$229,673	\$745.69	1.521
Community, Age 65+, no SPMI	9,568.4	\$4,900,864	\$512.19	3,728.0	\$3,444,454	\$923.93	1.804
Facility, Age <65, with SPMI	637.0	\$996,375	\$1,564.17	212.0	\$559,285	\$2,638.58	1.687
Facility, Age <65, no SPMI	940.0	\$2,045,963	\$2,176.56	289.4	\$860,669	\$2,974.32	1.367
HCBS, Age <65, with SPMI	5,641.2	\$3,787,057	\$671.33	2,079.8	\$1,801,956	\$866.39	1.291
HCBS, Age <65, no SPMI	8,603.9	\$6,366,161	\$739.92	3,266.5	\$3,004,821	\$919.90	1.243
Community, Age <65, with SPMI	5,258.2	\$3,289,816	\$625.66	1,969.3	\$1,148,626	\$583.28	0.932
Community, Age <65, no SPMI	9,026.2	\$4,001,864	\$443.36	3,160.0	\$2,831,997	\$896.19	2.021

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	46,574.5	\$41,175,640	\$884.08	19,078.3	\$19,367,892	\$1,015.18	1.148
Facility, age 65+, with SPMI	1,163.0	\$2,085,827	\$1,793.49	369.1	\$639,310	\$1,731.97	0.966
Facility, age 65+, no SPMI	3,853.0	\$5,110,058	\$1,326.25	1,018.4	\$1,407,329	\$1,381.95	1.042
HCBS, age 65+, with SPMI	665.0	\$1,065,766	\$1,602.66	290.3	\$470,672	\$1,621.17	1.012
HCBS, age 65+, no SPMI	4,494.3	\$5,546,722	\$1,234.17	1,793.3	\$2,968,107	\$1,655.10	1.341
Community, age 65+, with SPMI	396.0	\$378,324	\$955.36	176.0	\$204,121	\$1,159.78	1.214
Community, age 65+, no SPMI	10,508.7	\$5,615,685	\$534.38	4,617.6	\$3,840,652	\$831.75	1.556
Facility, age <65, with SPMI	599.0	\$1,386,905	\$2,315.37	258.4	\$522,158	\$2,020.99	0.873
Facility, age <65, no SPMI	877.0	\$1,402,178	\$1,598.83	302.7	\$535,529	\$1,769.45	1.107
HCBS, age <65, with SPMI	3,446.1	\$3,867,176	\$1,122.18	1,500.8	\$1,668,123	\$1,111.51	0.990
HCBS, age <65, no SPMI	5,958.8	\$5,662,598	\$950.30	2,634.7	\$2,780,271	\$1,055.24	1.110
Community, age <65, with SPMI	4,610.1	\$3,245,754	\$704.05	1,888.8	\$1,402,753	\$742.68	1.055
Community, age <65, no SPMI	10,003.5	\$5,808,647	\$580.66	4,228.3	\$2,928,867	\$692.68	1.193
<i>Intervention Group</i>	46,574.5	\$27,726,867	\$595.32	19,078.3	\$15,288,093	\$801.33	1.346
Facility, age 65+, with SPMI	1,163.0	\$1,733,609	\$1,490.64	369.1	\$656,725	\$1,779.15	1.194
Facility, age 65+, no SPMI	3,853.0	\$4,704,830	\$1,221.08	1,018.4	\$1,351,222	\$1,326.86	1.087
HCBS, age 65+, with SPMI	665.0	\$648,287	\$974.87	290.3	\$601,782	\$2,072.76	2.126
HCBS, age 65+, no SPMI	4,494.3	\$3,609,624	\$803.16	1,793.3	\$2,839,927	\$1,583.63	1.972
Community, age 65+, with SPMI	396.0	\$215,743	\$544.80	176.0	\$114,719	\$651.81	1.196
Community, age 65+, no SPMI	10,508.7	\$3,262,478	\$310.45	4,617.6	\$2,536,554	\$549.33	1.769
Facility, age <65, with SPMI	599.0	\$608,340	\$1,015.59	258.4	\$348,271	\$1,347.97	1.327
Facility, age <65, no SPMI	877.0	\$897,554	\$1,023.44	302.7	\$458,821	\$1,516.00	1.481
HCBS, age <65, with SPMI	3,446.1	\$2,585,144	\$750.16	1,500.8	\$1,414,659	\$942.62	1.257
HCBS, age <65, no SPMI	5,958.8	\$3,191,899	\$535.66	2,634.7	\$1,760,878	\$668.33	1.248
Community, age <65, with SPMI	4,610.1	\$2,760,329	\$598.76	1,888.8	\$962,103	\$509.38	0.851
Community, age <65, no SPMI	10,003.5	\$3,509,030	\$350.78	4,228.3	\$2,242,431	\$530.34	1.512

Table 3.D.2 -- MEDICARE

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	46,574.5	\$41,175,640	\$884.08	16,459.3	\$16,726,596	\$1,016.24	1.149
Facility, age 65+, with SPMI	1,163.0	\$2,085,827	\$1,793.49	274.1	\$447,615	\$1,633.17	0.911
Facility, age 65+, no SPMI	3,853.0	\$5,110,058	\$1,326.25	707.1	\$995,423	\$1,407.83	1.062
HCBS, age 65+, with SPMI	665.0	\$1,065,766	\$1,602.66	214.4	\$354,286	\$1,652.71	1.031
HCBS, age 65+, no SPMI	4,494.3	\$5,546,722	\$1,234.17	1,546.7	\$2,720,590	\$1,759.00	1.425
Community, age 65+, with SPMI	396.0	\$378,324	\$955.36	139.6	\$183,444	\$1,314.25	1.376
Community, age 65+, no SPMI	10,508.7	\$5,615,685	\$534.38	3,937.1	\$3,415,475	\$867.51	1.623
Facility, age <65, with SPMI	599.0	\$1,386,905	\$2,315.37	216.0	\$430,182	\$1,991.58	0.860
Facility, age <65, no SPMI	877.0	\$1,402,178	\$1,598.83	251.1	\$438,558	\$1,746.40	1.092
HCBS, age <65, with SPMI	3,446.1	\$3,867,176	\$1,122.18	1,355.5	\$1,444,411	\$1,065.60	0.950
HCBS, age <65, no SPMI	5,958.8	\$5,662,598	\$950.30	2,377.6	\$2,279,528	\$958.76	1.009
Community, age <65, with SPMI	4,610.1	\$3,245,754	\$704.05	1,685.8	\$1,313,781	\$779.31	1.107
Community, age <65, no SPMI	10,003.5	\$5,808,647	\$580.66	3,754.4	\$2,703,304	\$720.03	1.240
<i>Intervention Group</i>	46,574.5	\$27,726,867	\$595.32	16,459.3	\$12,718,113	\$772.70	1.298
Facility, age 65+, with SPMI	1,163.0	\$1,733,609	\$1,490.64	274.1	\$408,333	\$1,489.84	0.999
Facility, age 65+, no SPMI	3,853.0	\$4,704,830	\$1,221.08	707.1	\$814,005	\$1,151.25	0.943
HCBS, age 65+, with SPMI	665.0	\$648,287	\$974.87	214.4	\$364,614	\$1,700.89	1.745
HCBS, age 65+, no SPMI	4,494.3	\$3,609,624	\$803.16	1,546.7	\$2,366,620	\$1,530.14	1.905
Community, age 65+, with SPMI	396.0	\$215,743	\$544.80	139.6	\$41,942	\$300.49	0.552
Community, age 65+, no SPMI	10,508.7	\$3,262,478	\$310.45	3,937.1	\$2,079,172	\$528.10	1.701
Facility, age <65, with SPMI	599.0	\$608,340	\$1,015.59	216.0	\$106,875	\$494.79	0.487
Facility, age <65, no SPMI	877.0	\$897,554	\$1,023.44	251.1	\$379,256	\$1,510.25	1.476
HCBS, age <65, with SPMI	3,446.1	\$2,585,144	\$750.16	1,355.5	\$1,251,396	\$923.20	1.231
HCBS, age <65, no SPMI	5,958.8	\$3,191,899	\$535.66	2,377.6	\$2,003,897	\$842.83	1.573
Community, age <65, with SPMI	4,610.1	\$2,760,329	\$598.76	1,685.8	\$824,892	\$489.31	0.817
Community, age <65, no SPMI	10,003.5	\$3,509,030	\$350.78	3,754.4	\$2,077,111	\$553.24	1.577

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	45,588.1	\$44,208,154	\$969.73	19,055.1	\$20,575,997	\$1,079.82	1.114
Facility, age 65+, with SPMI	1,272.0	\$2,285,171	\$1,796.52	410.7	\$712,420	\$1,734.61	0.966
Facility, age 65+, no SPMI	5,079.0	\$6,730,264	\$1,325.12	1,572.1	\$2,174,226	\$1,383.02	1.044
HCBS, age 65+, with SPMI	803.0	\$1,287,738	\$1,603.66	364.8	\$594,760	\$1,630.37	1.017
HCBS, age 65+, no SPMI	5,047.4	\$6,238,610	\$1,236.01	2,113.6	\$3,498,755	\$1,655.34	1.339
Community, age 65+, with SPMI	270.9	\$253,107	\$934.20	91.6	\$106,073	\$1,158.24	1.240
Community, age 65+, no SPMI	8,057.1	\$4,318,554	\$535.99	3,583.4	\$2,979,347	\$831.42	1.551
Facility, age <65, with SPMI	1,441.0	\$3,344,692	\$2,321.09	561.2	\$1,139,467	\$2,030.44	0.875
Facility, age <65, no SPMI	1,107.7	\$1,788,599	\$1,614.68	354.6	\$632,482	\$1,783.75	1.105
HCBS, age <65, with SPMI	3,846.0	\$4,308,109	\$1,120.15	1,707.5	\$1,899,486	\$1,112.43	0.993
HCBS, age <65, no SPMI	6,468.0	\$6,141,346	\$949.50	2,767.8	\$2,925,400	\$1,056.92	1.113
Community, age <65, with SPMI	3,510.7	\$2,470,194	\$703.61	1,666.9	\$1,238,606	\$743.04	1.056
Community, age <65, no SPMI	8,685.3	\$5,041,770	\$580.49	3,860.8	\$2,674,975	\$692.86	1.194
<i>Intervention Group</i>	45,588.1	\$31,824,255	\$698.08	19,055.1	\$17,396,857	\$912.98	1.308
Facility, age 65+, with SPMI	1,272.0	\$2,095,465	\$1,647.38	410.7	\$520,997	\$1,268.53	0.770
Facility, age 65+, no SPMI	5,079.0	\$5,066,575	\$997.55	1,572.1	\$1,839,300	\$1,169.97	1.173
HCBS, age 65+, with SPMI	803.0	\$872,021	\$1,085.95	364.8	\$638,203	\$1,749.46	1.611
HCBS, age 65+, no SPMI	5,047.4	\$5,588,400	\$1,107.19	2,113.6	\$3,798,328	\$1,797.07	1.623
Community, age 65+, with SPMI	270.9	\$268,466	\$990.89	91.6	\$141,308	\$1,542.99	1.557
Community, age 65+, no SPMI	8,057.1	\$2,290,647	\$284.30	3,583.4	\$2,301,097	\$642.15	2.259
Facility, age <65, with SPMI	1,441.0	\$2,145,348	\$1,488.79	561.2	\$733,786	\$1,307.55	0.878
Facility, age <65, no SPMI	1,107.7	\$1,622,243	\$1,464.50	354.6	\$399,896	\$1,127.80	0.770
HCBS, age <65, with SPMI	3,846.0	\$2,342,412	\$609.05	1,707.5	\$1,440,825	\$843.82	1.385
HCBS, age <65, no SPMI	6,468.0	\$4,357,744	\$673.74	2,767.8	\$2,030,323	\$733.54	1.089
Community, age <65, with SPMI	3,510.7	\$1,838,256	\$523.61	1,666.9	\$1,429,119	\$857.33	1.637
Community, age <65, no SPMI	8,685.3	\$3,336,679	\$384.18	3,860.8	\$2,123,676	\$550.07	1.432

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	45,588.1	\$44,208,154	\$969.73	16,257.1	\$17,302,686	\$1,064.31	1.098
Facility, age 65+, with SPMI	1,272.0	\$2,285,171	\$1,796.52	309.3	\$503,619	\$1,628.25	0.906
Facility, age 65+, no SPMI	5,079.0	\$6,730,264	\$1,325.12	988.9	\$1,389,283	\$1,404.89	1.060
HCBS, age 65+, with SPMI	803.0	\$1,287,738	\$1,603.66	314.8	\$521,852	\$1,657.55	1.034
HCBS, age 65+, no SPMI	5,047.4	\$6,238,610	\$1,236.01	1,657.5	\$2,916,193	\$1,759.35	1.423
Community, age 65+, with SPMI	270.9	\$253,107	\$934.20	62.6	\$81,727	\$1,305.28	1.397
Community, age 65+, no SPMI	8,057.1	\$4,318,554	\$535.99	3,113.5	\$2,701,307	\$867.61	1.619
Facility, age <65, with SPMI	1,441.0	\$3,344,692	\$2,321.09	465.8	\$926,755	\$1,989.60	0.857
Facility, age <65, no SPMI	1,107.7	\$1,788,599	\$1,614.68	286.4	\$500,734	\$1,748.45	1.083
HCBS, age <65, with SPMI	3,846.0	\$4,308,109	\$1,120.15	1,564.5	\$1,665,835	\$1,064.78	0.951
HCBS, age <65, no SPMI	6,468.0	\$6,141,346	\$949.50	2,528.1	\$2,426,773	\$959.92	1.011
Community, age <65, with SPMI	3,510.7	\$2,470,194	\$703.61	1,552.0	\$1,211,019	\$780.31	1.109
Community, age <65, no SPMI	8,685.3	\$5,041,770	\$580.49	3,413.7	\$2,457,589	\$719.92	1.240
<i>Intervention Group</i>	45,588.1	\$31,824,255	\$698.08	16,257.1	\$15,996,285	\$983.96	1.410
Facility, age 65+, with SPMI	1,272.0	\$2,095,465	\$1,647.38	309.3	\$516,692	\$1,670.52	1.014
Facility, age 65+, no SPMI	5,079.0	\$5,066,575	\$997.55	988.9	\$1,054,613	\$1,066.46	1.069
HCBS, age 65+, with SPMI	803.0	\$872,021	\$1,085.95	314.8	\$669,646	\$2,126.99	1.959
HCBS, age 65+, no SPMI	5,047.4	\$5,588,400	\$1,107.19	1,657.5	\$3,520,676	\$2,124.03	1.918
Community, age 65+, with SPMI	270.9	\$268,466	\$990.89	62.6	\$69,575	\$1,111.19	1.121
Community, age 65+, no SPMI	8,057.1	\$2,290,647	\$284.30	3,113.5	\$1,949,755	\$626.22	2.203
Facility, age <65, with SPMI	1,441.0	\$2,145,348	\$1,488.79	465.8	\$604,225	\$1,297.18	0.871
Facility, age <65, no SPMI	1,107.7	\$1,622,243	\$1,464.50	286.4	\$588,302	\$2,054.22	1.403
HCBS, age <65, with SPMI	3,846.0	\$2,342,412	\$609.05	1,564.5	\$1,148,797	\$734.30	1.206
HCBS, age <65, no SPMI	6,468.0	\$4,357,744	\$673.74	2,528.1	\$2,832,699	\$1,120.48	1.663
Community, age <65, with SPMI	3,510.7	\$1,838,256	\$523.61	1,552.0	\$1,209,438	\$779.29	1.488
Community, age <65, no SPMI	8,685.3	\$3,336,679	\$384.18	3,413.7	\$1,831,866	\$536.63	1.397

Table 3.F.1 -- MEDICARE

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	44,480.5	\$42,842,679	\$963.18	18,540.9	\$20,263,379	\$1,092.90	1.135
Facility, age 65+, with SPMI	1,459.0	\$2,624,299	\$1,798.70	488.3	\$844,936	\$1,730.40	0.962
Facility, age 65+, no SPMI	4,830.8	\$6,430,698	\$1,331.19	1,642.8	\$2,273,535	\$1,383.98	1.040
HCBS, age 65+, with SPMI	1,119.0	\$1,795,508	\$1,604.57	433.2	\$706,686	\$1,631.23	1.017
HCBS, age 65+, no SPMI	5,586.0	\$6,905,203	\$1,236.16	2,314.4	\$3,830,660	\$1,655.15	1.339
Community, age 65+, with SPMI	498.0	\$474,348	\$952.51	237.0	\$273,959	\$1,155.95	1.214
Community, age 65+, no SPMI	8,723.6	\$4,672,560	\$535.62	3,883.5	\$3,228,415	\$831.32	1.552
Facility, age <65, with SPMI	1,030.0	\$2,393,427	\$2,323.72	415.2	\$844,854	\$2,034.65	0.876
Facility, age <65, no SPMI	1,059.0	\$1,711,648	\$1,616.29	411.0	\$726,867	\$1,768.53	1.094
HCBS, age <65, with SPMI	3,175.7	\$3,562,848	\$1,121.92	1,437.4	\$1,600,547	\$1,113.54	0.993
HCBS, age <65, no SPMI	5,133.2	\$4,878,840	\$950.45	2,234.6	\$2,358,973	\$1,055.66	1.111
Community, age <65, with SPMI	3,996.4	\$2,817,270	\$704.95	1,580.8	\$1,174,682	\$743.11	1.054
Community, age <65, no SPMI	7,869.9	\$4,576,030	\$581.46	3,462.8	\$2,399,264	\$692.87	1.192
<i>Intervention Group</i>	44,480.5	\$43,162,177	\$970.36	18,540.9	\$19,519,192	\$1,052.77	1.085
Facility, age 65+, with SPMI	1,459.0	\$2,966,976	\$2,033.57	488.3	\$525,081	\$1,075.35	0.529
Facility, age 65+, no SPMI	4,830.8	\$7,189,518	\$1,488.27	1,642.8	\$2,271,980	\$1,383.03	0.929
HCBS, age 65+, with SPMI	1,119.0	\$1,789,518	\$1,599.21	433.2	\$657,348	\$1,517.35	0.949
HCBS, age 65+, no SPMI	5,586.0	\$5,534,347	\$990.75	2,314.4	\$2,576,323	\$1,113.18	1.124
Community, age 65+, with SPMI	498.0	\$347,198	\$697.19	237.0	\$137,195	\$578.88	0.830
Community, age 65+, no SPMI	8,723.6	\$3,609,715	\$413.79	3,883.5	\$2,712,481	\$698.47	1.688
Facility, age <65, with SPMI	1,030.0	\$1,787,558	\$1,735.49	415.2	\$668,040	\$1,608.83	0.927
Facility, age <65, no SPMI	1,059.0	\$2,770,882	\$2,616.51	411.0	\$803,969	\$1,956.13	0.748
HCBS, age <65, with SPMI	3,175.7	\$2,747,720	\$865.24	1,437.4	\$1,778,854	\$1,237.59	1.430
HCBS, age <65, no SPMI	5,133.2	\$5,121,801	\$997.78	2,234.6	\$2,563,658	\$1,147.26	1.150
Community, age <65, with SPMI	3,996.4	\$2,891,240	\$723.45	1,580.8	\$1,953,231	\$1,235.62	1.708
Community, age <65, no SPMI	7,869.9	\$6,405,704	\$813.95	3,462.8	\$2,871,033	\$829.11	1.019

Table 3.F.2 -- MEDICARE

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	44,480.5	\$42,842,679	\$963.18	15,897.2	\$17,382,856	\$1,093.45	1.135
Facility, age 65+, with SPMI	1,459.0	\$2,624,299	\$1,798.70	342.6	\$558,039	\$1,628.60	0.905
Facility, age 65+, no SPMI	4,830.8	\$6,430,698	\$1,331.19	1,168.4	\$1,642,574	\$1,405.83	1.056
HCBS, age 65+, with SPMI	1,119.0	\$1,795,508	\$1,604.57	388.5	\$644,841	\$1,660.03	1.035
HCBS, age 65+, no SPMI	5,586.0	\$6,905,203	\$1,236.16	1,873.4	\$3,296,087	\$1,759.38	1.423
Community, age 65+, with SPMI	498.0	\$474,348	\$952.51	196.4	\$257,197	\$1,309.43	1.375
Community, age 65+, no SPMI	8,723.6	\$4,672,560	\$535.62	3,418.0	\$2,964,942	\$867.44	1.619
Facility, age <65, with SPMI	1,030.0	\$2,393,427	\$2,323.72	389.1	\$773,523	\$1,988.16	0.856
Facility, age <65, no SPMI	1,059.0	\$1,711,648	\$1,616.29	384.1	\$672,665	\$1,751.29	1.084
HCBS, age <65, with SPMI	3,175.7	\$3,562,848	\$1,121.92	1,261.2	\$1,344,084	\$1,065.76	0.950
HCBS, age <65, no SPMI	5,133.2	\$4,878,840	\$950.45	2,024.1	\$1,939,924	\$958.41	1.008
Community, age <65, with SPMI	3,996.4	\$2,817,270	\$704.95	1,394.9	\$1,087,819	\$779.84	1.106
Community, age <65, no SPMI	7,869.9	\$4,576,030	\$581.46	3,056.4	\$2,201,160	\$720.17	1.239
<i>Intervention Group</i>	44,480.5	\$43,162,177	\$970.36	15,897.2	\$17,205,867	\$1,082.32	1.115
Facility, age 65+, with SPMI	1,459.0	\$2,966,976	\$2,033.57	342.6	\$615,791	\$1,797.14	0.884
Facility, age 65+, no SPMI	4,830.8	\$7,189,518	\$1,488.27	1,168.4	\$1,938,536	\$1,659.14	1.115
HCBS, age 65+, with SPMI	1,119.0	\$1,789,518	\$1,599.21	388.5	\$716,418	\$1,844.29	1.153
HCBS, age 65+, no SPMI	5,586.0	\$5,534,347	\$990.75	1,873.4	\$2,316,073	\$1,236.27	1.248
Community, age 65+, with SPMI	498.0	\$347,198	\$697.19	196.4	\$148,849	\$757.81	1.087
Community, age 65+, no SPMI	8,723.6	\$3,609,715	\$413.79	3,418.0	\$2,253,933	\$659.42	1.594
Facility, age <65, with SPMI	1,030.0	\$1,787,558	\$1,735.49	389.1	\$717,881	\$1,845.15	1.063
Facility, age <65, no SPMI	1,059.0	\$2,770,882	\$2,616.51	384.1	\$761,092	\$1,981.51	0.757
HCBS, age <65, with SPMI	3,175.7	\$2,747,720	\$865.24	1,261.2	\$1,203,059	\$953.93	1.103
HCBS, age <65, no SPMI	5,133.2	\$5,121,801	\$997.78	2,024.1	\$2,857,611	\$1,411.78	1.415
Community, age <65, with SPMI	3,996.4	\$2,891,240	\$723.45	1,394.9	\$1,519,138	\$1,089.04	1.505
Community, age <65, no SPMI	7,869.9	\$6,405,704	\$813.95	3,056.4	\$2,157,486	\$705.88	0.867

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	29,837.7	\$31,589,659	\$1,058.72	12,513.0	\$14,829,103	\$1,185.10	1.119
Facility, age 65+, with SPMI	1,177.0	\$2,112,200	\$1,794.56	383.8	\$665,623	\$1,734.31	0.966
Facility, age 65+, no SPMI	3,794.0	\$5,039,275	\$1,328.22	1,121.7	\$1,551,579	\$1,383.18	1.041
HCBS, age 65+, with SPMI	786.7	\$1,258,363	\$1,599.61	394.3	\$641,694	\$1,627.49	1.017
HCBS, age 65+, no SPMI	4,851.7	\$5,978,998	\$1,232.36	2,146.8	\$3,552,680	\$1,654.85	1.343
Community, age 65+, with SPMI	210.7	\$198,960	\$944.28	90.6	\$105,002	\$1,158.80	1.227
Community, age 65+, no SPMI	3,548.2	\$1,895,608	\$534.24	1,598.2	\$1,329,064	\$831.59	1.557
Facility, age <65, with SPMI	742.9	\$1,725,230	\$2,322.38	320.1	\$646,658	\$2,020.19	0.870
Facility, age <65, no SPMI	1,148.0	\$1,843,914	\$1,606.20	440.1	\$780,518	\$1,773.35	1.104
HCBS, age <65, with SPMI	2,499.4	\$2,795,442	\$1,118.45	1,036.3	\$1,155,210	\$1,114.73	0.997
HCBS, age <65, no SPMI	5,572.1	\$5,289,254	\$949.24	2,488.0	\$2,625,506	\$1,055.28	1.112
Community, age <65, with SPMI	2,060.0	\$1,449,905	\$703.84	967.7	\$719,031	\$743.02	1.056
Community, age <65, no SPMI	3,447.1	\$2,002,510	\$580.93	1,525.2	\$1,056,538	\$692.70	1.192
<i>Intervention Group</i>	29,837.7	\$40,125,617	\$1,344.80	12,513.0	\$18,487,811	\$1,477.49	1.099
Facility, age 65+, with SPMI	1,177.0	\$2,459,603	\$2,089.72	383.8	\$604,928	\$1,576.17	0.754
Facility, age 65+, no SPMI	3,794.0	\$6,159,450	\$1,623.47	1,121.7	\$1,697,419	\$1,513.19	0.932
HCBS, age 65+, with SPMI	786.7	\$958,356	\$1,218.25	394.3	\$855,874	\$2,170.70	1.782
HCBS, age 65+, no SPMI	4,851.7	\$5,321,713	\$1,096.89	2,146.8	\$3,097,828	\$1,442.98	1.316
Community, age 65+, with SPMI	210.7	\$237,961	\$1,129.38	90.6	\$76,779	\$847.33	0.750
Community, age 65+, no SPMI	3,548.2	\$2,205,104	\$621.46	1,598.2	\$1,272,915	\$796.46	1.282
Facility, age <65, with SPMI	742.9	\$1,910,239	\$2,571.43	320.1	\$834,550	\$2,607.18	1.014
Facility, age <65, no SPMI	1,148.0	\$2,919,557	\$2,543.17	440.1	\$934,040	\$2,122.15	0.834
HCBS, age <65, with SPMI	2,499.4	\$3,146,495	\$1,258.91	1,036.3	\$1,362,647	\$1,314.90	1.044
HCBS, age <65, no SPMI	5,572.1	\$7,498,286	\$1,345.69	2,488.0	\$4,025,058	\$1,617.81	1.202
Community, age <65, with SPMI	2,060.0	\$2,353,261	\$1,142.36	967.7	\$1,258,376	\$1,300.36	1.138
Community, age <65, no SPMI	3,447.1	\$4,955,593	\$1,437.63	1,525.2	\$2,467,396	\$1,617.71	1.125

Table 3.G.2 -- MEDICARE

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	29,837.7	\$31,589,659	\$1,058.72	10,405.3	\$12,143,722	\$1,167.07	1.102
Facility, age 65+, with SPMI	1,177.0	\$2,112,200	\$1,794.56	290.2	\$473,601	\$1,632.20	0.910
Facility, age 65+, no SPMI	3,794.0	\$5,039,275	\$1,328.22	699.4	\$981,654	\$1,403.47	1.057
HCBS, age 65+, with SPMI	786.7	\$1,258,363	\$1,599.61	296.7	\$492,857	\$1,661.26	1.039
HCBS, age 65+, no SPMI	4,851.7	\$5,978,998	\$1,232.36	1,760.0	\$3,096,367	\$1,759.32	1.428
Community, age 65+, with SPMI	210.7	\$198,960	\$944.28	73.0	\$96,119	\$1,316.69	1.394
Community, age 65+, no SPMI	3,548.2	\$1,895,608	\$534.24	1,378.5	\$1,196,320	\$867.83	1.624
Facility, age <65, with SPMI	742.9	\$1,725,230	\$2,322.38	220.8	\$439,923	\$1,992.05	0.858
Facility, age <65, no SPMI	1,148.0	\$1,843,914	\$1,606.20	362.7	\$636,372	\$1,754.36	1.092
HCBS, age <65, with SPMI	2,499.4	\$2,795,442	\$1,118.45	909.1	\$968,167	\$1,064.95	0.952
HCBS, age <65, no SPMI	5,572.1	\$5,289,254	\$949.24	2,227.1	\$2,136,684	\$959.42	1.011
Community, age <65, with SPMI	2,060.0	\$1,449,905	\$703.84	861.3	\$671,180	\$779.26	1.107
Community, age <65, no SPMI	3,447.1	\$2,002,510	\$580.93	1,326.5	\$954,477	\$719.54	1.239
<i>Intervention Group</i>	29,837.7	\$40,125,617	\$1,344.80	10,405.3	\$15,010,035	\$1,442.53	1.073
Facility, age 65+, with SPMI	1,177.0	\$2,459,603	\$2,089.72	290.2	\$370,490	\$1,276.84	0.611
Facility, age 65+, no SPMI	3,794.0	\$6,159,450	\$1,623.47	699.4	\$765,526	\$1,094.47	0.674
HCBS, age 65+, with SPMI	786.7	\$958,356	\$1,218.25	296.7	\$341,503	\$1,151.09	0.945
HCBS, age 65+, no SPMI	4,851.7	\$5,321,713	\$1,096.89	1,760.0	\$2,621,949	\$1,489.76	1.358
Community, age 65+, with SPMI	210.7	\$237,961	\$1,129.38	73.0	\$188,204	\$2,578.14	2.283
Community, age 65+, no SPMI	3,548.2	\$2,205,104	\$621.46	1,378.5	\$1,128,158	\$818.38	1.317
Facility, age <65, with SPMI	742.9	\$1,910,239	\$2,571.43	220.8	\$515,927	\$2,336.22	0.909
Facility, age <65, no SPMI	1,148.0	\$2,919,557	\$2,543.17	362.7	\$993,783	\$2,739.67	1.077
HCBS, age <65, with SPMI	2,499.4	\$3,146,495	\$1,258.91	909.1	\$1,565,102	\$1,721.56	1.368
HCBS, age <65, no SPMI	5,572.1	\$7,498,286	\$1,345.69	2,227.1	\$3,103,794	\$1,393.68	1.036
Community, age <65, with SPMI	2,060.0	\$2,353,261	\$1,142.36	861.3	\$1,190,215	\$1,381.88	1.210
Community, age <65, no SPMI	3,447.1	\$4,955,593	\$1,437.63	1,326.5	\$2,225,384	\$1,677.61	1.167

Table 3.H.1 -- MEDICARE

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	396,487.8	\$364,888,557	\$920.30	164,474.9	\$172,249,932	\$1,047.27	1.138
Facility, age 65+, with SPMI	8,622.1	\$15,478,168	\$1,795.17	2,772.0	\$4,801,950	\$1,732.30	0.965
Facility, age 65+, no SPMI	30,621.8	\$40,638,186	\$1,327.10	8,733.4	\$12,080,155	\$1,383.22	1.042
HCBS, age 65+, with SPMI	8,119.3	\$12,972,926	\$1,597.79	3,440.8	\$5,595,452	\$1,626.22	1.018
HCBS, age 65+, no SPMI	43,276.1	\$53,445,245	\$1,234.98	17,779.5	\$29,428,034	\$1,655.16	1.340
Community, age 65+, with SPMI	4,037.7	\$3,827,428	\$947.93	1,711.1	\$1,982,600	\$1,158.65	1.222
Community, age 65+, no SPMI	71,749.1	\$38,452,035	\$535.92	32,021.6	\$26,626,607	\$831.52	1.552
Facility, age <65, with SPMI	6,649.5	\$15,445,057	\$2,322.74	2,679.1	\$5,429,837	\$2,026.73	0.873
Facility, age <65, no SPMI	7,594.0	\$12,277,656	\$1,616.76	2,793.9	\$4,954,921	\$1,773.48	1.097
HCBS, age <65, with SPMI	35,110.5	\$39,342,234	\$1,120.53	15,177.5	\$16,882,569	\$1,112.34	0.993
HCBS, age <65, no SPMI	62,841.3	\$59,725,307	\$950.41	27,767.2	\$29,318,342	\$1,055.86	1.111
Community, age <65, with SPMI	38,178.5	\$26,931,317	\$705.41	15,768.0	\$11,713,184	\$742.84	1.053
Community, age <65, no SPMI	79,687.9	\$46,352,999	\$581.68	33,830.8	\$23,436,281	\$692.75	1.191
<i>Intervention Group</i>	396,487.8	\$319,103,894	\$804.83	164,474.9	\$160,330,809	\$974.80	1.211
Facility, age 65+, with SPMI	8,622.1	\$15,910,102	\$1,845.27	2,772.0	\$3,957,400	\$1,427.63	0.774
Facility, age 65+, no SPMI	30,621.8	\$38,604,268	\$1,260.68	8,733.4	\$10,617,481	\$1,215.74	0.964
HCBS, age 65+, with SPMI	8,119.3	\$9,695,797	\$1,194.17	3,440.8	\$6,075,000	\$1,765.59	1.479
HCBS, age 65+, no SPMI	43,276.1	\$45,434,742	\$1,049.88	17,779.5	\$25,980,126	\$1,461.24	1.392
Community, age 65+, with SPMI	4,037.7	\$2,989,322	\$740.36	1,711.1	\$1,434,255	\$838.19	1.132
Community, age 65+, no SPMI	71,749.1	\$28,145,271	\$392.27	32,021.6	\$21,493,648	\$671.22	1.711
Facility, age <65, with SPMI	6,649.5	\$11,336,929	\$1,704.93	2,679.1	\$4,062,693	\$1,516.43	0.889
Facility, age <65, no SPMI	7,594.0	\$15,057,387	\$1,982.80	2,793.9	\$4,853,911	\$1,737.33	0.876
HCBS, age <65, with SPMI	35,110.5	\$29,437,319	\$838.42	15,177.5	\$15,398,522	\$1,014.56	1.210
HCBS, age <65, no SPMI	62,841.3	\$50,623,375	\$805.57	27,767.2	\$29,124,123	\$1,048.87	1.302
Community, age <65, with SPMI	38,178.5	\$26,315,219	\$689.27	15,768.0	\$13,009,119	\$825.03	1.197
Community, age <65, no SPMI	79,687.9	\$45,554,165	\$571.66	33,830.8	\$24,324,533	\$719.01	1.258

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

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	396,487.8	\$364,888,557	\$920.30	141,730.3	\$147,596,142	\$1,041.39	1.132
Facility, age 65+, with SPMI	8,622.1	\$15,478,168	\$1,795.17	1,929.0	\$3,148,081	\$1,632.01	0.909
Facility, age 65+, no SPMI	30,621.8	\$40,638,186	\$1,327.10	6,020.7	\$8,466,255	\$1,406.19	1.060
HCBS, age 65+, with SPMI	8,119.3	\$12,972,926	\$1,597.79	2,879.7	\$4,774,489	\$1,657.98	1.038
HCBS, age 65+, no SPMI	43,276.1	\$53,445,245	\$1,234.98	14,555.3	\$25,605,993	\$1,759.22	1.424
Community, age 65+, with SPMI	4,037.7	\$3,827,428	\$947.93	1,452.9	\$1,904,805	\$1,311.02	1.383
Community, age 65+, no SPMI	71,749.1	\$38,452,035	\$535.92	27,550.9	\$23,903,310	\$867.61	1.619
Facility, age <65, with SPMI	6,649.5	\$15,445,057	\$2,322.74	2,233.4	\$4,441,808	\$1,988.82	0.856
Facility, age <65, no SPMI	7,594.0	\$12,277,656	\$1,616.76	2,379.9	\$4,171,586	\$1,752.81	1.084
HCBS, age <65, with SPMI	35,110.5	\$39,342,234	\$1,120.53	13,767.1	\$14,670,601	\$1,065.63	0.951
HCBS, age <65, no SPMI	62,841.3	\$59,725,307	\$950.41	25,151.1	\$24,128,921	\$959.36	1.009
Community, age <65, with SPMI	38,178.5	\$26,931,317	\$705.41	14,021.2	\$10,934,685	\$779.87	1.106
Community, age <65, no SPMI	79,687.9	\$46,352,999	\$581.68	29,789.2	\$21,445,609	\$719.91	1.238
<i>Intervention Group</i>	396,487.8	\$319,103,894	\$804.83	141,730.3	\$139,948,223	\$987.43	1.227
Facility, age 65+, with SPMI	8,622.1	\$15,910,102	\$1,845.27	1,929.0	\$3,151,700	\$1,633.88	0.885
Facility, age 65+, no SPMI	30,621.8	\$38,604,268	\$1,260.68	6,020.7	\$7,626,965	\$1,266.79	1.005
HCBS, age 65+, with SPMI	8,119.3	\$9,695,797	\$1,194.17	2,879.7	\$5,056,702	\$1,755.98	1.470
HCBS, age 65+, no SPMI	43,276.1	\$45,434,742	\$1,049.88	14,555.3	\$20,913,607	\$1,436.84	1.369
Community, age 65+, with SPMI	4,037.7	\$2,989,322	\$740.36	1,452.9	\$1,418,660	\$976.42	1.319
Community, age 65+, no SPMI	71,749.1	\$28,145,271	\$392.27	27,550.9	\$18,881,381	\$685.33	1.747
Facility, age <65, with SPMI	6,649.5	\$11,336,929	\$1,704.93	2,233.4	\$3,525,853	\$1,578.70	0.926
Facility, age <65, no SPMI	7,594.0	\$15,057,387	\$1,982.80	2,379.9	\$5,264,094	\$2,211.86	1.116
HCBS, age <65, with SPMI	35,110.5	\$29,437,319	\$838.42	13,767.1	\$13,247,483	\$962.26	1.148
HCBS, age <65, no SPMI	62,841.3	\$50,623,375	\$805.57	25,151.1	\$27,747,651	\$1,103.24	1.370
Community, age <65, with SPMI	38,178.5	\$26,315,219	\$689.27	14,021.2	\$10,710,248	\$763.86	1.108
Community, age <65, no SPMI	79,687.9	\$45,554,165	\$571.66	29,789.2	\$22,403,881	\$752.08	1.316

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

Category of beneficiary	Baseline Period			Demonstration Year 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	82,651.7	\$99,024,459	\$1,198.09	63,751.0	\$76,937,554	\$1,206.84	1.007
Facility, age 65+, with SPMI	3,144.0	\$8,047,906	\$2,559.79	2,111.3	\$3,960,060	\$1,875.61	0.733
Facility, age 65+, no SPMI	5,092.5	\$10,111,416	\$1,985.56	3,616.6	\$5,704,197	\$1,577.22	0.794
HCBS, age 65+, with SPMI	2,816.8	\$6,045,270	\$2,146.15	2,138.0	\$4,153,206	\$1,942.55	0.905
HCBS, age 65+, no SPMI	8,824.5	\$11,883,813	\$1,346.69	7,143.1	\$11,817,966	\$1,654.45	1.229
Community, age 65+, with SPMI	1,373.9	\$1,843,091	\$1,341.47	1,114.2	\$1,343,887	\$1,206.10	0.899
Community, age 65+, no SPMI	14,490.5	\$9,302,296	\$641.96	11,926.2	\$8,948,420	\$750.32	1.169
Facility, age <65, with SPMI	1,548.0	\$5,131,058	\$3,314.64	1,138.7	\$3,680,961	\$3,232.69	0.975
Facility, age <65, no SPMI	909.0	\$2,650,323	\$2,915.65	706.7	\$1,650,341	\$2,335.34	0.801
HCBS, age <65, with SPMI	8,457.0	\$13,559,693	\$1,603.37	6,329.2	\$9,407,553	\$1,486.38	0.927
HCBS, age <65, no SPMI	11,415.4	\$10,504,525	\$920.21	9,195.2	\$9,842,935	\$1,070.44	1.163
Community, age <65, with SPMI	8,922.7	\$8,928,691	\$1,000.67	6,444.0	\$6,807,994	\$1,056.49	1.056
Community, age <65, no SPMI	15,657.5	\$11,016,379	\$703.58	11,887.7	\$9,620,033	\$809.24	1.150
<i>Intervention Group</i>	82,651.7	\$92,329,360	\$1,117.09	63,751.0	\$71,908,515	\$1,127.96	1.010
Facility, age 65+, with SPMI	3,144.0	\$8,558,103	\$2,722.07	2,111.3	\$4,221,788	\$1,999.57	0.735
Facility, age 65+, no SPMI	5,092.5	\$10,436,186	\$2,049.33	3,616.6	\$6,002,102	\$1,659.60	0.810
HCBS, age 65+, with SPMI	2,816.8	\$5,824,753	\$2,067.86	2,138.0	\$3,660,636	\$1,712.16	0.828
HCBS, age 65+, no SPMI	8,824.5	\$11,201,324	\$1,269.35	7,143.1	\$10,793,894	\$1,511.08	1.190
Community, age 65+, with SPMI	1,373.9	\$1,759,294	\$1,280.48	1,114.2	\$1,657,079	\$1,487.18	1.161
Community, age 65+, no SPMI	14,490.5	\$6,141,198	\$423.81	11,926.2	\$6,875,060	\$576.47	1.360
Facility, age <65, with SPMI	1,548.0	\$5,180,007	\$3,346.26	1,138.7	\$2,844,875	\$2,498.42	0.747
Facility, age <65, no SPMI	909.0	\$1,809,719	\$1,990.89	706.7	\$1,832,701	\$2,593.39	1.303
HCBS, age <65, with SPMI	8,457.0	\$11,028,967	\$1,304.13	6,329.2	\$8,324,919	\$1,315.32	1.009
HCBS, age <65, no SPMI	11,415.4	\$10,884,453	\$953.49	9,195.2	\$9,660,328	\$1,050.58	1.102
Community, age <65, with SPMI	8,922.7	\$8,971,755	\$1,005.50	6,444.0	\$6,773,876	\$1,051.20	1.045
Community, age <65, no SPMI	15,657.5	\$10,533,601	\$672.75	11,887.7	\$9,261,257	\$779.06	1.158

Table 3.1.2 -- MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Year 3, by category of beneficiary: Cohort 2

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	82,651.7	\$99,024,459	\$1,198.09	55,487.9	\$65,711,343	\$1,184.25	0.988
Facility, age 65+, with SPMI	3,144.0	\$8,047,906	\$2,559.79	1,549.8	\$3,036,788	\$1,959.45	0.765
Facility, age 65+, no SPMI	5,092.5	\$10,111,416	\$1,985.56	2,430.4	\$3,364,635	\$1,384.42	0.697
HCBS, age 65+, with SPMI	2,816.8	\$6,045,270	\$2,146.15	1,891.1	\$3,803,459	\$2,011.22	0.937
HCBS, age 65+, no SPMI	8,824.5	\$11,883,813	\$1,346.69	6,259.4	\$12,302,863	\$1,965.50	1.459
Community, age 65+, with SPMI	1,373.9	\$1,843,091	\$1,341.47	1,017.5	\$1,174,337	\$1,154.12	0.860
Community, age 65+, no SPMI	14,490.5	\$9,302,296	\$641.96	10,197.0	\$7,962,359	\$780.85	1.216
Facility, age <65, with SPMI	1,548.0	\$5,131,058	\$3,314.64	951.3	\$2,352,537	\$2,473.04	0.746
Facility, age <65, no SPMI	909.0	\$2,650,323	\$2,915.65	604.7	\$1,286,657	\$2,127.59	0.730
HCBS, age <65, with SPMI	8,457.0	\$13,559,693	\$1,603.37	6,003.7	\$7,958,501	\$1,325.59	0.827
HCBS, age <65, no SPMI	11,415.4	\$10,504,525	\$920.21	8,883.1	\$7,858,370	\$884.64	0.961
Community, age <65, with SPMI	8,922.7	\$8,928,691	\$1,000.67	5,539.1	\$5,692,674	\$1,027.72	1.027
Community, age <65, no SPMI	15,657.5	\$11,016,379	\$703.58	10,160.6	\$8,918,164	\$877.72	1.247
<i>Intervention Group</i>	82,651.7	\$92,329,360	\$1,117.09	55,487.9	\$61,129,716	\$1,101.68	0.986
Facility, age 65+, with SPMI	3,144.0	\$8,558,103	\$2,722.07	1,549.8	\$2,648,551	\$1,708.95	0.628
Facility, age 65+, no SPMI	5,092.5	\$10,436,186	\$2,049.33	2,430.4	\$3,351,649	\$1,379.08	0.673
HCBS, age 65+, with SPMI	2,816.8	\$5,824,753	\$2,067.86	1,891.1	\$3,934,949	\$2,080.75	1.006
HCBS, age 65+, no SPMI	8,824.5	\$11,201,324	\$1,269.35	6,259.4	\$8,651,268	\$1,382.12	1.089
Community, age 65+, with SPMI	1,373.9	\$1,759,294	\$1,280.48	1,017.5	\$629,293	\$618.46	0.483
Community, age 65+, no SPMI	14,490.5	\$6,141,198	\$423.81	10,197.0	\$5,690,350	\$558.04	1.317
Facility, age <65, with SPMI	1,548.0	\$5,180,007	\$3,346.26	951.3	\$2,098,060	\$2,205.53	0.659
Facility, age <65, no SPMI	909.0	\$1,809,719	\$1,990.89	604.7	\$1,828,315	\$3,023.26	1.519
HCBS, age <65, with SPMI	8,457.0	\$11,028,967	\$1,304.13	6,003.7	\$8,578,965	\$1,428.94	1.096
HCBS, age <65, no SPMI	11,415.4	\$10,884,453	\$953.49	8,883.1	\$9,533,613	\$1,073.23	1.126
Community, age <65, with SPMI	8,922.7	\$8,971,755	\$1,005.50	5,539.1	\$6,232,267	\$1,125.13	1.119
Community, age <65, no SPMI	15,657.5	\$10,533,601	\$672.75	10,160.6	\$7,952,436	\$782.67	1.163

Table 3.J -- MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group,
Baseline Period, and Demonstration Year 3, by category of beneficiary: Cohort 3

Category of beneficiary	Baseline Period			Demonstration Year 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(Demo Period / Baseline Period)
<i>Re-weighted Comparison Group</i>	46,197.2	\$57,600,054	\$1,246.83	46,986.5	\$63,708,881	\$1,355.90	1.087
Facility, age 65+, with SPMI	2,656.7	\$5,626,268	\$2,117.74	2,227.8	\$4,267,378	\$1,915.50	0.905
Facility, age 65+, no SPMI	2,470.2	\$4,285,142	\$1,734.76	2,281.9	\$3,635,917	\$1,593.40	0.919
HCBS, age 65+, with SPMI	2,736.4	\$6,126,529	\$2,238.90	2,782.5	\$6,878,775	\$2,472.18	1.104
HCBS, age 65+, no SPMI	4,265.8	\$5,362,424	\$1,257.06	4,513.7	\$7,510,540	\$1,663.93	1.324
Community, age 65+, with SPMI	1,351.2	\$1,961,591	\$1,451.69	1,379.2	\$2,029,225	\$1,471.29	1.013
Community, age 65+, no SPMI	7,714.6	\$4,168,516	\$540.34	8,500.8	\$6,257,972	\$736.16	1.362
Facility, age <65, with SPMI	1,064.3	\$3,470,649	\$3,260.90	955.4	\$2,760,372	\$2,889.33	0.886
Facility, age <65, no SPMI	550.2	\$1,529,117	\$2,779.03	564.3	\$1,352,866	\$2,397.52	0.863
HCBS, age <65, with SPMI	5,332.2	\$9,580,443	\$1,796.71	5,405.4	\$10,533,107	\$1,948.63	1.085
HCBS, age <65, no SPMI	5,591.8	\$4,888,585	\$874.24	5,880.3	\$6,679,473	\$1,135.91	1.299
Community, age <65, with SPMI	5,278.2	\$6,082,446	\$1,152.38	5,113.9	\$5,757,073	\$1,125.78	0.977
Community, age <65, no SPMI	7,185.5	\$4,518,343	\$628.82	7,381.3	\$6,046,182	\$819.12	1.303
<i>Intervention Group</i>	46,197.2	\$53,982,534	\$1,168.52	46,986.5	\$56,059,459	\$1,193.10	1.021
Facility, age 65+, with SPMI	2,656.7	\$6,740,051	\$2,536.97	2,227.8	\$4,360,325	\$1,957.22	0.771
Facility, age 65+, no SPMI	2,470.2	\$3,935,875	\$1,593.37	2,281.9	\$2,790,407	\$1,222.86	0.767
HCBS, age 65+, with SPMI	2,736.4	\$5,253,429	\$1,919.83	2,782.5	\$5,759,060	\$2,069.76	1.078
HCBS, age 65+, no SPMI	4,265.8	\$5,308,664	\$1,244.46	4,513.7	\$6,441,442	\$1,427.07	1.147
Community, age 65+, with SPMI	1,351.2	\$1,523,635	\$1,127.58	1,379.2	\$1,454,711	\$1,054.74	0.935
Community, age 65+, no SPMI	7,714.6	\$2,807,421	\$363.91	8,500.8	\$4,754,407	\$559.29	1.537
Facility, age <65, with SPMI	1,064.3	\$3,521,028	\$3,308.23	955.4	\$2,357,485	\$2,467.62	0.746
Facility, age <65, no SPMI	550.2	\$1,518,419	\$2,759.59	564.3	\$1,514,861	\$2,684.60	0.973
HCBS, age <65, with SPMI	5,332.2	\$9,174,155	\$1,720.52	5,405.4	\$9,582,642	\$1,772.79	1.030
HCBS, age <65, no SPMI	5,591.8	\$5,283,943	\$944.94	5,880.3	\$6,231,654	\$1,059.76	1.122
Community, age <65, with SPMI	5,278.2	\$4,744,160	\$898.83	5,113.9	\$4,394,443	\$859.32	0.956
Community, age <65, no SPMI	7,185.5	\$4,171,754	\$580.58	7,381.3	\$6,418,022	\$869.49	1.498

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

Cohort	Group (Comparison/ Intervention)	Baseline Period			Demonstration Year 2			Cost trend (Demonstration Year 1/Baseline Period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1 Total	C	396,487.8	\$364,888,557	\$920.30	164,474.9	\$172,249,932	\$1,047.27	1.138
	I	396,487.8	\$319,103,894	\$804.83	164,474.9	\$160,330,809	\$974.80	1.211
1A	C	82,844.1	\$66,027,658	\$797.01	37,093.7	\$34,700,352	\$935.48	1.174
	I	82,844.1	\$56,659,388	\$683.93	37,093.7	\$31,087,766	\$838.09	1.225
1B	C	91,754.7	\$86,938,504	\$947.51	36,021.9	\$38,724,487	\$1,075.03	1.135
	I	91,754.7	\$77,195,354	\$841.32	36,021.9	\$36,992,860	\$1,026.95	1.221
1C	C	55,408.0	\$52,106,263	\$940.41	22,172.1	\$23,788,724	\$1,072.91	1.141
	I	55,408.0	\$42,410,236	\$765.42	22,172.1	\$21,558,230	\$972.31	1.270
1D	C	46,574.5	\$41,175,640	\$884.08	19,078.3	\$19,367,892	\$1,015.18	1.148
	I	46,574.5	\$27,726,867	\$595.32	19,078.3	\$15,288,093	\$801.33	1.346
1E	C	45,588.1	\$44,208,154	\$969.73	19,055.1	\$20,575,997	\$1,079.82	1.114
	I	45,588.1	\$31,824,255	\$698.08	19,055.1	\$17,396,857	\$912.98	1.308
1F	C	44,480.5	\$42,842,679	\$963.18	18,540.9	\$20,263,379	\$1,092.90	1.135
	I	44,480.5	\$43,162,177	\$970.36	18,540.9	\$19,519,192	\$1,052.77	1.085
1G	C	29,837.7	\$31,589,659	\$1,058.72	12,513.0	\$14,829,103	\$1,185.10	1.119
	I	29,837.7	\$40,125,617	\$1,344.80	12,513.0	\$18,487,811	\$1,477.49	1.099
2	C	82,651.7	\$99,024,459	\$1,198.09	63,751.0	\$76,937,554	\$1,206.84	1.007
	I	82,651.7	\$92,329,360	\$1,117.09	63,751.0	\$71,908,515	\$1,127.96	1.010

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

Cohort	Group	Baseline Period			Demonstration Year 3			Cost trend (Demonstration Year 2/Baseline Period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1 Total	C	396,487.8	\$364,888,557	\$920.30	141,730.3	\$147,596,142	\$1,041.39	1.132
	I	396,487.8	\$319,103,894	\$804.83	141,730.3	\$139,948,223	\$987.43	1.227
1A	C	82,844.1	\$66,027,658	\$797.01	32,986.4	\$30,928,994	\$937.63	1.176
	I	82,844.1	\$56,659,388	\$683.93	32,986.4	\$27,520,164	\$834.29	1.220
1B	C	91,754.7	\$86,938,504	\$947.51	30,648.2	\$32,663,371	\$1,065.75	1.125
	I	91,754.7	\$77,195,354	\$841.32	30,648.2	\$31,706,522	\$1,034.53	1.230
1C	C	55,408.0	\$52,106,263	\$940.41	19,076.7	\$20,447,918	\$1,071.88	1.140
	I	55,408.0	\$42,410,236	\$765.42	19,076.7	\$19,791,237	\$1,037.45	1.355
1D	C	46,574.5	\$41,175,640	\$884.08	16,459.3	\$16,726,596	\$1,016.24	1.149
	I	46,574.5	\$27,726,867	\$595.32	16,459.3	\$12,718,113	\$772.70	1.298
1E	C	45,588.1	\$44,208,154	\$969.73	16,257.1	\$17,302,686	\$1,064.31	1.098
	I	45,588.1	\$31,824,255	\$698.08	16,257.1	\$15,996,285	\$983.96	1.410
1F	C	44,480.5	\$42,842,679	\$963.18	15,897.2	\$17,382,856	\$1,093.45	1.135
	I	44,480.5	\$43,162,177	\$970.36	15,897.2	\$17,205,867	\$1,082.32	1.115
1G	C	29,837.7	\$31,589,659	\$1,058.72	10,405.3	\$12,143,722	\$1,167.07	1.102
	I	29,837.7	\$40,125,617	\$1,344.80	10,405.3	\$15,010,035	\$1,442.53	1.073
2	C	82,651.7	\$99,024,459	\$1,198.09	55,487.9	\$65,711,343	\$1,184.25	0.988
	I	82,651.7	\$92,329,360	\$1,117.09	55,487.9	\$61,129,716	\$1,101.68	0.986
3	C	46,197.2	\$57,600,054	\$1,246.83	46,986.5	\$63,708,881	\$1,355.90	1.087
	I	46,197.2	\$53,982,534	\$1,168.52	46,986.5	\$56,059,459	\$1,193.10	1.021

5.2 Medicare AGA Adjustment

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

For each cohort, the AGA adjustment factor was determined by comparing the trend in the AGA factor from the Baseline Period to Demonstration Years 2 and 3 for the intervention group versus that of the comparison group. For Cohort 1, the AGA decreased from the Baseline Period to Demonstration Year 1 by 0.82 percent (a factor of 0.99182) for the intervention group and by 1.41 percent (a factor of 0.98592) for the comparison group. If the AGA had decreased by the same 0.82 percent in the comparison area as it did in the intervention area, instead of by 1.41 percent, then the trend of the comparison group would have increased by 0.60 percent more than it did ($0.99182/0.98592 = 1.00599$), which is the AGA adjustment factor that we apply to the comparison group trend. For Cohort 2, the AGA adjustment factor applied to the comparison group trend is 0.99983 for Demonstration Year 2. For Demonstration Year 3, the AGA adjustment factors applied to the comparison group trends are 0.99124, 0.98282 and 0.98272 for Cohorts 1, 2 and 3, respectively.

Table 5A
Average AGA factor by group for Demonstration Year 2

Cohort	Group	Baseline Period	Demonstration Year 2	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.92901	0.91593	0.98592	1.00599
	I	0.95566	0.94785	0.99182	
2	C	0.92151	0.91738	0.99552	0.99983
	I	0.95221	0.94777	0.99534	

⁵ The non-hospice expenditures of each beneficiary were divided by the AGA factor for their county and year and the sum of this product was divided into the total non-hospice expenditures of the cohort.

Table 5B
Average AGA factor by group for Demonstration Year 3

Cohort	Group	Baseline Period	Demonstration Year 3	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.92901	0.92134	0.99174	0.99124
	I	0.95566	0.93947	0.98305	
2	C	0.92151	0.92495	1.00374	0.98282
	I	0.95221	0.93935	0.98649	
3	C	0.90893	0.92013	1.01231	0.98272
	I	0.94535	0.94046	0.99482	

Tables 6.A–6.J show the savings calculations for each cohort and Demonstration Year, taking into account the AGA adjustment factors (but still excluding the outlier adjustment). Column (a) shows the number of member months during Demonstration Year for the intervention group for each category of beneficiary. Column (b) shows the PMPM during the Baseline Period for the intervention group beneficiaries. This is the starting PMPM to which the trend factor will be applied to determine the target PMPM. Column (c) is the trend factor obtained by multiplying the PMPM trend from the comparison group by the AGA adjustment factor. Column (d) is the target PMPM, which is the baseline PMPM in column (b) times the trend factor in column (c). Column (e) is the actual PMPM for the intervention group in the Demonstration Year. 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 produces 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. In this column, negative numbers indicate higher costs; positive numbers indicate savings.

Tables 6.H.1 and 6.H.2 display the Medicare savings calculation for Cohort 1 in total. The baseline PMPM for the intervention group was \$804.83. For Demonstration Year 2, the AGA adjusted trend from the comparison group was 1.132, resulting in a target PMPM of \$910.87 and for Demonstration Year 3, the AGA adjusted trend was 1.107, resulting in a target PMPM of \$890.64. The actual PMPM costs of the intervention group were \$974.80 in Demonstration Year 2, an increase of 21.1 percent, and \$987.43 in Demonstration Year 3, an increase of 22.7 percent, over the \$804.83 baseline PMPM. Because the intervention group PMPM costs increased at a faster rate (21.1 percent and 22.7 percent, respectively) than the comparison group costs (13.2 percent and 10.7 percent, respectively), we estimate a PMPM negative savings of \$63.93 for Demonstration Year 2 and \$96.79 for Demonstration Year 3, or a savings rate of -7.0 percent and -10.9 percent, respectively. The additional Medicare costs (negative savings) dollar amount was \$10,515,432 for Demonstration Year 2 and \$13,717,883 for Demonstration Year 3.

Table 6.I.1 and 6.I.2 display the Medicare savings calculation for Cohort 2. The baseline PMPM for the intervention group was \$1,117.09. For Demonstration Year 2, the AGA adjusted trend from the comparison group was 0.998, resulting in a target PMPM of \$1,115.36 and for

Demonstration Year 3, the AGA adjusted trend was 0.959, resulting in a target PMPM of \$1,071.36. The actual PMPM costs of the intervention group were \$1,127.96 in Demonstration Year 2, an increase of 1.0 percent, and \$1,101.68 in Demonstration Year 3, a decrease of 1.4 percent. Because the intervention group PMPM costs increased at a faster rate (1.0 percent) than the comparison group costs (negative 0.2 percent) in Demonstration Year 2 and decreased at a slower rate (negative 1.4 percent and negative 4.1 percent, respectively), we estimate a PMPM negative savings of \$12.60 for Demonstration Year 2 and \$30.32 for Demonstration Year 3, or a savings rate of -1.1 percent and -2.8%, respectively. The additional costs (negative savings) dollar amount for Cohort 2 was \$803,078 in Demonstration Year 2 and \$1,682,339 for Demonstration Year 3.

Table 6.J displays the Medicare savings calculation for Cohort 3. The baseline PMPM for the intervention group was \$1,168.52. The AGA adjusted trend from the comparison group was 1.058, resulting in a target PMPM of \$1,236.45. The actual PMPM costs of the intervention group were \$1,193.10, an increase of 2.1 percent. Because the intervention group PMPM costs increased at a slower rate (2.1 percent) than the comparison group costs (5.8 percent), we estimate a PMPM savings of \$43.35, or a savings rate of 3.5 percent. The savings dollar amount was \$2,036,879 for Cohort 3 in Demonstration Year 3.

Table 6.A.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	37,093.7	\$683.93	1.171	\$800.56	\$838.09	-\$37.53	-\$1,392,082	-4.7%
Facility, age 65+, with SPMI	109.0	\$4,221.71	0.963	\$4,066.12	\$2,174.54	\$1,891.59	\$206,183	46.5%
Facility, age 65+, no SPMI	293.5	\$1,289.46	1.027	\$1,324.45	\$823.52	\$500.93	\$147,000	37.8%
HCBS, age 65+, with SPMI	501.9	\$1,048.16	1.015	\$1,064.23	\$1,212.95	-\$148.72	-\$74,640	-14.0%
HCBS, age 65+, no SPMI	2,248.5	\$1,016.71	1.343	\$1,365.52	\$1,259.71	\$105.82	\$237,926	7.7%
Community, age 65+, with SPMI	399.6	\$810.10	1.218	\$987.06	\$1,030.40	-\$43.34	-\$17,318	-4.4%
Community, age 65+, no SPMI	7,118.7	\$386.34	1.546	\$597.47	\$583.23	\$14.23	\$101,329	2.4%
Facility, age <65, with SPMI	168.0	\$2,379.98	0.859	\$2,043.85	\$681.78	\$1,362.08	\$228,829	66.6%
Facility, age <65, no SPMI	326.7	\$2,297.99	1.048	\$2,407.55	\$1,864.32	\$543.23	\$177,486	22.6%
HCBS, age <65, with SPMI	3,094.8	\$771.05	0.995	\$766.91	\$976.66	-\$209.74	-\$649,102	-27.3%
HCBS, age <65, no SPMI	7,693.8	\$709.50	1.115	\$791.37	\$1,063.40	-\$272.03	-\$2,092,929	-34.4%
Community, age <65, with SPMI	4,254.7	\$691.79	1.054	\$728.98	\$741.68	-\$12.70	-\$54,042	-1.7%
Community, age <65, no SPMI	10,884.6	\$610.00	1.193	\$727.46	\$690.97	\$36.49	\$397,196	5.0%

Table 6.A.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	32,986.4	\$683.93	1.157	\$791.08	\$834.29	-\$43.21	-\$1,425,273	-5.5%
Facility, age 65+, with SPMI	69.3	\$4,221.71	0.897	\$3,785.87	\$2,747.74	\$1,038.13	\$71,966	27.4%
Facility, age 65+, no SPMI	251.5	\$1,289.46	1.032	\$1,330.66	\$1,540.14	-\$209.48	-\$52,691	-15.7%
HCBS, age 65+, with SPMI	460.0	\$1,048.16	1.021	\$1,070.42	\$1,623.82	-\$553.40	-\$254,545	-51.7%
HCBS, age 65+, no SPMI	1,884.1	\$1,016.71	1.409	\$1,432.31	\$1,031.08	\$401.23	\$755,942	28.0%
Community, age 65+, with SPMI	351.0	\$810.10	1.356	\$1,098.37	\$1,119.36	-\$20.98	-\$7,364	-1.9%
Community, age 65+, no SPMI	6,078.5	\$386.34	1.591	\$614.48	\$682.64	-\$68.17	-\$414,347	-11.1%
Facility, age <65, with SPMI	128.5	\$2,379.98	0.826	\$1,965.75	\$584.91	\$1,380.84	\$177,495	70.2%
Facility, age <65, no SPMI	319.7	\$2,297.99	1.023	\$2,351.18	\$2,288.42	\$62.76	\$20,063	2.7%
HCBS, age <65, with SPMI	2,983.1	\$771.05	0.940	\$725.09	\$789.71	-\$64.62	-\$192,763	-8.9%
HCBS, age <65, no SPMI	7,109.2	\$709.50	0.999	\$708.80	\$992.54	-\$283.74	-\$2,017,156	-40.0%
Community, age <65, with SPMI	3,676.1	\$691.79	1.090	\$754.05	\$743.83	\$10.22	\$37,562	1.4%
Community, age <65, no SPMI	9,675.4	\$610.00	1.221	\$744.98	\$698.41	\$46.57	\$450,567	6.3%

Table 6.B.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	36,021.9	\$841.32	1.129	\$949.80	\$1,026.95	-\$77.15	-\$2,779,147	-8.1%
Facility, age 65+, with SPMI	740.4	\$1,589.42	0.968	\$1,538.31	\$1,515.58	\$22.74	\$16,836	1.5%
Facility, age 65+, no SPMI	1,629.7	\$1,251.52	1.046	\$1,309.04	\$1,075.44	\$233.60	\$380,705	17.8%
HCBS, age 65+, with SPMI	943.2	\$1,179.67	1.026	\$1,210.73	\$1,772.95	-\$562.22	-\$530,286	-46.4%
HCBS, age 65+, no SPMI	4,249.1	\$1,188.87	1.345	\$1,598.92	\$1,659.85	-\$60.93	-\$258,881	-3.8%
Community, age 65+, with SPMI	376.1	\$808.76	1.235	\$999.12	\$849.35	\$149.77	\$56,332	15.0%
Community, age 65+, no SPMI	7,011.2	\$372.61	1.565	\$583.19	\$672.50	-\$89.30	-\$626,105	-15.3%
Facility, age <65, with SPMI	723.8	\$1,660.04	0.878	\$1,457.70	\$1,533.95	-\$76.25	-\$55,190	-5.2%
Facility, age <65, no SPMI	603.9	\$1,843.10	1.107	\$2,040.43	\$1,600.60	\$439.83	\$265,626	21.6%
HCBS, age <65, with SPMI	4,006.3	\$993.02	0.999	\$992.38	\$1,045.23	-\$52.85	-\$211,716	-5.3%
HCBS, age <65, no SPMI	6,329.7	\$846.21	1.118	\$946.36	\$1,129.86	-\$183.50	-\$1,161,510	-19.4%
Community, age <65, with SPMI	3,242.4	\$717.71	1.061	\$761.46	\$843.49	-\$82.03	-\$265,974	-10.8%
Community, age <65, no SPMI	6,165.9	\$515.66	1.201	\$619.26	\$682.35	-\$63.09	-\$388,982	-10.2%

Table 6.B.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	30,648.2	\$841.32	1.103	\$927.85	\$1,034.53	-\$106.68	-\$3,269,650	-11.5%
Facility, age 65+, with SPMI	454.8	\$1,589.42	0.903	\$1,435.05	\$1,641.40	-\$206.35	-\$93,846	-14.4%
Facility, age 65+, no SPMI	1,166.7	\$1,251.52	1.050	\$1,314.43	\$1,210.87	\$103.56	\$120,821	7.9%
HCBS, age 65+, with SPMI	760.8	\$1,179.67	1.032	\$1,217.29	\$1,871.55	-\$654.26	-\$497,780	-53.7%
HCBS, age 65+, no SPMI	3,441.8	\$1,188.87	1.410	\$1,676.66	\$1,332.82	\$343.85	\$1,183,436	20.5%
Community, age 65+, with SPMI	322.3	\$808.76	1.381	\$1,116.71	\$1,078.24	\$38.47	\$12,399	3.4%
Community, age 65+, no SPMI	5,897.1	\$372.61	1.610	\$599.92	\$657.35	-\$57.43	-\$338,676	-9.6%
Facility, age <65, with SPMI	601.2	\$1,660.04	0.850	\$1,410.73	\$1,574.37	-\$163.64	-\$98,378	-11.6%
Facility, age <65, no SPMI	486.5	\$1,843.10	1.078	\$1,986.27	\$1,951.37	\$34.90	\$16,980	1.8%
HCBS, age <65, with SPMI	3,613.8	\$993.02	0.944	\$937.65	\$1,085.10	-\$147.45	-\$532,863	-15.7%
HCBS, age <65, no SPMI	5,618.6	\$846.21	1.001	\$846.81	\$1,226.05	-\$379.25	-\$2,130,823	-44.8%
Community, age <65, with SPMI	2,881.8	\$717.71	1.098	\$787.71	\$723.01	\$64.70	\$186,447	8.2%
Community, age <65, no SPMI	5,402.7	\$515.66	1.229	\$633.99	\$837.10	-\$203.11	-\$1,097,367	-32.0%

Table 6.C.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	22,172.1	\$765.42	1.152	\$881.73	\$972.31	-\$90.58	-\$2,008,423	-10.3%
Facility, age 65+, with SPMI	270.7	\$2,180.00	0.968	\$2,110.26	\$1,073.14	\$1,037.12	\$280,699	49.1%
Facility, age 65+, no SPMI	1,455.2	\$1,091.11	1.049	\$1,144.20	\$1,005.49	\$138.71	\$201,851	12.1%
HCBS, age 65+, with SPMI	513.1	\$1,159.58	1.025	\$1,188.98	\$2,028.62	-\$839.63	-\$430,782	-70.6%
HCBS, age 65+, no SPMI	2,913.8	\$1,001.93	1.349	\$1,351.58	\$1,298.11	\$53.48	\$155,827	4.0%
Community, age 65+, with SPMI	340.2	\$490.13	1.239	\$607.45	\$684.98	-\$77.53	-\$26,375	-12.8%
Community, age 65+, no SPMI	4,208.9	\$512.19	1.564	\$801.31	\$903.72	-\$102.42	-\$431,072	-12.8%
Facility, age <65, with SPMI	232.4	\$1,564.17	0.875	\$1,368.00	\$1,089.57	\$278.43	\$64,713	20.4%
Facility, age <65, no SPMI	354.9	\$2,176.56	1.106	\$2,407.09	\$1,920.20	\$486.90	\$172,783	20.2%
HCBS, age <65, with SPMI	2,394.5	\$671.33	0.999	\$670.68	\$915.23	-\$244.54	-\$585,556	-36.5%
HCBS, age <65, no SPMI	3,618.6	\$739.92	1.119	\$827.66	\$942.61	-\$114.95	-\$415,952	-13.9%
Community, age <65, with SPMI	2,166.7	\$625.66	1.062	\$664.60	\$699.55	-\$34.95	-\$75,721	-5.3%
Community, age <65, no SPMI	3,703.2	\$443.36	1.202	\$532.78	\$780.90	-\$248.12	-\$918,839	-46.6%

Table 6.C.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	19,076.7	\$765.42	1.134	\$867.61	\$1,037.45	-\$169.85	-\$3,240,147	-19.6%
Facility, age 65+, with SPMI	188.7	\$2,180.00	0.900	\$1,961.81	\$1,608.28	\$353.53	\$66,698	18.0%
Facility, age 65+, no SPMI	1,038.7	\$1,091.11	1.054	\$1,149.52	\$1,207.50	-\$57.97	-\$60,214	-5.0%
HCBS, age 65+, with SPMI	444.6	\$1,159.58	1.035	\$1,200.10	\$1,785.26	-\$585.16	-\$260,150	-48.8%
HCBS, age 65+, no SPMI	2,391.8	\$1,001.93	1.415	\$1,417.26	\$1,487.74	-\$70.48	-\$168,580	-5.0%
Community, age 65+, with SPMI	308.0	\$490.13	1.378	\$675.40	\$745.69	-\$70.29	-\$21,649	-10.4%
Community, age 65+, no SPMI	3,728.0	\$512.19	1.609	\$824.34	\$923.93	-\$99.59	-\$371,279	-12.1%
Facility, age <65, with SPMI	212.0	\$1,564.17	0.848	\$1,326.07	\$2,638.58	-\$1,312.51	-\$278,206	-99.0%
Facility, age <65, no SPMI	289.4	\$2,176.56	1.083	\$2,357.94	\$2,974.32	-\$616.38	-\$178,360	-26.1%
HCBS, age <65, with SPMI	2,079.8	\$671.33	0.944	\$633.50	\$866.39	-\$232.90	-\$484,391	-36.8%
HCBS, age <65, no SPMI	3,266.5	\$739.92	1.002	\$741.36	\$919.90	-\$178.54	-\$583,200	-24.1%
Community, age <65, with SPMI	1,969.3	\$625.66	1.100	\$688.28	\$583.28	\$105.01	\$206,791	15.3%
Community, age <65, no SPMI	3,160.0	\$443.36	1.231	\$545.69	\$896.19	-\$350.50	-\$1,107,607	-64.2%

Table 6.D.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	19,078.3	\$595.32	1.116	\$664.20	\$801.33	-\$137.14	-\$2,616,319	-20.6%
Facility, age 65+, with SPMI	369.1	\$1,490.64	0.968	\$1,443.28	\$1,779.15	-\$335.87	-\$123,976	-23.3%
Facility, age 65+, no SPMI	1,018.4	\$1,221.08	1.045	\$1,276.00	\$1,326.86	-\$50.85	-\$51,788	-4.0%
HCBS, age 65+, with SPMI	290.3	\$974.87	1.016	\$990.30	\$2,072.76	-\$1,082.46	-\$314,269	-109.3%
HCBS, age 65+, no SPMI	1,793.3	\$803.16	1.347	\$1,081.66	\$1,583.63	-\$501.97	-\$900,178	-46.4%
Community, age 65+, with SPMI	176.0	\$544.80	1.221	\$665.33	\$651.81	\$13.52	\$2,379	2.0%
Community, age 65+, no SPMI	4,617.6	\$310.45	1.565	\$485.86	\$549.33	-\$63.46	-\$293,049	-13.1%
Facility, age <65, with SPMI	258.4	\$1,015.59	0.877	\$890.65	\$1,347.97	-\$457.33	-\$118,158	-51.3%
Facility, age <65, no SPMI	302.7	\$1,023.44	1.112	\$1,138.38	\$1,516.00	-\$377.62	-\$114,286	-33.2%
HCBS, age <65, with SPMI	1,500.8	\$750.16	0.996	\$746.94	\$942.62	-\$195.68	-\$293,668	-26.2%
HCBS, age <65, no SPMI	2,634.7	\$535.66	1.117	\$598.34	\$668.33	-\$69.99	-\$184,403	-11.7%
Community, age <65, with SPMI	1,888.8	\$598.76	1.061	\$635.34	\$509.38	\$125.95	\$237,896	19.8%
Community, age <65, no SPMI	4,228.3	\$350.78	1.200	\$420.88	\$530.34	-\$109.46	-\$462,817	-26.0%

Table 6.D.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	16,459.3	\$595.32	1.096	\$652.26	\$772.70	-\$120.44	-\$1,982,430	-18.5%
Facility, age 65+, with SPMI	274.1	\$1,490.64	0.901	\$1,343.43	\$1,489.84	-\$146.41	-\$40,128	-10.9%
Facility, age 65+, no SPMI	707.1	\$1,221.08	1.051	\$1,283.49	\$1,151.25	\$132.24	\$93,500	10.3%
HCBS, age 65+, with SPMI	214.4	\$974.87	1.022	\$996.07	\$1,700.89	-\$704.82	-\$151,090	-70.8%
HCBS, age 65+, no SPMI	1,546.7	\$803.16	1.412	\$1,134.28	\$1,530.14	-\$395.87	-\$612,274	-34.9%
Community, age 65+, with SPMI	139.6	\$544.80	1.363	\$742.74	\$300.49	\$442.26	\$61,730	59.5%
Community, age 65+, no SPMI	3,937.1	\$310.45	1.609	\$499.55	\$528.10	-\$28.55	-\$112,400	-5.7%
Facility, age <65, with SPMI	216.0	\$1,015.59	0.852	\$865.05	\$494.79	\$370.26	\$79,976	42.8%
Facility, age <65, no SPMI	251.1	\$1,023.44	1.082	\$1,107.72	\$1,510.25	-\$402.53	-\$101,085	-36.3%
HCBS, age <65, with SPMI	1,355.5	\$750.16	0.941	\$706.00	\$923.20	-\$217.20	-\$294,418	-30.8%
HCBS, age <65, no SPMI	2,377.6	\$535.66	1.000	\$535.67	\$842.83	-\$307.15	-\$730,284	-57.3%
Community, age <65, with SPMI	1,685.8	\$598.76	1.097	\$656.91	\$489.31	\$167.61	\$282,555	25.5%
Community, age <65, no SPMI	3,754.4	\$350.78	1.229	\$431.12	\$553.24	-\$122.13	-\$458,513	-28.3%

Table 6.E.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	19,055.1	\$698.08	1.105	\$771.21	\$912.98	-\$141.77	-\$2,701,365	-18.4%
Facility, age 65+, with SPMI	410.7	\$1,647.38	0.968	\$1,594.79	\$1,268.53	\$326.26	\$133,998	20.5%
Facility, age 65+, no SPMI	1,572.1	\$997.55	1.047	\$1,044.11	\$1,169.97	-\$125.86	-\$197,859	-12.1%
HCBS, age 65+, with SPMI	364.8	\$1,085.95	1.021	\$1,108.72	\$1,749.46	-\$640.74	-\$233,743	-57.8%
HCBS, age 65+, no SPMI	2,113.6	\$1,107.19	1.345	\$1,489.13	\$1,797.07	-\$307.94	-\$650,876	-20.7%
Community, age 65+, with SPMI	91.6	\$990.89	1.247	\$1,235.80	\$1,542.99	-\$307.19	-\$28,133	-24.9%
Community, age 65+, no SPMI	3,583.4	\$284.30	1.560	\$443.43	\$642.15	-\$198.72	-\$712,106	-44.8%
Facility, age <65, with SPMI	561.2	\$1,488.79	0.879	\$1,308.51	\$1,307.55	\$0.96	\$540	0.1%
Facility, age <65, no SPMI	354.6	\$1,464.50	1.110	\$1,626.02	\$1,127.80	\$498.22	\$176,659	30.6%
HCBS, age <65, with SPMI	1,707.5	\$609.05	0.998	\$608.04	\$843.82	-\$235.78	-\$402,590	-38.8%
HCBS, age <65, no SPMI	2,767.8	\$673.74	1.120	\$754.41	\$733.54	\$20.87	\$57,767	2.8%
Community, age <65, with SPMI	1,666.9	\$523.61	1.062	\$556.22	\$857.33	-\$301.12	-\$501,942	-54.1%
Community, age <65, no SPMI	3,860.8	\$384.18	1.201	\$461.20	\$550.07	-\$88.86	-\$343,081	-19.3%

Table 6.E.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	16,257.1	\$698.08	1.065	\$743.42	\$983.96	-\$240.53	-\$3,910,381	-32.4%
Facility, age 65+, with SPMI	309.3	\$1,647.38	0.897	\$1,477.71	\$1,670.52	-\$192.80	-\$59,634	-13.0%
Facility, age 65+, no SPMI	988.9	\$997.55	1.050	\$1,047.24	\$1,066.46	-\$19.21	-\$19,000	-1.8%
HCBS, age 65+, with SPMI	314.8	\$1,085.95	1.024	\$1,112.14	\$2,126.99	-\$1,014.85	-\$319,508	-91.3%
HCBS, age 65+, no SPMI	1,657.5	\$1,107.19	1.410	\$1,561.65	\$2,124.03	-\$562.38	-\$932,175	-36.0%
Community, age 65+, with SPMI	62.6	\$990.89	1.385	\$1,371.98	\$1,111.19	\$260.79	\$16,329	19.0%
Community, age 65+, no SPMI	3,113.5	\$284.30	1.604	\$456.15	\$626.22	-\$170.08	-\$529,535	-37.3%
Facility, age <65, with SPMI	465.8	\$1,488.79	0.849	\$1,263.73	\$1,297.18	-\$33.45	-\$15,579	-2.6%
Facility, age <65, no SPMI	286.4	\$1,464.50	1.073	\$1,571.39	\$2,054.22	-\$482.83	-\$138,277	-30.7%
HCBS, age <65, with SPMI	1,564.5	\$609.05	0.942	\$573.79	\$734.30	-\$160.50	-\$251,104	-28.0%
HCBS, age <65, no SPMI	2,528.1	\$673.74	1.002	\$675.14	\$1,120.48	-\$445.35	-\$1,125,886	-66.0%
Community, age <65, with SPMI	1,552.0	\$523.61	1.099	\$575.57	\$779.29	-\$203.72	-\$316,172	-35.4%
Community, age <65, no SPMI	3,413.7	\$384.18	1.229	\$472.23	\$536.63	-\$64.40	-\$219,838	-13.6%

Table 6.F.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	18,540.9	\$970.36	1.120	\$1,086.59	\$1,052.77	\$33.82	\$627,109	3.1%
Facility, age 65+, with SPMI	488.3	\$2,033.57	0.965	\$1,961.55	\$1,075.35	\$886.20	\$432,720	45.2%
Facility, age 65+, no SPMI	1,642.8	\$1,488.27	1.043	\$1,551.73	\$1,383.03	\$168.70	\$277,135	10.9%
HCBS, age 65+, with SPMI	433.2	\$1,599.21	1.021	\$1,632.66	\$1,517.35	\$115.31	\$49,956	7.1%
HCBS, age 65+, no SPMI	2,314.4	\$990.75	1.345	\$1,332.21	\$1,113.18	\$219.04	\$506,939	16.4%
Community, age 65+, with SPMI	237.0	\$697.19	1.221	\$851.16	\$578.88	\$272.28	\$64,531	32.0%
Community, age 65+, no SPMI	3,883.5	\$413.79	1.561	\$645.75	\$698.47	-\$52.71	-\$204,716	-8.2%
Facility, age <65, with SPMI	415.2	\$1,735.49	0.880	\$1,526.77	\$1,608.83	-\$82.06	-\$34,074	-5.4%
Facility, age <65, no SPMI	411.0	\$2,616.51	1.100	\$2,877.47	\$1,956.13	\$921.34	\$378,671	32.0%
HCBS, age <65, with SPMI	1,437.4	\$865.24	0.998	\$863.31	\$1,237.59	-\$374.29	-\$537,979	-43.4%
HCBS, age <65, no SPMI	2,234.6	\$997.78	1.117	\$1,114.80	\$1,147.26	-\$32.46	-\$72,535	-2.9%
Community, age <65, with SPMI	1,580.8	\$723.45	1.060	\$767.12	\$1,235.62	-\$468.50	-\$740,594	-61.1%
Community, age <65, no SPMI	3,462.8	\$813.95	1.199	\$975.54	\$829.11	\$146.43	\$507,054	15.0%

Table 6.F.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	15,897.2	\$970.36	1.103	\$1,070.11	\$1,082.32	-\$12.21	-\$194,044	-1.1%
Facility, age 65+, with SPMI	342.6	\$2,033.57	0.896	\$1,822.34	\$1,797.14	\$25.20	\$8,635	1.4%
Facility, age 65+, no SPMI	1,168.4	\$1,488.27	1.046	\$1,556.35	\$1,659.14	-\$102.79	-\$120,096	-6.6%
HCBS, age 65+, with SPMI	388.5	\$1,599.21	1.025	\$1,639.27	\$1,844.29	-\$205.03	-\$79,643	-12.5%
HCBS, age 65+, no SPMI	1,873.4	\$990.75	1.410	\$1,397.27	\$1,236.27	\$161.00	\$301,626	11.5%
Community, age 65+, with SPMI	196.4	\$697.19	1.362	\$949.84	\$757.81	\$192.03	\$37,717	20.2%
Community, age 65+, no SPMI	3,418.0	\$413.79	1.605	\$664.23	\$659.42	\$4.81	\$16,429	0.7%
Facility, age <65, with SPMI	389.1	\$1,735.49	0.847	\$1,470.41	\$1,845.15	-\$374.74	-\$145,797	-25.5%
Facility, age <65, no SPMI	384.1	\$2,616.51	1.074	\$2,809.24	\$1,981.51	\$827.73	\$317,928	29.5%
HCBS, age <65, with SPMI	1,261.2	\$865.24	0.941	\$814.62	\$953.93	-\$139.32	-\$175,699	-17.1%
HCBS, age <65, no SPMI	2,024.1	\$997.78	0.999	\$997.27	\$1,411.78	-\$414.51	-\$839,013	-41.6%
Community, age <65, with SPMI	1,394.9	\$723.45	1.096	\$793.26	\$1,089.04	-\$295.78	-\$412,597	-37.3%
Community, age <65, no SPMI	3,056.4	\$813.95	1.228	\$999.19	\$705.88	\$293.30	\$896,466	29.4%

Table 6.G.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1G
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	12,513.0	\$1,344.80	1.120	\$1,505.85	\$1,477.49	\$28.35	\$354,795	1.9%
Facility, age 65+, with SPMI	383.8	\$2,089.72	0.969	\$2,024.88	\$1,576.17	\$448.71	\$172,215	22.2%
Facility, age 65+, no SPMI	1,121.7	\$1,623.47	1.044	\$1,695.49	\$1,513.19	\$182.29	\$204,488	10.8%
HCBS, age 65+, with SPMI	394.3	\$1,218.25	1.022	\$1,244.71	\$2,170.70	-\$925.99	-\$365,103	-74.4%
HCBS, age 65+, no SPMI	2,146.8	\$1,096.89	1.349	\$1,479.17	\$1,442.98	\$36.19	\$77,703	2.4%
Community, age 65+, with SPMI	90.6	\$1,129.38	1.234	\$1,394.21	\$847.33	\$546.88	\$49,554	39.2%
Community, age 65+, no SPMI	1,598.2	\$621.46	1.565	\$972.68	\$796.46	\$176.22	\$281,631	18.1%
Facility, age <65, with SPMI	320.1	\$2,571.43	0.874	\$2,247.38	\$2,607.18	-\$359.80	-\$115,170	-16.0%
Facility, age <65, no SPMI	440.1	\$2,543.17	1.110	\$2,822.03	\$2,122.15	\$699.88	\$308,044	24.8%
HCBS, age <65, with SPMI	1,036.3	\$1,258.91	1.002	\$1,261.33	\$1,314.90	-\$53.57	-\$55,515	-4.2%
HCBS, age <65, no SPMI	2,488.0	\$1,345.69	1.118	\$1,504.88	\$1,617.81	-\$112.93	-\$280,968	-7.5%
Community, age <65, with SPMI	967.7	\$1,142.36	1.062	\$1,213.07	\$1,300.36	-\$87.29	-\$84,472	-7.2%
Community, age <65, no SPMI	1,525.2	\$1,437.63	1.199	\$1,724.17	\$1,617.71	\$106.47	\$162,387	6.2%

Table 6.G.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1G
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	10,405.3	\$1,344.80	1.094	\$1,471.75	\$1,442.53	\$29.22	\$304,043	2.0%
Facility, age 65+, with SPMI	290.2	\$2,089.72	0.900	\$1,881.10	\$1,276.84	\$604.26	\$175,333	32.1%
Facility, age 65+, no SPMI	699.4	\$1,623.47	1.046	\$1,698.65	\$1,094.47	\$604.18	\$422,593	35.6%
HCBS, age 65+, with SPMI	296.7	\$1,218.25	1.029	\$1,253.55	\$1,151.09	\$102.46	\$30,397	8.2%
HCBS, age 65+, no SPMI	1,760.0	\$1,096.89	1.415	\$1,551.64	\$1,489.76	\$61.88	\$108,907	4.0%
Community, age 65+, with SPMI	73.0	\$1,129.38	1.382	\$1,560.63	\$2,578.14	-\$1,017.51	-\$74,278	-65.2%
Community, age 65+, no SPMI	1,378.5	\$621.46	1.610	\$1,000.63	\$818.38	\$182.24	\$251,227	18.2%
Facility, age <65, with SPMI	220.8	\$2,571.43	0.849	\$2,184.20	\$2,336.22	-\$152.01	-\$33,570	-7.0%
Facility, age <65, no SPMI	362.7	\$2,543.17	1.082	\$2,752.48	\$2,739.67	\$12.80	\$4,643	0.5%
HCBS, age <65, with SPMI	909.1	\$1,258.91	0.944	\$1,188.02	\$1,721.56	-\$533.54	-\$485,052	-44.9%
HCBS, age <65, no SPMI	2,227.1	\$1,345.69	1.002	\$1,348.14	\$1,393.68	-\$45.53	-\$101,406	-3.4%
Community, age <65, with SPMI	861.3	\$1,142.36	1.097	\$1,253.63	\$1,381.88	-\$128.25	-\$110,460	-10.2%
Community, age <65, no SPMI	1,326.5	\$1,437.63	1.228	\$1,764.84	\$1,677.61	\$87.23	\$115,709	4.9%

Table 6.H.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 Total
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	164,474.9	\$804.83	1.132	\$910.87	\$974.80	-\$63.93	-\$10,515,432	-7.0%
Facility, age 65+, with SPMI	2,772.0	\$1,845.27	0.992	\$1,831.19	\$1,427.63	\$403.56	\$1,118,675	22.0%
Facility, age 65+, no SPMI	8,733.4	\$1,260.68	1.052	\$1,325.84	\$1,215.74	\$110.10	\$961,531	8.3%
HCBS, age 65+, with SPMI	3,440.8	\$1,194.17	1.016	\$1,213.72	\$1,765.59	-\$551.87	-\$1,898,867	-45.5%
HCBS, age 65+, no SPMI	17,779.5	\$1,049.88	1.347	\$1,414.47	\$1,461.24	-\$46.77	-\$831,539	-3.3%
Community, age 65+, with SPMI	1,711.1	\$740.36	1.212	\$897.20	\$838.19	\$59.01	\$100,970	6.6%
Community, age 65+, no SPMI	32,021.6	\$392.27	1.561	\$612.39	\$671.22	-\$58.84	-\$1,884,089	-9.6%
Facility, age <65, with SPMI	2,679.1	\$1,704.93	0.883	\$1,505.79	\$1,516.43	-\$10.64	-\$28,511	-0.7%
Facility, age <65, no SPMI	2,793.9	\$1,982.80	1.123	\$2,225.89	\$1,737.33	\$488.56	\$1,364,983	21.9%
HCBS, age <65, with SPMI	15,177.5	\$838.42	0.995	\$834.29	\$1,014.56	-\$180.27	-\$2,736,126	-21.6%
HCBS, age <65, no SPMI	27,767.2	\$805.57	1.116	\$899.39	\$1,048.87	-\$149.48	-\$4,150,530	-16.6%
Community, age <65, with SPMI	15,768.0	\$689.27	1.060	\$730.86	\$825.03	-\$94.17	-\$1,484,849	-12.9%
Community, age <65, no SPMI	33,830.8	\$571.66	1.204	\$688.06	\$719.01	-\$30.95	-\$1,047,081	-4.5%

Table 6.H.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 Total
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	141,730.3	\$804.83	1.107	\$890.64	\$987.43	-\$96.79	-\$13,717,883	-10.9%
Facility, age 65+, with SPMI	1,929.0	\$1,845.27	0.922	\$1,700.77	\$1,633.88	\$66.89	\$129,024	3.9%
Facility, age 65+, no SPMI	6,020.7	\$1,260.68	1.056	\$1,330.72	\$1,266.79	\$63.93	\$384,913	4.8%
HCBS, age 65+, with SPMI	2,879.7	\$1,194.17	1.025	\$1,223.87	\$1,755.98	-\$532.11	-\$1,532,318	-43.5%
HCBS, age 65+, no SPMI	14,555.3	\$1,049.88	1.410	\$1,480.60	\$1,436.84	\$43.76	\$636,881	3.0%
Community, age 65+, with SPMI	1,452.9	\$740.36	1.342	\$993.55	\$976.42	\$17.13	\$24,884	1.7%
Community, age 65+, no SPMI	27,550.9	\$392.27	1.608	\$630.93	\$685.33	-\$54.39	-\$1,498,582	-8.6%
Facility, age <65, with SPMI	2,233.4	\$1,704.93	0.843	\$1,438.08	\$1,578.70	-\$140.62	-\$314,058	-9.8%
Facility, age <65, no SPMI	2,379.9	\$1,982.80	1.103	\$2,187.45	\$2,211.86	-\$24.42	-\$58,108	-1.1%
HCBS, age <65, with SPMI	13,767.1	\$838.42	0.938	\$786.75	\$962.26	-\$175.51	-\$2,416,291	-22.3%
HCBS, age <65, no SPMI	25,151.1	\$805.57	0.998	\$803.94	\$1,103.24	-\$299.30	-\$7,527,769	-37.2%
Community, age <65, with SPMI	14,021.2	\$689.27	1.095	\$754.89	\$763.86	-\$8.98	-\$125,874	-1.2%
Community, age <65, no SPMI	29,789.2	\$571.66	1.232	\$704.39	\$752.08	-\$47.69	-\$1,420,583	-6.8%

Table 6.I.1 – MEDICARE
Demonstration Year 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	63,751.0	\$1,117.09	0.998	\$1,115.36	\$1,127.96	-\$12.60	-\$803,078	-1.1%
Facility, age 65+, with SPMI	2,111.3	\$2,722.07	0.731	\$1,990.47	\$1,999.57	-\$9.10	-\$19,216	-0.5%
Facility, age 65+, no SPMI	3,616.6	\$2,049.33	0.792	\$1,623.80	\$1,659.60	-\$35.80	-\$129,459	-2.2%
HCBS, age 65+, with SPMI	2,138.0	\$2,067.86	0.903	\$1,867.66	\$1,712.16	\$155.50	\$332,465	8.3%
HCBS, age 65+, no SPMI	7,143.1	\$1,269.35	1.228	\$1,558.82	\$1,511.08	\$47.74	\$341,013	3.1%
Community, age 65+, with SPMI	1,114.2	\$1,280.48	0.898	\$1,149.99	\$1,487.18	-\$337.20	-\$375,717	-29.3%
Community, age 65+, no SPMI	11,926.2	\$423.81	1.168	\$495.11	\$576.47	-\$81.35	-\$970,227	-16.4%
Facility, age <65, with SPMI	1,138.7	\$3,346.26	0.975	\$3,262.41	\$2,498.42	\$763.99	\$869,930	23.4%
Facility, age <65, no SPMI	706.7	\$1,990.89	0.800	\$1,592.08	\$2,593.39	-\$1,001.31	-\$707,609	-62.9%
HCBS, age <65, with SPMI	6,329.2	\$1,304.13	0.927	\$1,208.71	\$1,315.32	-\$106.61	-\$674,780	-8.8%
HCBS, age <65, no SPMI	9,195.2	\$953.49	1.163	\$1,108.46	\$1,050.58	\$57.88	\$532,196	5.2%
Community, age <65, with SPMI	6,444.0	\$1,005.50	1.055	\$1,061.20	\$1,051.20	\$10.01	\$64,491	0.9%
Community, age <65, no SPMI	11,887.7	\$672.75	1.150	\$773.49	\$779.06	-\$5.57	-\$66,164	-0.7%

Table 6.I.2 – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	55,487.9	\$1,117.09	0.959	\$1,071.36	\$1,101.68	-\$30.32	-\$1,682,339	-2.8%
Facility, age 65+, with SPMI	1,549.8	\$2,722.07	0.752	\$2,047.24	\$1,708.95	\$338.29	\$524,292	16.5%
Facility, age 65+, no SPMI	2,430.4	\$2,049.33	0.686	\$1,404.86	\$1,379.08	\$25.78	\$62,657	1.8%
HCBS, age 65+, with SPMI	1,891.1	\$2,067.86	0.921	\$1,904.47	\$2,080.75	-\$176.28	-\$333,370	-9.3%
HCBS, age 65+, no SPMI	6,259.4	\$1,269.35	1.438	\$1,824.80	\$1,382.12	\$442.68	\$2,770,922	24.3%
Community, age 65+, with SPMI	1,017.5	\$1,280.48	0.846	\$1,083.32	\$618.46	\$464.86	\$473,003	42.9%
Community, age 65+, no SPMI	10,197.0	\$423.81	1.196	\$507.00	\$558.04	-\$51.04	-\$520,416	-10.1%
Facility, age <65, with SPMI	951.3	\$3,346.26	0.733	\$2,453.30	\$2,205.53	\$247.77	\$235,695	10.1%
Facility, age <65, no SPMI	604.7	\$1,990.89	0.717	\$1,427.90	\$3,023.26	-\$1,595.36	-\$964,791	-111.7%
HCBS, age <65, with SPMI	6,003.7	\$1,304.13	0.813	\$1,059.72	\$1,428.94	-\$369.22	-\$2,216,685	-34.8%
HCBS, age <65, no SPMI	8,883.1	\$953.49	0.945	\$900.80	\$1,073.23	-\$172.43	-\$1,531,727	-19.1%
Community, age <65, with SPMI	5,539.1	\$1,005.50	1.009	\$1,014.97	\$1,125.13	-\$110.16	-\$610,185	-10.9%
Community, age <65, no SPMI	10,160.6	\$672.75	1.226	\$824.82	\$782.67	\$42.15	\$428,267	5.1%

Table 6.J – MEDICARE
Demonstration Year 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 3
(including AGA adjustments and excluding outlier adjustment)

Category of beneficiary	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	46,986.5	\$1,168.52	1.058	\$1,236.45	\$1,193.10	\$43.35	\$2,036,879	3.5%
Facility, age 65+, with SPMI	2,227.8	\$2,536.97	0.889	\$2,254.44	\$1,957.22	\$297.22	\$662,160	13.2%
Facility, age 65+, no SPMI	2,281.9	\$1,593.37	0.904	\$1,439.93	\$1,222.86	\$217.07	\$495,318	15.1%
HCBS, age 65+, with SPMI	2,782.5	\$1,919.83	1.085	\$2,083.64	\$2,069.76	\$13.88	\$38,618	0.7%
HCBS, age 65+, no SPMI	4,513.7	\$1,244.46	1.303	\$1,620.92	\$1,427.07	\$193.85	\$874,989	12.0%
Community, age 65+, with SPMI	1,379.2	\$1,127.58	0.996	\$1,123.06	\$1,054.74	\$68.32	\$94,227	6.1%
Community, age 65+, no SPMI	8,500.8	\$363.91	1.340	\$487.72	\$559.29	-\$71.56	-\$608,334	-14.7%
Facility, age <65, with SPMI	955.4	\$3,308.23	0.870	\$2,879.35	\$2,467.62	\$411.73	\$393,350	14.3%
Facility, age <65, no SPMI	564.3	\$2,759.59	0.848	\$2,340.35	\$2,684.60	-\$344.26	-\$194,256	-14.7%
HCBS, age <65, with SPMI	5,405.4	\$1,720.52	1.066	\$1,833.54	\$1,772.79	\$60.75	\$328,378	3.3%
HCBS, age <65, no SPMI	5,880.3	\$944.94	1.277	\$1,207.05	\$1,059.76	\$147.29	\$866,121	12.2%
Community, age <65, with SPMI	5,113.9	\$898.83	0.960	\$862.83	\$859.32	\$3.51	\$17,949	0.4%
Community, age <65, no SPMI	7,381.3	\$580.58	1.280	\$743.28	\$869.49	-\$126.22	-\$931,641	-17.0%

Tables 7A-7C summarize the gross Medicare savings calculation (including AGA adjustment, but before the attributed savings and the outlier adjustment) by cohort for the entire Demonstration Year (1, 2 and 3 combined) and Demonstration Years 2 and 3 separately. For Cohort 1, the total additional cost (negative savings) was \$7.1 million in Demonstration Year 1, \$10.5 million, or -7.0%, in Demonstration Year 2 and \$13.7 million, or -10.9%, in Demonstration Year 3 with the largest additional cost coming from Cohorts 1C, 1D, and 1E. For Cohort 2, the total additional cost (negative savings) was \$803 thousand, or -1.1%, in Demonstration Year 2, and \$1.7 million, or -2.8%, in Demonstration Year 3. For Cohort 3, the total savings was \$2.0 million, or 3.5% in Demonstration Year 3.

Table 7A
Summary of demonstration savings by Cohort, Including AGA but Excluding Outlier, Total Demonstration Year

Cohort	(a) Eligible Months N	(b) Baseline Period PMPM	(c) AGA Adjusted Cost Trend Comparison Group	(d) AGA Adjusted Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM	(f) PMPM Savings = d-e	(g) Total Savings = a*f	(h) Percentage Savings = f/d
1A	132,029.8	\$683.93	1.172	\$801.23	\$821.22	-\$19.99	-\$2,627,750	-2.5%
1B	122,751.1	\$841.32	1.136	\$955.49	\$1,017.21	-\$61.72	-\$7,499,844	-6.5%
1C	70,574.1	\$765.42	1.161	\$888.74	\$988.99	-\$100.25	-\$7,043,917	-11.3%
1D	59,199.5	\$595.32	1.125	\$669.99	\$779.31	-\$109.32	-\$6,434,022	-16.3%
1E	56,736.1	\$698.08	1.107	\$773.07	\$902.96	-\$129.90	-\$7,366,026	-16.8%
1F	53,768.8	\$970.36	1.130	\$1,096.10	\$1,088.87	\$7.23	\$376,180	0.7%
1G	32,800.5	\$1,344.80	1.120	\$1,505.66	\$1,534.14	-\$28.48	-\$775,380	-1.9%
1 - Total	527,859.7	\$793.25	1.142	\$904.87	\$964.88	-\$60.01	-\$31,370,758	-6.6%
2	119,238.9	\$1,117.09	0.980	\$1,094.88	\$1,115.73	-\$20.84	-\$2,485,417	-1.9%
3	46,986.5	\$1,168.52	1.058	\$1,236.45	\$1,193.10	\$43.35	\$2,036,879	3.5%
Total 1+2+3	694,085.1			\$959.96	\$1,006.24	-\$46.29	-\$31,819,296	-4.8%

Table 7B
Summary of demonstration savings by Cohort, Including AGA but Excluding Outlier, Demonstration Year 2

Cohort	(a) Eligible Months N	(b) Baseline Period PMPM	(c) AGA Adjusted Cost Trend Comparison Group	(d) AGA Adjusted Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM	(f) PMPM Savings = d-e	(g) Total Savings = a*f	(h) Percentage Savings = f/d
1A	37,093.7	\$683.93	1.171	\$800.56	\$838.09	-\$37.53	-\$1,392,082	-4.7%
1B	36,021.9	\$841.32	1.129	\$949.80	\$1,026.95	-\$77.15	-\$2,779,147	-8.1%
1C	22,172.1	\$765.42	1.152	\$881.73	\$972.31	-\$90.58	-\$2,008,423	-10.3%
1D	19,078.3	\$595.32	1.116	\$664.20	\$801.33	-\$137.14	-\$2,616,319	-20.6%
1E	19,055.1	\$698.08	1.105	\$771.21	\$912.98	-\$141.77	-\$2,701,365	-18.4%
1F	18,540.9	\$970.36	1.120	\$1,086.59	\$1,052.77	\$33.82	\$627,109	3.1%
1G	12,513.0	\$1,344.80	1.120	\$1,505.85	\$1,477.49	\$28.35	\$354,795	1.9%
Total 1	164,474.9	\$804.83	1.132	\$910.87	\$974.80	-\$63.93	-\$10,515,432	-7.0%
2	63,751.0	\$1,117.09	0.998	\$1,115.36	\$1,127.96	-\$12.60	-\$803,078	-1.1%
Total 1+2	228,225.9			\$967.99	\$1,017.59	-\$49.59	-\$11,318,511	-5.1%

Table 7C
Summary of demonstration savings by Cohort, Including AGA but Excluding Outlier, Demonstration Year 3

Cohort	(a) Eligible Months N	(b) Baseline Period PMPM	(c) AGA Adjusted Cost Trend Comparison Group	(d) AGA Adjusted Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM	(f) PMPM Savings = d-e	(g) Total Savings = a*f	(h) Percentage Savings = f/d
1A	32,986.4	\$683.93	1.157	\$791.08	\$834.29	-\$43.21	-\$1,425,273	-5.5%
1B	30,648.2	\$841.32	1.103	\$927.85	\$1,034.53	-\$106.68	-\$3,269,650	-11.5%
1C	19,076.7	\$765.42	1.134	\$867.61	\$1,037.45	-\$169.85	-\$3,240,147	-19.6%
1D	16,459.3	\$595.32	1.096	\$652.26	\$772.70	-\$120.44	-\$1,982,430	-18.5%
1E	16,257.1	\$698.08	1.065	\$743.42	\$983.96	-\$240.53	-\$3,910,381	-32.4%
1F	15,897.2	\$970.36	1.103	\$1,070.11	\$1,082.32	-\$12.21	-\$194,044	-1.1%
1G	10,405.3	\$1,344.80	1.094	\$1,471.75	\$1,442.53	\$29.22	\$304,043	2.0%
1 - Total	141,730.3	\$804.83	1.107	\$890.64	\$987.43	-\$96.79	-\$13,717,883	-10.9%
2	55,487.9	\$1,117.09	0.959	\$1,071.36	\$1,101.68	-\$30.32	-\$1,682,339	-2.8%
3	46,986.5	\$1,168.52	1.058	\$1,236.45	\$1,193.10	\$43.35	\$2,036,879	3.5%
Total 1+2+3	244,204.6			\$998.24	\$1,052.96	-\$54.72	-\$13,363,343	-5.5%

5.3 Outlier Adjustment

To ensure that a disproportionate number of high-cost beneficiaries were not making an undue impact on either the intervention or the comparison group, we adjusted costs for outliers. To do that, we tabulated the Medicare costs of each beneficiary in each cohort, separately for the baseline and each Demonstration Year, but for the intervention and comparison groups combined. The beneficiaries were then ranked by total Medicare costs and the costs for the 99th percentile were determined. Table 8 shows the results of this tabulation. These results are used to make the outlier adjustment as shown in Tables 9A and 9B, which have the same column headings as Table 7A. For the intervention group PMPM in the Baseline Period, Demonstration Year 2 and Demonstration Year 3, the truncated PMPMs are substituted for the un-truncated PMPMs.

The comparison group trend is modified by a factor that is derived from the ratio of the trend for the truncated PMPMs to that of the un-truncated PMPMs. For Cohort 1, the trend factor from the Baseline Period to Demonstration Year 2 is 1.11018 ($= \$990.16 / \891.89) for the untruncated PMPMs, and it is 1.08546 ($= \$927.57 / \854.54) for the truncated PMPMs. The ratio of these trend factors is the outlier adjustment factor 0.97773 ($= 1.08546 / 1.11018$) that is to be applied to the comparison group trend. For Cohort 2, the trend factor from the Baseline Period to Demonstration Year 2 is 0.95772 for the un-truncated PMPMs and 0.95422 for the truncated PMPMs. The outlier adjustment factor of 0.99635 represents the ratio of these trend factors. For Cohort 3, the trend factor from the Baseline Period to Demonstration Year 3 is 1.02548 for the un-truncated PMPMs and 1.02396 for the truncated PMPMs. The outlier adjustment factor of 0.99852 represents the ratio of these trend factors. Compared to the savings determined with the unadjusted PMPMs, the truncated PMPMs will show more savings if there are more outliers in the intervention group than the comparison group during Demonstration Year 2 and less savings if such is the case during the Baseline Period. In Demonstration Year 2, adjusting for outliers decreases the cost (i.e., negative savings) from 7.0% to 5.8% for Cohort 1 and from 1.1% to 0.8% for Cohort 2. In Demonstration Year 3, adjusting for outliers decreases the cost (i.e., negative savings) from 10.9% to 6.9% for Cohort 1, increases the cost (i.e., negative savings) from 2.8% to 3.2% for Cohort 2 and has virtually no effect on the 3.5% savings for Cohort 3. For all 3 cohorts combined and for all Demonstration Years combined, the outlier adjustment reduced the additional cost (i.e., went in the direction of increased savings) from \$31.8 million to \$24.7 million, or from -4.8% to -3.9%.

5.4 Attributed Medicare Savings and Summary of Total Gross Medicare Savings

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

dates of first eligibility and enrollment may not be the same so that some months of eligibility may not have been months of enrollment.

There were Cohort 2 beneficiaries eligible for the demonstration during a portion of Demonstration Year 1 even though their actual cost experience would not be included in the Demonstration Year 1 savings calculation. In accordance with the Final Demonstration Agreement, the actual Demonstration Year 1 savings experience by Cohort 1 was proportionally attributed to Cohort 2 beneficiaries for the months that they were eligible for the demonstration during Demonstration Year 1. Similarly, actual Demonstration Year 2 savings experienced by Cohort 2 was proportionally attributed to Cohort 3 beneficiaries for the months that they were eligible for the demonstration during Demonstration Year 2.

The demonstration was terminated as of December 31, 2017 and as such there will be no Cohort 4 so there is not any attributed savings during Demonstration Year 3.

Tables 9A-C show the total gross Medicare savings for all three cohorts, including the outlier adjustment and the attributed savings. Before adding the attributed savings, the total dollar additional cost (negative savings) for Demonstration Year 2 was \$8,676,594. The total PMPM additional cost was \$49.60 for Cohort 1, which represents a 5.8 percent additional cost rate and \$8.14 for Cohort 2, which represents a 0.8 percent additional cost rate. The number of months that Cohort 3 beneficiaries were eligible during Demonstration Year 2 was 35,386.49 and their PMPM during this period was \$1,041.79. Applying the 0.77% negative savings to the PMPM yields a PMPM additional cost of \$7.98. Applying this additional PMPM costs to the 35,386.49 months yields the attributed additional costs of \$282,226 for Cohort 3. Thus, for Demonstration Year 2, the final total additional Medicare costs for all three cohorts is \$8,958,821, or \$33.99 PMPM.

In Demonstration Year 3, the preliminary total additional Medicare cost was \$8,154,562 for Cohort 1 (\$57.54 PMPM) and was \$1,788,408 for Cohort 2 (\$32.23 PMPM) while Cohort 3 experienced preliminary total savings of \$1,912,381 (\$40.70 PMPM). The total additional costs for all three cohorts combined was \$8,030,589, which represents additional \$32.88 PMPM or -3.5%.

Demonstration Year 1 total additional costs were previously reported as \$10,553,714. For Cohorts 1, 2 and 3 in Demonstration Years 1 (final figures), 2 (final figures) and 3 (preliminary figures) combined, total additional gross Medicare costs, including the attributed savings, was \$27,543,124, a PMPM of \$34.85 or 4.02%. The savings calculation for Demonstration Years 1 and 2 is now considered to be final. The savings estimate for Demonstration Year 3 is considered to be preliminary but will not be updated because the demonstration has ended.

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 99th percentile	Truncated PMPM/ total PMPM
Cohort 1					
Intervention – Baseline	19,852	170	\$804.83	\$773.39	96.09%
Comparison – Baseline	55,708	590	\$891.89	\$854.54	95.81%
Intervention – Demo Period 2	19,852	218	\$974.80	\$905.40	92.88%
Comparison – Demo Period 2	55,708	538	\$990.16	\$927.57	93.68%
Comparison group trend factor DP2			1.11018	1.08546	0.97773
Intervention – Demo Period 3	19,852	245	\$987.43	\$893.36	90.47%
Comparison – Demo Period 3	55,708	511	\$990.01	\$926.36	93.57%
Comparison group trend factor DP3			1.11001	1.08404	0.97661
Cohort 2					
Intervention – Baseline	7,237	84	\$1,117.09	\$1,069.14	95.71%
Comparison – Baseline	13,236	121	\$1,227.37	\$1,173.09	95.58%
Intervention – Demo Period 2	7,237	62	\$1,127.96	\$1,071.73	95.02%
Comparison – Demo Period 2	13,236	143	\$1,175.48	\$1,119.39	95.23%
Comparison group trend factor DP2			0.95772	0.95422	0.99635
Intervention – Demo Period 3	7,237	83	\$1,101.68	\$1,036.83	94.11%
Comparison – Demo Period 3	13,236	122	\$1,155.07	\$1,081.62	93.64%
Comparison group trend factor DP3			0.94110	0.92203	0.97974

(continued)

Table 8 – MEDICARE Outlier adjustment data (continued)

Group / Period	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99th percentile	Truncated PMPM/ total PMPM
Cohort 3					
Intervention – Baseline	4,759	53	\$1,168.52	\$1,098.14	93.98%
Comparison – Baseline	13,586	131	\$1,271.59	\$1,220.19	95.96%
Intervention – Demo Period 3	4,759	53	\$1,193.10	\$1,119.55	93.84%
Comparison – Demo Period 3	13,586	131	\$1,303.99	\$1,249.43	95.82%
Comparison group trend factor DP3			1.02548	1.02396	0.99852

NOTE: The 99th percentile costs were:

- Cohort 1 – Baseline Period = \$153,524.70
- Cohort 1 – Demonstration Year 2 = \$92,624.98
- Cohort 1 – Demonstration Year 3 = \$85,254.54
- Cohort 2 – Baseline Period = \$119,596.86
- Cohort 2 – Demonstration Year 2 = \$109,813.78
- Cohort 2 – Demonstration Year 3 = \$100,311.69
- Cohort 3 – Baseline Period = \$108,575.19
- Cohort 3 – Demonstration Year 3 = \$124,704.47

Table 9A -- MEDICARE
Summary of Demonstration Years 1, 2 and 3 combined savings by cohort, including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target All Demonstration Years PMPM	(e) Actual All Demonstration Years PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 1 – total	527,859.7	\$805.21	1.124	\$905.45	\$964.88	-\$59.43	-\$31,370,758	-6.6%
Outlier adjusted	527,859.7	\$773.61	1.109	\$857.68	\$903.79	-\$46.11	-\$24,337,593	-5.4%
Cohort 2 – total	119,238.9	\$1,117.09	0.980	\$1,094.88	\$1,115.73	-\$20.84	-\$2,485,417	-1.9%
Outlier adjusted	119,238.9	\$1,069.14	0.969	\$1,036.14	\$1,055.49	-\$19.35	-\$2,307,495	-1.9%
Cohort 3 – total	46,986.5	\$1,168.52	1.058	\$1,236.45	\$1,193.10	\$43.35	\$2,036,879	3.5%
Outlier adjusted	46,986.5	\$1,098.14	1.057	\$1,160.26	\$1,119.55	\$40.70	\$1,912,381	3.5%
Cohorts 1+2+3	694,085.1	\$920.06	1.044	\$960.40	\$1,006.24	-\$45.84	-\$31,819,297	-4.8%
Outlier adjusted	694,085.1	\$880.48	1.032	\$908.82	\$944.46	-\$35.63	-\$24,732,707	-3.9%
Attributed Savings								
Cohort 2	60,828.70	\$1,002.18				-\$41.56	-\$2,528,190	-4.1%
Cohort 3	35,386.49	\$1,041.79				-\$7.98	-\$282,226	-0.8%
Total Cohorts 1+2+3	790,300.24					-\$34.85	-\$27,543,124	

Table 9B -- MEDICARE

Summary of Demonstration Year 2 combined savings by cohort, including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 2 PMPM	(e) Actual Demonstration Year 2 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 1 – total	164,474.9	\$804.83	1.132	\$910.87	\$974.80	-\$63.93	-\$10,515,432	-7.0%
Outlier adjusted	164,474.9	\$773.39	1.107	\$855.80	\$905.40	-\$49.60	-\$8,157,507	-5.8%
Cohort 2 – total	63,751.0	\$1,117.09	0.998	\$1,115.36	\$1,127.96	-\$12.60	-\$803,078	-1.1%
Outlier adjusted	63,751.0	\$1,069.14	0.995	\$1,063.59	\$1,071.73	-\$8.14	-\$519,087	-0.8%
Cohorts 1+2	228,225.9	\$892.05	1.085	\$967.99	\$1,017.59	-\$49.59	-\$11,318,511	-5.1%
Outlier adjusted	228,225.9	\$856.00	1.068	\$913.84	\$951.86	-\$38.02	-\$8,676,594	-4.2%
Attributed Savings								
Cohort 3	35,386.4	\$1,041.79				-\$7.98	-\$282,226	-0.8%
Total Cohorts 1+2+3	263,512.4					-\$33.99	-\$8,958,821	

Table 9C -- MEDICARE

Summary of Demonstration Year 3 combined savings by cohort, including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline Period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year 3 PMPM	(e) Actual Demonstration Year 3 PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 1 – total	141,730.3	\$804.83	1.107	\$890.64	\$987.43	-\$96.79	-\$13,717,883	-10.9%
Outlier adjusted	141,730.3	\$773.39	1.081	\$835.83	\$893.36	-\$57.54	-\$8,154,562	-6.9%
Cohort 2 – total	55,487.9	\$1,117.09	0.959	\$1,071.36	\$1,101.68	-\$30.32	-\$1,682,339	-2.8%
Outlier adjusted	55,487.9	\$1,069.14	0.940	\$1,004.60	\$1,036.83	-\$32.23	-\$1,788,408	-3.2%
Cohort 3 – total	46,986.5	\$1,168.52	1.058	\$1,236.45	\$1,193.10	\$43.35	\$2,036,879	3.5%
Outlier adjusted	46,986.5	\$1,098.14	1.057	\$1,160.26	\$1,119.55	\$40.70	\$1,912,381	3.5%
Cohorts 1+2+3	244,204.6	\$945.76	1.055	\$998.24	\$1,052.96	-\$54.72	-\$13,363,343	-5.5%
Outlier adjusted	244,204.6	\$903.07	1.037	\$936.60	\$969.48	-\$32.88	-\$8,030,589	-3.5%

5.5 Additional Analysis

Tables 10A-10C and Tables 11A-11E show additional analysis of the gross Medicare savings by month and by type of service, respectively. These tables include the AGA adjustment but not the outlier adjustment (which cannot be disaggregated to individual months or types of service because it is calculated in aggregate across all months and types of service). Tables 10A and 10B show, for Cohorts 1 and 2, respectively, for each month of Demonstration Years 2 and 3, the target PMPM, the actual intervention PMPM, and the ratio of the intervention PMPM to the target PMPM (the D/T ratio). Table 10C shows the same for Cohort 3 for Demonstration Year 3. A ratio less than 1.00 shows savings, whereas a ratio greater than 1.00 shows negative savings. Tables 11A-E show the D/T ratios by type of service for Demonstration Years 2 and 3 for Cohorts 1, 2 and 3, respectively.

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

Month	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Member months	Intervention	Comparison	Target	
Baseline	\$319,103,894	396,487.8	\$805	\$920	—	—
Jan-2016	\$13,784,962	14,791.4	\$932	\$988	\$859	1.08
Feb-2016	\$13,220,101	14,507.8	\$911	\$1,099	\$951	0.96
Mar-2016	\$15,311,113	14,374.9	\$1,065	\$1,095	\$954	1.12
Apr-2016	\$14,496,345	14,355.8	\$1,010	\$1,044	\$908	1.11
May-2016	\$13,125,634	14,164.4	\$927	\$1,029	\$892	1.04
Jun-2016	\$14,288,851	13,962.8	\$1,023	\$1,093	\$951	1.08
Jul-2016	\$12,816,301	13,465.3	\$952	\$1,041	\$904	1.05
Aug-2016	\$13,394,681	13,296.8	\$1,007	\$1,081	\$944	1.07
Sep-2016	\$13,431,292	13,167.8	\$1,020	\$1,001	\$874	1.17
Oct-2016	\$12,782,528	12,953.7	\$987	\$1,050	\$912	1.08
Nov-2016	\$11,687,922	12,818.0	\$912	\$1,007	\$876	1.04
Dec-2016	\$11,991,079	12,616.3	\$950	\$1,034	\$902	1.05
Jan-2017	\$11,819,710	12,597.9	\$938	\$977	\$836	1.12
Feb-2017	\$10,775,599	12,534.4	\$860	\$997	\$849	1.01
Mar-2017	\$13,308,507	12,364.4	\$1,076	\$1,092	\$934	1.15
Apr-2017	\$11,813,607	12,226.9	\$966	\$1,026	\$877	1.10
May-2017	\$12,937,960	12,058.8	\$1,073	\$1,145	\$974	1.10
Jun-2017	\$11,924,238	11,881.6	\$1,004	\$1,060	\$904	1.11
Jul-2017	\$10,755,027	11,737.3	\$916	\$1,017	\$872	1.05
Aug-2017	\$11,700,207	11,532.5	\$1,015	\$1,031	\$890	1.14
Sep-2017	\$11,195,183	11,398.1	\$982	\$1,009	\$864	1.14
Oct-2017	\$11,740,103	11,207.5	\$1,048	\$1,109	\$947	1.11
Nov-2017	\$10,676,599	11,147.2	\$958	\$1,017	\$874	1.10
Dec-2017	\$11,301,482	11,043.5	\$1,023	\$1,019	\$868	1.18
Total	\$300,279,032	306,205.2	\$981	\$1,045	\$902	1.09

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

Month	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Member months	Intervention	Comparison	Target	
Baseline	\$92,329,360	82,651.7	\$1,117	\$1,198	—	—
Jan-2016	\$7,187,663	6,682.2	1,075.6	1,174.5	\$1,090	0.99
Feb-2016	\$7,497,583	6,444.3	1,163.4	1,241.0	\$1,158	1.00
Mar-2016	\$7,298,609	6,294.2	1,159.6	1,321.4	\$1,222	0.95
Apr-2016	\$6,673,038	6,184.3	1,079.0	1,205.2	\$1,110	0.97
May-2016	\$6,625,163	6,015.8	1,101.3	1,311.2	\$1,212	0.91
Jun-2016	\$6,884,502	5,904.8	1,165.9	1,198.8	\$1,108	1.05
Jul-2016	\$5,424,701	4,630.3	1,171.6	1,073.3	\$986	1.19
Aug-2016	\$5,488,568	4,514.5	1,215.8	1,176.8	\$1,079	1.13
Sep-2016	\$4,920,588	4,398.3	1,118.7	1,215.5	\$1,121	1.00
Oct-2016	\$5,040,672	4,316.0	1,167.9	1,210.5	\$1,121	1.04
Nov-2016	\$4,522,870	4,230.4	1,069.1	1,107.7	\$1,024	1.04
Dec-2016	\$4,344,559	4,135.9	1,050.4	1,164.2	\$1,072	0.98
Jan-2017	\$5,481,673	5,035.6	1,088.6	1,095.6	\$998	1.09
Feb-2017	\$5,454,433	5,012.9	1,088.1	1,181.3	\$1,080	1.01
Mar-2017	\$6,113,753	4,885.7	1,251.3	1,356.9	\$1,235	1.01
Apr-2017	\$4,730,783	4,845.6	976.3	1,152.4	\$1,042	0.94
May-2017	\$5,038,539	4,763.1	1,057.8	1,146.9	\$1,038	1.02
Jun-2017	\$5,002,936	4,672.9	1,070.6	1,142.3	\$1,024	1.05
Jul-2017	\$5,061,898	4,579.5	\$1,105	\$1,183	\$1,076	1.03
Aug-2017	\$5,322,591	4,464.9	\$1,192	\$1,213	\$1,097	1.09
Sep-2017	\$4,900,302	4,411.8	\$1,111	\$1,069	\$967	1.15
Oct-2017	\$4,740,522	4,331.7	\$1,094	\$1,384	\$1,240	0.88
Nov-2017	\$4,421,337	4,263.5	\$1,037	\$1,132	\$1,022	1.01
Dec-2017	\$4,860,950	4,220.6	\$1,152	\$1,158	\$1,036	1.11
Total	\$133,038,231	119,238.9	\$1,116	\$1,196	\$1,095	1.02

**Table 10C. – MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 3**

Month	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Member months	Intervention	Comparison	Target	
Baseline	\$53,982,534	46,197.2	\$1,169	\$1,247	—	—
Jan-2017	\$5,446,846	4,509.2	1,208.0	1,409.8	\$1,289	0.94
Feb-2017	\$5,001,569	4,414.4	1,133.0	1,236.9	\$1,134	1.00
Mar-2017	\$5,050,143	4,255.4	1,186.8	1,404.3	\$1,273	0.93
Apr-2017	\$4,631,665	4,187.3	1,106.1	1,454.8	\$1,340	0.83
May-2017	\$5,324,570	4,088.7	1,302.3	1,380.4	\$1,253	1.04
Jun-2017	\$4,568,970	3,923.5	1,164.5	1,347.7	\$1,226	0.95
Jul-2017	\$4,579,155	3,823.8	1,197.5	1,335.4	\$1,217	0.98
Aug-2017	\$4,459,620	3,707.2	1,203.0	1,366.3	\$1,249	0.96
Sep-2017	\$4,200,240	3,666.5	1,145.6	1,267.3	\$1,162	0.99
Oct-2017	\$4,817,894	3,542.7	1,359.9	1,366.8	\$1,241	1.10
Nov-2017	\$4,002,998	3,475.2	1,151.9	1,290.8	\$1,171	0.98
Dec-2017	\$3,975,787	3,392.6	1,171.9	1,399.2	\$1,270	0.92
Total	\$56,059,459	46,986.5	\$1,193	\$1,356	\$1,236	0.96

Table 11A.
PMPM costs based on incurred Medicare claims for Cohort 1,
Demonstration Year 2

Type of service	Intervention Group		PMPM			Ratio (I/T)
	Incurred Claims	Member Months	Intervention Group	Target	Savings	
Baseline	\$319,103,894	396,487.8	\$804.83	----	----	----
Durable medical equipment	\$6,640,903	164,474.9	\$40.38	\$33.48	-\$6.90	1.21
Home health agency	\$5,725,740	164,474.9	\$34.81	\$40.70	\$5.88	0.86
Hospice	\$6,234,321	164,474.9	\$37.90	\$50.92	\$13.01	0.74
Inpatient	\$55,779,491	164,474.9	\$339.14	\$331.52	-\$7.62	1.02
Outpatient	\$39,553,567	164,474.9	\$240.48	\$190.81	-\$49.67	1.26
Professional	\$31,283,034	164,474.9	\$190.20	\$197.52	\$7.32	0.96
SNF	\$15,113,753	164,474.9	\$91.89	\$65.93	-\$25.96	1.39
Total	\$160,330,809	164,474.9	\$974.80	\$910.87	-\$63.93	1.07

Table 11B.
PMPM costs based on incurred Medicare claims for Cohort 1,
Demonstration Year 3

Type of service	Intervention Group		PMPM			Ratio (I/T)
	Incurred Claims	Member Months	Intervention Group	Target	Savings	
Baseline	\$319,103,894	396,487.8	\$804.83	----	----	----
Durable medical equipment	\$5,600,905	141,730.3	\$39.52	\$29.79	-\$9.73	1.33
Home health agency	\$5,096,034	141,730.3	\$35.96	\$40.25	\$4.29	0.89
Hospice	\$4,942,868	141,730.3	\$34.88	\$55.38	\$20.51	0.63
Inpatient	\$49,287,439	141,730.3	\$347.76	\$324.71	-\$23.05	1.07
Outpatient	\$35,809,466	141,730.3	\$252.66	\$177.99	-\$74.67	1.42
Professional	\$27,277,330	141,730.3	\$192.46	\$194.70	\$2.24	0.99
SNF	\$11,934,181	141,730.3	\$84.20	\$67.83	-\$16.37	1.24
Total	\$139,948,223	141,730.3	\$987.43	\$890.64	-\$96.79	1.11

**Table 11C.
PMPM costs based on incurred Medicare claims for Cohort 2,
Demonstration Year 2**

Type of service	Intervention Group		PMPM			Ratio (I/T)
	Incurred Claims	Member Months	Intervention Group	Target	Savings	
Baseline	\$92,329,360	82,651.7	\$1,117.09	----	----	----
Durable medical equipment	\$2,674,471	63,751.0	\$41.95	\$37.77	-\$4.18	1.11
Home health agency	\$2,723,815	63,751.0	\$42.73	\$55.37	\$12.64	0.77
Hospice	\$3,389,809	63,751.0	\$53.17	\$68.46	\$15.29	0.78
Inpatient	\$25,106,064	63,751.0	\$393.81	\$400.06	\$6.24	0.98
Outpatient	\$17,184,061	63,751.0	\$269.55	\$224.95	-\$44.60	1.20
Professional	\$14,910,327	63,751.0	\$233.88	\$237.88	\$4.00	0.98
SNF	\$5,919,969	63,751.0	\$92.86	\$90.87	-\$1.99	1.02
Total	\$71,908,515	63,751.0	\$1,127.96	\$1,115.36	-\$12.60	1.01

**Table 11D.
PMPM costs based on incurred Medicare claims for Cohort 2,
Demonstration Year 3**

Type of service	Intervention Group		PMPM			Ratio (I/T)
	Incurred Claims	Member Months	Intervention Group	Target	Savings	
Baseline	\$92,329,360	82,651.7	\$1,117.09	----	----	----
Durable medical equipment	\$2,507,782	55,487.9	\$45.20	\$35.51	-\$9.68	1.27
Home health agency	\$2,196,472	55,487.9	\$39.58	\$53.49	\$13.91	0.74
Hospice	\$2,273,043	55,487.9	\$40.96	\$66.72	\$25.75	0.61
Inpatient	\$21,119,504	55,487.9	\$380.61	\$381.91	\$1.30	1.00
Outpatient	\$15,563,882	55,487.9	\$280.49	\$213.30	-\$67.19	1.32
Professional	\$12,566,543	55,487.9	\$226.47	\$233.83	\$7.36	0.97
SNF	\$4,902,489	55,487.9	\$88.35	\$86.59	-\$1.76	1.02
Total	\$61,129,716	55,487.9	\$1,101.68	\$1,071.36	-\$30.32	1.03

Table 11E.
PMPM costs based on incurred Medicare claims for Cohort 3,
Demonstration Year 3

Type of service	Intervention Group		PMPM			Ratio (I/T)
	Incurred Claims	Member Months	Intervention Group	Target	Savings	
Baseline	\$53,982,534	46,197.2	\$1,168.52	----	----	----
Durable medical equipment	\$1,972,087	46,986.5	\$41.97	\$38.31	-\$3.66	1.10
Home health agency	\$2,035,519	46,986.5	\$43.32	\$58.56	\$15.24	0.74
Hospice	\$2,271,089	46,986.5	\$48.33	\$89.89	\$41.56	0.54
Inpatient	\$19,628,425	46,986.5	\$417.75	\$448.49	\$30.75	0.93
Outpatient	\$12,934,287	46,986.5	\$275.28	\$235.47	-\$39.81	1.17
Professional	\$11,819,173	46,986.5	\$251.54	\$256.23	\$4.68	0.98
SNF	\$5,398,879	46,986.5	\$114.90	\$109.49	-\$5.41	1.05
Total	\$56,059,459	46,986.5	\$1,193.10	\$1,236.45	\$43.35	0.96

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Appendix A. Glossary of Acronyms

Acronym	Definition
ACC	Accountable Care Collaborative
AGA	Average Geographic Adjustment Factor
CCW	Chronic Condition Warehouse
DME	Durable Medical Equipment
FFS	Fee-for-Service
GHO	Group Health Organization
HCBS	Home and Community-Based Services
IME	Indirect Medical Education
IDR	Integrated Data Repository
LTSS	Long-term Services and Supports
MFFS	Managed Fee-for-Service
DSH	Medicare Disproportionate Share
MM	Member Months
MSA	Metropolitan Statistical Areas
PMPM	Per Member Per Month
PCMP	Primary Care Medical Providers
PACE	Program of All-Inclusive Care for the Elderly
RCCO	Regional Care Collaborative Organizations
SPMI	Serious and Persistent Mental Illness
SSP	Shared Savings Program
SNF	Skilled Nursing Facility
SDAC	Statewide Data and Analytics Contractor

STATEMENT OF ACTUARIAL OPINION and ACKNOWLEDGEMENT OF QUALIFICATIONS

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

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

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

Signed:

Michael Sandler, ASA, MAAA