

November 2018

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

Final Demonstration Year 2 and Preliminary Demonstration Year 3 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative

Prepared for

Daniel Lehman

Centers for Medicare & Medicaid Services
Center for Medicare & Medicaid Innovation
Mail Stop WB-06-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted by

Edith Walsh, PhD

RTI International
1440 Main Street, Suite 310
Waltham, MA 02451-1623

RTI Project Number 0212790.003.002.007/008

[This page intentionally left blank.]

REPORT FOR WASHINGTON HEALTH HOME MANAGED FEE-FOR-SERVICE (MFFS)
FINAL DEMONSTRATION YEAR 2 AND PRELIMINARY DEMONSTRATION YEAR 3
MEDICARE SAVINGS ESTIMATES: MEDICARE-MEDICAID FINANCIAL ALIGNMENT
INITIATIVE

by

Actuarial Research Corporation

Michael Sandler, ASA, MAAA

Lan Zhao, PhD

Todd Trapnell, MPP

Anthony Simms, ASA, MAAA

Alicia Nussbaum

RTI International

Melissa Morley, PhD

Giuseppina Chiri, MA

Project Director: Edith G. Walsh, PhD

Federal Project Officer: Daniel Lehman

RTI International

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

November 2018

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

[This page intentionally left blank.]

Contents

<u>Section</u>	<u>Page</u>
1. Introduction.....	1
2. Data Sources for PMPM Cost Analysis.....	5
2.1 Eligibility Data.....	5
2.2 Claims Data.....	5
3. Basic Approach.....	7
3.1 Categories of Beneficiaries.....	7
3.2 Cohorts.....	8
3.3 AGA and Outlier Adjustments.....	11
3.4 Determining Member Months.....	11
4. Analysis of Cohorts.....	13
5. Results of PMPM Cost Analysis.....	17
5.1 Medicare Savings before Adjustments	17
5.2 Medicare AGA Adjustments.....	48
5.3 Outlier Adjustment.....	74
5.4 Attributed Savings	79
5.5 Summary of Total Savings.....	82
5.6 Additional Analysis	82

List of Tables

<u>Number</u>	<u>Page</u>
Table 1.A Reasons for ineligibility for Cohort 1	14
Table 1.B Reasons for ineligibility for Cohort 2	15
Table 1.C Reasons for ineligibility for Cohort 3	16
Table 1.D Reasons for ineligibility for Cohort 4	16
Table 2.A.1—MEDICARE Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1	18
Table 2.A.2—MEDICARE Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1	19
Table 2.B.1—MEDICARE Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 2	20
Table 2.B.2—MEDICARE Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 2	21
Table 2.C.1—MEDICARE Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 3	22
Table 2.C.2—MEDICARE Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 3	23
Table 2.D—MEDICARE Eligible months, incurred claims, and PMPM for the comparison group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 4	24
Table 3.A.1—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1A	27
Table 3.A.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1A	28
Table 3.B.1—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1B	29
Table 3.B.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1B	30
Table 3.C.1—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1C	31

Table 3.C.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1C	32
Table 3.D.1—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1D	33
Table 3.D.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1D	34
Table 3.E.1—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1E.....	35
Table 3.E.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1E.....	36
Table 3.F.1—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1F.....	37
Table 3.F.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1F.....	38
Table 3.G.1 --MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1 total.....	39
Table 3.G.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1 total.....	40
Table 3.H.1—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 2	41
Table 3.H.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 2	42
Table 3.I.1—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 3	43
Table 3.I.2—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 3	44
Table 3.J—MEDICARE Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 4	45
Table 4.1 Summary by cohort of per member per month (PMPM), baseline versus demonstration period 2	46
Table 4.2 Summary by cohort of per member per month (PMPM), baseline versus demonstration period 3	47

Table 5.A Average AGA factor by group for baseline period and demonstration period 2.....	48
Table 5.B Average AGA factor by group for baseline period and demonstration period 3.....	49
Table 6.A.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A.....	51
Table 6.A.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A.....	52
Table 6.B.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B.....	53
Table 6.B.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B.....	54
Table 6.C.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C.....	55
Table 6.C.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C.....	56
Table 6.D.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D.....	57
Table 6.D.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D.....	58
Table 6.E.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E.....	59
Table 6.E.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E.....	60
Table 6.F.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F.....	61
Table 6.F.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F.....	62
Table 6.G.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 total.....	63
Table 6.G.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 total.....	64
Table 6.H.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2.....	65
Table 6.H.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2.....	66
Table 6.I.1—MEDICARE demonstration period 2 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 3.....	67
Table 6.I.2—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 3.....	68
Table 6.J—MEDICARE demonstration period 3 Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 4.....	69
Table 7.A—MEDICARE Summary of demonstration years 1, 2 and 3 savings by cohort not including attributed savings and outlier adjustment.....	71
Table 7.B—MEDICARE Summary of demonstration year 2 savings by cohort not including attributed savings and outlier adjustment.....	72
Table 7.C—MEDICARE Summary of demonstration year 3 savings by cohort not including attributed savings and outlier adjustment.....	73

Table 8 MEDICARE Outlier adjustment data	75
Table 9—MEDICARE Summary of demonstration periods 2 and 3 savings by cohort, including the outlier adjustment but excluding attributed savings	77
Table 10—MEDICARE Summary of demonstration periods 2 and 3 savings by cohort, after all adjustments including the outlier adjustment and attributed savings	80
Table 11.A—MEDICARE PMPM costs for intervention and comparison groups, by month: Cohort 1	83
Table 11.B—MEDICARE PMPM costs for intervention and comparison groups, by month: Cohort 2	84
Table 11.C—MEDICARE PMPM costs for intervention and comparison groups, by month: Cohort 3	85
Table 11.D—MEDICARE PMPM costs for intervention and comparison groups, by month: Cohort 4	86
Table 12.A—MEDICARE PMPM costs for demonstration period 2 based on incurred Medicare claims for Cohorts 1, 2, and 3	87
Table 12.B—MEDICARE PMPM costs for demonstration period 3 based on incurred Medicare claims for Cohorts 1, 2, 3 and 4	88
Table 13.A PMPM costs by category of beneficiary for demonstration period 2 based on incurred Medicare claims for Cohorts 1, 2, and 3	89
Table 13.B PMPM costs by category of beneficiary for demonstration period 3 based on incurred Medicare claims for Cohorts 1, 2, 3, and 4	91

[This page intentionally left blank.]

1. Introduction

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

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

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

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

In late October 2015, new information became available about projected savings for the demonstration. As a result, the State changed course and decided to continue health home

services through June 2016, to give the legislature time to review savings projections. During the 2016 legislative session funding for health homes was reinstated. While beyond the period covered by this report, the demonstration newly began to serve King and Snohomish counties effective April 1, 2017, extending the demonstration service area statewide.

This report provides a final Medicare savings analysis of the Washington Health Home managed fee-for-service (MFFS) demonstration for demonstration year 2 and a preliminary analysis of Medicare data for demonstration year 3 under the Medicare-Medicaid Financial Alignment Initiative. During the period covered by this report, Washington has enrolled beneficiaries in the demonstration in all but two counties (King and Snohomish) in the State. Washington began enrollment on July 1, 2013. For Medicare, this preliminary report covers the 24-month period from January 1, 2015 through December 31, 2016. This 24-month period covers Medicare data for demonstration period 2 for the Washington demonstration (January 1, 2015 through December 31, 2015) and demonstration period 3 (January 1, 2016 through December 31, 2016). CMS previously released a report by RTI entitled Final demonstration year 1 and preliminary demonstration year 2 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative. The report provided a final estimate of Medicare savings for demonstration year 1 and a preliminary estimate of Medicare savings for demonstration year 2 for Washington. demonstration year 1 experience and savings calculations are now complete.¹ This current report makes several adjustments to that analysis as noted below. Because we do not have sufficient Medicaid data for the periods covered in this report, this report covers Medicare only. For Medicare, this report provides final estimates for demonstration period 2 and preliminary estimates for the additional 12-month period January 1, 2016 through December 31, 2016. There will be a savings report after each demonstration period and future reports will include Medicaid data for demonstration periods 1, 2, and 3 when available.

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

The results presented in this report should be viewed as final for Medicare demonstration period 2, but preliminary for demonstration period 3. The demonstration period 3 Medicare Parts A and B expenditure data includes 12 months of claims runout, i.e., through December 2017. Note that the evaluation report will include an analysis of Medicare Part D data, however under

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

the MFFS financial alignment model, Part D spending does not inform the amount of any performance payment to the State and is not included in this report. The preliminary demonstration period 2 results included in the previous report included only 8 months of claims run out. This final report for demonstration period 2 includes the full 12 month run-out and has been updated to include any retroactive adjustments to eligibility data for beneficiaries in both the intervention and comparison groups. There were no additional methodological changes.

[This page intentionally left blank.]

2. Data Sources for PMPM Cost Analysis

2.1 Eligibility Data

As a part of performing cost calculations on a per member per month (PMPM) basis, it was necessary to construct an eligibility timeline for each beneficiary to determine whether claims occurred during periods of eligibility for the demonstration. ARC used beneficiary eligibility information extracted from the appropriate tables on the Integrated Data Repository (IDR) on February 28, 2018, to construct an analytic file that contains the date of death; eligibility occurrences for Part A coverage, Part B coverage, and primary payer status; eligibility occurrences for State/county codes of residence and Group Health Organization (GHO) enrollment (e.g., Medicare Advantage [MA] or the Program of All-Inclusive Care for the Elderly [PACE]); and periods of hospice coverage. Specific eligibility criteria are laid out in Section 3.2. All of this information was used to construct a historical eligibility record for each beneficiary in all cohorts and for all three demonstration periods. Thus, these new data were used to produce the final estimate of Medicare savings for demonstration year 2 and preliminary savings estimates for demonstration year 3.

After creating the historical eligibility file, ARC determined the days on which a beneficiary was eligible for the demonstration. Claims were used to calculate the Medicare PMPM payments only if the beneficiary was eligible to participate in the demonstration on the admission date (for institutional claims) or service date (for all other types of service) on the claim. For future reports, retroactive changes will be applied so that the daily eligibility file for demonstration period 3 will include updated values for all previous months.

2.2 Claims Data

The source of Medicare Parts A and B claims data for this report was CMS's Chronic Condition Warehouse (CCW). For each of the beneficiary cohorts included in this report, the claims data employed in the analysis were extracted from the CCW and represent claims incurred from the start date of each cohort through December 31, 2016 and processed by CMS through January 2018. The paid claim amounts tabulated for this report do not include estimates of incurred-but-not-reported (IBNR) claims for medical services performed during all 24 months but not yet paid by the end of January 2018. We have assumed the claims runout is effectively 100 percent complete.

Medicare payments were separated into seven claim categories:

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

[This page intentionally left blank.]

3. Basic Approach

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

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

3.1 Categories of Beneficiaries

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

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

The intervention group and the comparison group had roughly the same distribution by prevalence of SPMI. Both groups had roughly 29 percent prevalence of SPMI. The distribution by basis of eligibility and facility status showed more variation. In the intervention group, 46 percent of individuals were aged 65 or older compared with 39 percent of individuals in the comparison group. In the intervention group, 42 percent of members used HCBS and 11 percent used facility-based LTSS, whereas the prevalence in the comparison group was 18 percent HCBS and 32 percent facility-based services. Because the savings were calculated for each facility status category separately and weighted according to the intervention group distribution, the savings calculation appropriately takes into account these distributions.

It is important to note that beneficiaries are placed into categories according to their characteristics at the time that they are first placed in “cohorts,” even if these characteristics subsequently change. This is done to ensure that the PMPMs in each category change only from the effects of the demonstration and not from the effects of changing the mix of individuals in the category. This will also capture the effect of the demonstration to potentially slow the progression of the use of LTSS. For example, during the demonstration, some of the

beneficiaries originally placed in the community category may begin using HCBS or institutional services, which usually result in increased cost of care. If the transition rate of beneficiaries in the community category who move to categories requiring more intensive services during the demonstration is higher for the comparison group than for the intervention group, then the PMPM of the comparison group would increase faster and the savings model would show demonstration savings.

3.2 Cohorts

The beneficiaries are also disaggregated according to when they become eligible for the demonstration. Beneficiaries are placed into cohorts based on when they first meet the eligibility requirements of the demonstration. Those who met the requirements for eligibility on July 1, 2013 are in Cohort 1. Those who met the requirements for eligibility on January 1, 2014 (and who are not in Cohort 1) are in Cohort 2. Those who met the requirements for eligibility on January 1, 2015 (and are not in Cohort 1 or Cohort 2) are in Cohort 3. Finally, those who met the requirements for eligibility on January 1, 2016 (and are not in Cohorts 1, 2, or 3) are in Cohort 4. Note that the beneficiaries in Cohort 1 and Cohort 2 have experience after the start date of the cohort during demonstration period 1 (which spans July 2013 through December 2014), but that Cohort 3 does not. Cohorts 1, 2, and 3 have experience after the start date of the cohort in demonstration period 2 (which spans January 2015 through December 2015) and all four cohorts have experience in demonstration period 3 (which spans January 2016 through December 2016.)

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

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

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

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

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

Cohort 2 consists of those beneficiaries who were eligible for the demonstration in January 2014 and who were not in Cohort 1. Cohort 3 consists of those who were eligible for the demonstration in January 2015 and who were not in Cohorts 1 or 2. Cohort 4 consists of those who were eligible for the demonstration in January 2016 and not previously assigned to Cohorts 1, 2 or 3. Cohort 4 is the last cohort for which actual beneficiary cost experience is included in the demonstration period 3 Medicare savings calculation. For each cohort after the first, some or all of the baseline experience includes months that are also demonstration period months for which the beneficiary could have also been eligible for the demonstration. These are the first few months of eligibility before the start of the cohort, which occurs on January 1. According to the Final Demonstration Agreement, it was agreed to attribute the savings experience of the prior cohort to these months. Thus, for demonstration period 1, the savings percentage experienced by Cohort 1 was attributed to these few months of Cohort 2, and for demonstration periods 2 and 3, the savings percentage experienced by Cohorts 2 and 3 were attributed to these few months for Cohorts 3 and 4, respectively. Cohort 5 consists of those who were eligible for the demonstration in January 2017 and who were not in Cohorts 1, 2, 3 or 4. For this report, we have tabulated the eligible member months in demonstration period 3 (January 2016 through December 2016) of preliminary Cohort 5 and attribute the PMPM savings achieved for Cohort 4 to these first few months of eligibility of Cohort 5.

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

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

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

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

In order to (1) not include the experience of beneficiaries before they become eligible for the demonstration and (2) create closed groups, intervention group Cohort 1 beneficiaries were subdivided into six subgroups; those who first became eligible for the demonstration in each of the 6 months July through December 2013. These subgroups are designated as Cohort 1A through Cohort 1F, respectively.

For Cohort 1, the baseline period consists of the 24 months immediately before the start of the demonstration (i.e., July 1, 2011 through June 30, 2013). For Cohort 2, the baseline experience is the 12-month period January through December 2013. For Cohort 3, the baseline period is the 12-month period January through December 2014. For Cohort 4, the baseline period is the 12-month period January through December 2015. The same beneficiaries are in the baseline and the demonstration periods and an individual beneficiary must have 3 months of baseline experience before being included in a cohort for the savings calculation. This means that the beneficiary must have met the basic eligibility requirements for at least 3 months during the applicable baseline period. Because the savings calculation methodology relies on determining the trend in PMPM expenditures between the baseline period and the demonstration period, it is essential that each beneficiary have relevant experience in both of these periods.

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

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

3.3 AGA and Outlier Adjustments

Adjustments to the target PMPMs are needed to reflect Federal and State policies that affect the costs in the comparison States differently from those in the demonstration States and to ensure that calculated savings result only from the demonstration and not from these differences in governmental policies. For Medicare expenditures, the only necessary adjustment is the Average Geographic Adjustment (AGA) factor.³ The AGA factor reflects varying FFS cost trends in each county over time compared with the costs of the entire nation. The AGA changes at different rates for each geographic area. The target PMPMs are adjusted so that the comparison group trend is what it would be if the AGA factors in the comparison States had changed by the same percentage as the change in the demonstration State between the baseline period and the demonstration period.

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

3.4 Determining Member Months

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

1. January 1, 2017.

³ Other adjustments will have to be made to the Medicaid expenditures.

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

When one of the above occurs during a month, a prorated number of member months are calculated, so that the number of member months contains fractions of whole months. For Cohorts 2, 3, and 4, the member months are calculated beginning on January 1, 2014, 2015, or 2016, respectively, and accrue until one of the above termination events or the end of the analytic period. Also, if a beneficiary meets the demonstration eligibility criteria after being terminated previously, his or her experience would once again be included. Note that a beneficiary is not dropped from the analysis if his or her PRISM score falls below 1.5 or if the beneficiary elects hospice care. Thus, although having a PRISM score below 1.5 or being in hospice care prevents a beneficiary from becoming eligible for the demonstration, these events do not cause a beneficiary who is previously eligible from losing eligibility.

4. Analysis of Cohorts

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

Cohort 1 consists of 13,976 Medicare-Medicaid enrollees in the intervention group and 34,726 Medicare-Medicaid enrollees in the comparison group. After 42 months of operations, there were 7,677 eligible intervention group members and 13,749 eligible comparison group members as of December 31, 2016. The monthly attrition rates for the intervention and comparison groups were 1.52 percent and 2.22 percent, respectively. The most common reason for attrition was death and the monthly death rate for the intervention group was 0.77 percent, which was lower than the monthly death rate of 1.19 percent for the comparison group. The intervention group also experienced a lower rate of attrition due to a beneficiary moving out of area or participating in a shared savings program (SSP). However, the intervention group experienced higher monthly rates of attrition from (1) loss of dual eligibility (i.e., loss of Medicare or Medicaid eligibility) or (2) when Washington indicated that the beneficiary was no longer eligible for the demonstration (0.39 percent vs. 0.19 percent⁴).

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

Subgroup	Number of beneficiaries	Monthly death rate	Total monthly attrition rate
1A	2,215	0.99%	1.65%
1B	3,845	0.62%	1.41%
1C	390	0.67%	1.55%
1D	6,013	0.76%	1.55%
1E	726	0.65%	1.34%
1F	787	0.61%	1.54%

⁴ Note that eligibility for the intervention group is determined using Washington provided eligibility criteria including PRISM score. Eligibility for the comparison group is based on the application of Washington eligibility criteria to a comparison group which includes an RTI simulated PRISM score.

Cohort 2 consists of 689 Medicare-Medicaid enrollees in the intervention group and 6,725 Medicare-Medicaid enrollees in the comparison group. After 36 months, there were 322 eligible intervention group members and 2,914 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.24 percent and 2.43 percent, respectively.

Cohort 3 consists of 5,643 Medicare-Medicaid enrollees in the intervention group and 9,517 Medicare-Medicaid enrollees in the comparison group. After 24 months of operations, there were 3,632 eligible intervention group members and 5,312 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 1.89 percent and 2.47 percent, respectively.

Cohort 4 consists of 5,820 Medicare-Medicaid enrollees in the intervention group and 10,797 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 4,452 eligible intervention group members and 8,355 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 1.28 percent and 1.44 percent, respectively.

Table 1.A summarizes the reasons for ineligibility for members of Cohort 1 who became ineligible during the first 42 months of demonstration operations. Table 1.B summarizes the reasons for ineligibility for members of Cohort 2 who became ineligible during their 36 months of demonstration operations. Tables 1.C and 1.D summarize the reasons for ineligibility for members of Cohorts 3 and 4 who became ineligible during their 24 and 12 months of demonstration operations, respectively.

Table 1.A
Reasons for ineligibility for Cohort 1

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	3,137	0.77%	11,106	1.19%
Loss of Part A or B	38	0.01%	90	0.01%
GHO enrollment	876	0.22%	2,246	0.24%
Medicare secondary payer	185	0.05%	388	0.04%
Moved out of service area	320	0.08%	1,329	0.14%
Participation in SSP	139	0.03%	3,854	0.41%
Loss of eligibility	1,548	0.38%	1,930	0.21%
<i>All ineligibles</i>	<i>6,243</i>	<i>1.54%</i>	<i>20,943</i>	<i>2.25%</i>

(continued)

**Table 1.A (continued)
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
Beneficiaries as of 1 st day of 1 st month of eligibility	13,976		34,726	
Beneficiaries as of 12/31/2016	7,677		13,749	
Total member months	406,454.29		931,106.82	

GHO = Group Health Organization.

NOTES: For Cohorts 1 and 2 we included attrition experience from demonstration period 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 the demonstration period 1 experience is locked, it was not re-run, but the total beneficiary counts for first day eligible and eligible as of 12/31/2016 reflect most recent run. This can lead to small discrepancies whereby beneficiaries remaining do not equal starting total beneficiaries minus all ineligibles due to retroactive eligibility changes.

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

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	123	0.75%	1,682	1.08%
Loss of Part A or B	2	0.01%	14	0.01%
GHO enrollment	52	0.32%	405	0.26%
Medicare secondary payer	15	0.09%	65	0.04%
Moved out of service area	32	0.20%	310	0.20%
Participation in SSP	8	0.05%	799	0.51%
Loss of eligibility	135	0.82%	522	0.33%
<i>All ineligibles</i>	367	2.24%	3,797	2.43%
Beneficiaries as of 1/1/2014	689		6,725	
Beneficiaries as of 12/31/2016	322		2,914	
Total member months	16,370.78		156,376.26	

Table 1.C
Reasons for ineligibility for Cohort 3

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	721	0.68%	2,014	1.18%
Loss of Part A or B	9	0.01%	30	0.02%
GHO enrollment	318	0.30%	403	0.24%
Medicare secondary payer	69	0.06%	88	0.05%
Moved out of service area	125	0.12%	328	0.19%
Participation in SSP	48	0.05%	727	0.43%
Loss of eligibility	721	0.68%	615	0.36%
<i>All ineligibles</i>	<i>2,011</i>	<i>1.89%</i>	<i>4,205</i>	<i>2.47%</i>
Beneficiaries as of 1/1/2014	5,643		9,517	
Beneficiaries as of 12/31/2016	3,632		5,312	
Total member months	106,646.23		170,107.35	

Table 1.D
Reasons for ineligibility for Cohort 4

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	439	0.41%	1,310	0.77%
Loss of Part A or B	13	0.01%	14	0.01%
GHO enrollment	245	0.23%	257	0.15%
Medicare secondary payer	49	0.05%	67	0.04%
Moved out of service area	113	0.11%	268	0.16%
Loss of eligibility	509	0.48%	526	0.31%
<i>All ineligibles</i>	<i>1,368</i>	<i>1.28%</i>	<i>2,442</i>	<i>1.44%</i>
Beneficiaries as of 1/1/2014	5,820		10,797	
Beneficiaries as of 12/31/2016	4,452		8,355	
Total member months	60,435.85		113,725.42	

5. Results of PMPM Cost Analysis

5.1 Medicare Savings before Adjustments

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

For comparison group Cohort 1, the PMPM increases by 9.4 percent from \$1,616 during the baseline period to \$1,768 during demonstration period 2 and by 8.3 percent to \$1,751 during demonstration period 3. For comparison group Cohort 2, the PMPM decreases by 12 percent from \$1,622 to \$1,431 during demonstration period 2 and by 13 percent to \$1,410 during demonstration period 3. For comparison group Cohort 3, the PMPM decreases by 12.5 percent from \$1,732 to \$1,515 during demonstration period 2 and by 21 percent to \$1,372 during demonstration period 3. For comparison group Cohort 4, the PMPM decreases by 8 percent from \$1,748 to \$1,609 during demonstration period 3. Cohort 4 has no experience during demonstration period 2.

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

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

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

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	736,697.0	\$1,190,602,598	\$1,616.14	232,142.5	\$410,521,444	\$1,768.40	1.09422
Facility, age 65+, with SPMI	49,521.1	\$101,531,570	\$2,050.27	13,955.8	\$24,903,952	\$1,784.48	0.87036
Facility, age 65+, no SPMI	134,802.2	\$232,196,651	\$1,722.50	34,712.2	\$56,787,996	\$1,635.97	0.94976
HCBS, age 65+, with SPMI	13,013.7	\$25,340,622	\$1,947.22	4,077.5	\$9,194,662	\$2,254.96	1.15804
HCBS, age 65+, no SPMI	77,733.2	\$134,697,797	\$1,732.82	22,474.2	\$51,377,818	\$2,286.08	1.31928
Community, age 65+, with SPMI	18,374.0	\$26,639,016	\$1,449.83	6,395.9	\$10,834,264	\$1,693.93	1.16837
Community, age 65+, no SPMI	145,708.4	\$180,348,162	\$1,237.73	46,247.9	\$76,600,798	\$1,656.31	1.33818
Facility, age <65, with SPMI	15,572.5	\$38,414,751	\$2,466.84	5,459.0	\$11,471,358	\$2,101.37	0.85185
Facility, age <65, no SPMI	18,444.5	\$42,190,174	\$2,287.41	6,110.6	\$12,492,299	\$2,044.38	0.89375
HCBS, age <65, with SPMI	19,449.1	\$33,612,486	\$1,728.23	7,317.8	\$12,787,863	\$1,747.50	1.01115
HCBS, age <65, no SPMI	35,610.1	\$70,808,747	\$1,988.45	12,469.8	\$30,149,834	\$2,417.83	1.21594
Community, age <65, with SPMI	81,718.6	\$106,653,671	\$1,305.13	28,673.0	\$37,939,323	\$1,323.17	1.01382
Community, age <65, no SPMI	126,749.7	\$198,168,952	\$1,563.47	44,248.7	\$75,981,278	\$1,717.14	1.09829

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

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	736,697.0	\$1,190,602,598	\$1,616.14	181,041.1	\$317,032,816	\$1,751.17	1.08355
Facility, age 65+, with SPMI	49,521.1	\$101,531,570	\$2,050.27	9,926.3	\$17,044,850	\$1,717.13	0.83752
Facility, age 65+, no SPMI	134,802.2	\$232,196,651	\$1,722.50	22,009.5	\$36,656,035	\$1,665.47	0.96689
HCBS, age 65+, with SPMI	13,013.7	\$25,340,622	\$1,947.22	3,223.4	\$7,547,478	\$2,341.44	1.20245
HCBS, age 65+, no SPMI	77,733.2	\$134,697,797	\$1,732.82	16,270.4	\$38,281,472	\$2,352.83	1.35780
Community, age 65+, with SPMI	18,374.0	\$26,639,016	\$1,449.83	5,200.4	\$9,329,903	\$1,794.09	1.23745
Community, age 65+, no SPMI	145,708.4	\$180,348,162	\$1,237.73	36,976.2	\$59,815,004	\$1,617.66	1.30695
Facility, age <65, with SPMI	15,572.5	\$38,414,751	\$2,466.84	4,444.0	\$8,217,023	\$1,849.02	0.74955
Facility, age <65, no SPMI	18,444.5	\$42,190,174	\$2,287.41	4,929.6	\$8,713,229	\$1,767.54	0.77273
HCBS, age <65, with SPMI	19,449.1	\$33,612,486	\$1,728.23	5,734.7	\$9,362,719	\$1,632.66	0.94470
HCBS, age <65, no SPMI	35,610.1	\$70,808,747	\$1,988.45	10,205.9	\$24,752,107	\$2,425.28	1.21969
Community, age <65, with SPMI	81,718.6	\$106,653,671	\$1,305.13	24,879.2	\$32,635,028	\$1,311.74	1.00506
Community, age <65, no SPMI	126,749.7	\$198,168,952	\$1,563.47	37,241.6	\$64,677,968	\$1,736.71	1.11081

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	65,063.5	\$105,518,994	\$1,621.78	48,749.3	\$69,767,980	\$1,431.16	0.88246
Facility, age 65+, with SPMI	3,214.4	\$8,093,950	\$2,518.06	2,454.9	\$4,361,321	\$1,776.56	0.70553
Facility, age 65+, no SPMI	11,551.7	\$24,185,176	\$2,093.64	8,237.8	\$11,926,252	\$1,447.75	0.69150
HCBS, age 65+, with SPMI	779.3	\$1,322,670	\$1,697.19	635.6	\$952,480	\$1,498.47	0.88291
HCBS, age 65+, no SPMI	5,690.1	\$9,483,012	\$1,666.58	3,921.6	\$7,541,058	\$1,922.96	1.15384
Community, age 65+, with SPMI	1,626.1	\$2,462,467	\$1,514.30	1,295.1	\$1,601,085	\$1,236.26	0.81639
Community, age 65+, no SPMI	16,372.7	\$22,894,783	\$1,398.35	12,188.9	\$18,176,909	\$1,491.27	1.06645
Facility, age <65, with SPMI	932.3	\$2,831,556	\$3,037.13	867.2	\$1,585,912	\$1,828.67	0.60210
Facility, age <65, no SPMI	1,277.0	\$3,625,492	\$2,839.07	1,016.4	\$2,204,739	\$2,169.26	0.76408
HCBS, age <65, with SPMI	1,165.6	\$1,601,046	\$1,373.60	969.1	\$1,096,031	\$1,130.99	0.82338
HCBS, age <65, no SPMI	2,530.5	\$4,227,167	\$1,670.47	2,163.2	\$3,613,561	\$1,670.50	1.00002
Community, age <65, with SPMI	7,423.3	\$8,642,693	\$1,164.26	5,654.7	\$5,501,385	\$972.89	0.83562
Community, age <65, no SPMI	12,500.4	\$16,148,981	\$1,291.88	9,344.8	\$11,207,247	\$1,199.30	0.92834

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

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	65,063.5	\$105,518,994	\$1,621.78	38,374.0	\$54,092,949	\$1,409.63	0.86918
Facility, age 65+, with SPMI	3,214.4	\$8,093,950	\$2,518.06	1,677.7	\$3,093,771	\$1,844.00	0.73231
Facility, age 65+, no SPMI	11,551.7	\$24,185,176	\$2,093.64	5,631.6	\$7,501,542	\$1,332.04	0.63623
HCBS, age 65+, with SPMI	779.3	\$1,322,670	\$1,697.19	558.5	\$981,770	\$1,757.91	1.03578
HCBS, age 65+, no SPMI	5,690.1	\$9,483,012	\$1,666.58	3,118.4	\$5,816,060	\$1,865.09	1.11911
Community, age 65+, with SPMI	1,626.1	\$2,462,467	\$1,514.30	1,099.5	\$1,835,195	\$1,669.19	1.10228
Community, age 65+, no SPMI	16,372.7	\$22,894,783	\$1,398.35	9,681.7	\$13,819,674	\$1,427.40	1.02078
Facility, age <65, with SPMI	932.3	\$2,831,556	\$3,037.13	647.8	\$1,401,652	\$2,163.65	0.71240
Facility, age <65, no SPMI	1,277.0	\$3,625,492	\$2,839.07	885.1	\$1,691,810	\$1,911.50	0.67328
HCBS, age <65, with SPMI	1,165.6	\$1,601,046	\$1,373.60	685.1	\$609,415	\$889.57	0.64762
HCBS, age <65, no SPMI	2,530.5	\$4,227,167	\$1,670.47	1,794.7	\$2,749,076	\$1,531.80	0.91699
Community, age <65, with SPMI	7,423.3	\$8,642,693	\$1,164.26	4,831.0	\$4,638,374	\$960.13	0.82467
Community, age <65, no SPMI	12,500.4	\$16,148,981	\$1,291.88	7,763.0	\$9,954,610	\$1,282.32	0.99260

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	97,252.0	\$168,436,098	\$1,731.95	99,062.2	\$150,065,539	\$1,514.86	0.87465
Facility, age 65+, with SPMI	7,397.6	\$15,608,697	\$2,109.96	7,784.3	\$13,845,369	\$1,778.62	0.84296
Facility, age 65+, no SPMI	19,620.2	\$42,140,961	\$2,147.84	20,302.1	\$34,312,641	\$1,690.10	0.78688
HCBS, age 65+, with SPMI	1,380.9	\$2,300,274	\$1,665.81	1,515.8	\$2,203,597	\$1,453.71	0.87268
HCBS, age 65+, no SPMI	7,600.8	\$12,949,761	\$1,703.74	8,259.8	\$15,152,896	\$1,834.53	1.07677
Community, age 65+, with SPMI	3,601.8	\$5,886,793	\$1,634.42	3,576.9	\$4,962,402	\$1,387.34	0.84883
Community, age 65+, no SPMI	19,390.0	\$30,133,894	\$1,554.10	18,906.3	\$25,327,056	\$1,339.61	0.86199
Facility, age <65, with SPMI	1,704.1	\$5,437,344	\$3,190.81	1,719.4	\$4,300,241	\$2,501.07	0.78384
Facility, age <65, no SPMI	2,072.1	\$6,533,436	\$3,153.06	2,260.2	\$5,661,999	\$2,505.09	0.79449
HCBS, age <65, with SPMI	2,324.6	\$3,180,495	\$1,368.20	2,465.0	\$2,830,770	\$1,148.40	0.83936
HCBS, age <65, no SPMI	3,609.1	\$5,958,402	\$1,650.94	3,811.7	\$5,927,214	\$1,554.99	0.94189
Community, age <65, with SPMI	14,491.3	\$16,237,146	\$1,120.48	14,509.9	\$14,637,033	\$1,008.76	0.90030
Community, age <65, no SPMI	14,059.7	\$22,068,894	\$1,569.66	13,950.6	\$20,904,321	\$1,498.45	0.95463

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

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	97,252.0	\$168,436,098	\$1,731.95	71,045.2	\$97,495,732	\$1,372.31	0.79235
Facility, age 65+, with SPMI	7,397.6	\$15,608,697	\$2,109.96	5,447.0	\$8,384,338	\$1,539.26	0.72952
Facility, age 65+, no SPMI	19,620.2	\$42,140,961	\$2,147.84	12,397.5	\$18,451,341	\$1,488.31	0.69294
HCBS, age 65+, with SPMI	1,380.9	\$2,300,274	\$1,665.81	1,037.5	\$1,888,462	\$1,820.22	1.09270
HCBS, age 65+, no SPMI	7,600.8	\$12,949,761	\$1,703.74	5,901.2	\$10,654,104	\$1,805.41	1.05968
Community, age 65+, with SPMI	3,601.8	\$5,886,793	\$1,634.42	2,673.8	\$3,289,326	\$1,230.19	0.75267
Community, age 65+, no SPMI	19,390.0	\$30,133,894	\$1,554.10	14,002.1	\$19,387,443	\$1,384.61	0.89094
Facility, age <65, with SPMI	1,704.1	\$5,437,344	\$3,190.81	1,292.3	\$2,564,812	\$1,984.75	0.62202
Facility, age <65, no SPMI	2,072.1	\$6,533,436	\$3,153.06	1,515.0	\$2,787,435	\$1,839.86	0.58352
HCBS, age <65, with SPMI	2,324.6	\$3,180,495	\$1,368.20	1,937.1	\$1,953,528	\$1,008.48	0.73709
HCBS, age <65, no SPMI	3,609.1	\$5,958,402	\$1,650.94	3,020.2	\$4,485,700	\$1,485.25	0.89964
Community, age <65, with SPMI	14,491.3	\$16,237,146	\$1,120.48	11,282.2	\$9,811,499	\$869.65	0.77614
Community, age <65, no SPMI	14,059.7	\$22,068,894	\$1,569.66	10,539.4	\$13,837,742	\$1,312.96	0.83646

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

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	112,523.9	\$196,708,135	\$1,748.15	113,725.4	\$182,948,283	\$1,608.68	0.92022
Facility, age 65+, with SPMI	13,665.9	\$33,975,829	\$2,486.17	14,010.0	\$28,746,055	\$2,051.83	0.82530
Facility, age 65+, no SPMI	17,299.4	\$33,325,293	\$1,926.39	17,249.9	\$27,031,397	\$1,567.05	0.81346
HCBS, age 65+, with SPMI	2,849.0	\$6,020,069	\$2,113.05	2,990.4	\$6,700,149	\$2,240.58	1.06036
HCBS, age 65+, no SPMI	7,535.3	\$12,911,790	\$1,713.51	7,833.0	\$14,737,816	\$1,881.51	1.09804
Community, age 65+, with SPMI	5,877.2	\$11,067,539	\$1,883.12	5,892.1	\$9,411,787	\$1,597.36	0.84825
Community, age 65+, no SPMI	21,104.6	\$29,327,403	\$1,389.62	20,957.4	\$28,140,645	\$1,342.75	0.96627
Facility, age <65, with SPMI	2,918.4	\$10,260,133	\$3,515.62	3,086.0	\$8,183,797	\$2,651.93	0.75433
Facility, age <65, no SPMI	1,786.9	\$5,183,020	\$2,900.61	1,807.9	\$3,897,837	\$2,155.99	0.74329
HCBS, age <65, with SPMI	2,560.5	\$4,388,440	\$1,713.87	2,695.9	\$4,521,624	\$1,677.22	0.97862
HCBS, age <65, no SPMI	3,408.6	\$6,135,231	\$1,799.90	3,486.0	\$6,474,382	\$1,857.27	1.03187
Community, age <65, with SPMI	16,856.0	\$19,404,845	\$1,151.21	17,082.8	\$19,886,928	\$1,164.15	1.01124
Community, age <65, no SPMI	16,662.0	\$24,708,543	\$1,482.93	16,634.2	\$25,215,865	\$1,515.91	1.02224

Tables 3.A–3.J show the development of the trend rates from the baseline period to the demonstration period for the reweighted comparison group and the intervention group by category of beneficiary. The reweighting was done by category of beneficiary month by month. Thus, the comparison group PMPMs in Tables 3.A–3.J do not match exactly the PMPMs in Table 2 by category, because the PMPMs in Table 2 are weighted by the member months in the comparison group while the PMPMs in Table 3 are weighted by the member months in the intervention group. For example, in Table 2, the Cohort 1 baseline PMPM for the category “Facility, Age 65+, with SPMI” is \$2,050.27. But in Table 3.A, it is \$2,045.14, and in Table 3.B, it is \$2,042.94. This is because in Tables 3.A–3.J, the weighted average PMPM across all months in the baseline period is based on the eligible months of the particular cohort of the intervention group beneficiaries and not that of the comparison group beneficiaries, even though the PMPM in any specific month is the same.

Tables 3.G show the results for the entire Cohort 1 for demonstration periods 2 and 3 separately. Table 3.G.1 shows that, for demonstration period 2, the PMPM for the comparison group increased by 16.4 percent from the baseline period, whereas that of the intervention group increased by only 4.1 percent, a difference of 12.3 percentage points. Similarly, Table 3.G.2 shows that, for demonstration period 3, the PMPM for the comparison group increased by 16.3 percent from the baseline period, whereas that of the intervention group increased by only 2.7 percent, a difference of 13.6 percentage points. Thus, the PMPM for the comparison group increased from demonstration period 2 to demonstration period 3 by less than 0.1 percent, but the PMPM for the intervention group actually decreased by 1.3 percent. In general, there was a greater difference in these trend factors (i.e., a higher savings percentage) for those in facilities than in the community and also for those over 65 than for those that were under 65.

Tables 3.H show the results for Cohort 2. From the baseline period to demonstration period 2, the PMPM for the comparison group decreased by 18.6 percent whereas the PMPM for the intervention group decreased by 21.1 percent, a difference of 2.5 percentage points. From the baseline period to demonstration period 3, the PMPM for the comparison group decreased by 19.8 percent whereas the PMPM for the intervention group decreased by 20.0 percent, a difference of 0.2 percent. From demonstration period 2 to demonstration period 3, the PMPM for the comparison group decreased and the intervention group increased slightly.

Tables 3.I show the results for Cohort 3. From the baseline period to demonstration period 2, the PMPM for the comparison group decreased by 8.1 percent, but the PMPM for the intervention group decreased by 12.8 percent, a difference of 4.7 percentage points. From the baseline period to demonstration period 3, the PMPM for the comparison group decreased by 13.2 percent and the PMPM for the intervention group decreased by 14.1 percent, a difference of 0.9 percentage points. From demonstration period 2 to demonstration period 3, the PMPM for both the comparison group and the intervention group decreased.

Table 3.J shows the results for Cohort 4. From the baseline period to demonstration period 3, the PMPM for the comparison group decreased by 1.7 percent, while the PMPM for the intervention group decreased by 13.4 percent, a difference of 11.7 percentage points.

Tables 4.1 and 4.2 summarize the results of Tables 3.A–3.J by cohort and demonstration year. For Cohort 1, subcohorts 1A (the first cohort) and 1D (the largest cohort) show the greatest

difference in trends in the direction of savings. Cohorts 1C, 1E, and 1F all show negative savings. Cohort 2 shows slight savings, but the small size of the cohort means the savings is less significant. Cohorts 3 and 4 both show moderate savings, in between the savings rates of Cohorts 1 and 2. The wide variation in the trends by cohort highlights the variability of health care costs. The aggregate experience of all cohorts combined should be considered more reliable than that of the individual cohorts or subcohorts.

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	48,488.0	\$80,888,953	\$1,668.23	17,258.9	\$33,902,222	\$1,964.34	1.177
Facility, age 65+, with SPMI	1,352.5	\$2,766,031	\$2,045.14	326.1	\$581,938	\$1,784.76	0.873
Facility, age 65+, no SPMI	2,903.2	\$4,973,187	\$1,713.02	581.9	\$952,368	\$1,636.61	0.955
HCBS, age 65+, with SPMI	2,269.5	\$4,416,990	\$1,946.24	767.1	\$1,731,361	\$2,257.12	1.160
HCBS, age 65+, no SPMI	10,415.6	\$18,048,455	\$1,732.82	3,316.8	\$7,583,022	\$2,286.28	1.319
Community, age 65+, with SPMI	1,044.6	\$1,511,433	\$1,446.84	354.1	\$599,261	\$1,692.21	1.170
Community, age 65+, no SPMI	8,618.5	\$10,686,526	\$1,239.95	3,099.9	\$5,134,603	\$1,656.36	1.336
Facility, age <65, with SPMI	479.0	\$1,182,237	\$2,467.99	144.7	\$305,455	\$2,110.28	0.855
Facility, age <65, no SPMI	596.9	\$1,362,824	\$2,283.16	227.0	\$463,889	\$2,043.56	0.895
HCBS, age <65, with SPMI	3,601.9	\$6,224,128	\$1,728.03	1,457.9	\$2,545,730	\$1,746.15	1.010
HCBS, age <65, no SPMI	8,245.1	\$16,395,913	\$1,988.56	3,496.2	\$8,456,504	\$2,418.80	1.216
Community, age <65, with SPMI	2,682.4	\$3,497,859	\$1,303.98	1,116.8	\$1,477,454	\$1,322.95	1.015
Community, age <65, no SPMI	6,278.7	\$9,823,368	\$1,564.56	2,370.4	\$4,070,638	\$1,717.27	1.098
Intervention group	48,488.0	\$128,622,626	\$2,652.67	17,258.9	\$44,597,713	\$2,584.05	0.974
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	326.1	\$655,409	\$2,010.09	0.605
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	581.9	\$898,660	\$1,544.31	0.624
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	767.1	\$1,817,773	\$2,369.78	0.816
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	3,316.8	\$8,432,650	\$2,542.44	1.064
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	354.1	\$397,239	\$1,121.74	0.542
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	3,099.9	\$7,002,852	\$2,259.04	1.064
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	144.7	\$585,825	\$4,047.26	0.763
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	227.0	\$1,092,935	\$4,814.69	1.010
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	1,457.9	\$3,281,504	\$2,250.83	0.810
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	3,496.2	\$9,705,826	\$2,776.14	1.031
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	1,116.8	\$2,956,163	\$2,647.02	1.082
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	2,370.4	\$7,770,876	\$3,278.28	0.988

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

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	48,488.0	\$80,888,953	\$1,668.23	14,517.6	\$28,555,750	\$1,966.97	1.179
Facility, age 65+, with SPMI	1,352.5	\$2,766,031	\$2,045.14	231.9	\$398,038	\$1,716.40	0.839
Facility, age 65+, no SPMI	2,903.2	\$4,973,187	\$1,713.02	356.4	\$593,329	\$1,664.79	0.972
HCBS, age 65+, with SPMI	2,269.5	\$4,416,990	\$1,946.24	613.5	\$1,437,456	\$2,342.85	1.204
HCBS, age 65+, no SPMI	10,415.6	\$18,048,455	\$1,732.82	2,687.8	\$6,324,766	\$2,353.16	1.358
Community, age 65+, with SPMI	1,044.6	\$1,511,433	\$1,446.84	329.9	\$591,021	\$1,791.37	1.238
Community, age 65+, no SPMI	8,618.5	\$10,686,526	\$1,239.95	2,567.8	\$4,155,986	\$1,618.48	1.305
Facility, age <65, with SPMI	479.0	\$1,182,237	\$2,467.99	84.1	\$158,291	\$1,881.07	0.762
Facility, age <65, no SPMI	596.9	\$1,362,824	\$2,283.16	215.0	\$379,594	\$1,765.55	0.773
HCBS, age <65, with SPMI	3,601.9	\$6,224,128	\$1,728.03	1,254.4	\$2,047,230	\$1,632.02	0.944
HCBS, age <65, no SPMI	8,245.1	\$16,395,913	\$1,988.56	3,118.2	\$7,558,540	\$2,423.98	1.219
Community, age <65, with SPMI	2,682.4	\$3,497,859	\$1,303.98	939.2	\$1,232,444	\$1,312.20	1.006
Community, age <65, no SPMI	6,278.7	\$9,823,368	\$1,564.56	2,119.2	\$3,679,057	\$1,736.04	1.110
Intervention group	48,488.0	\$128,622,626	\$2,652.67	14,517.6	\$36,025,995	\$2,481.53	0.935
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	231.9	\$386,747	\$1,667.71	0.502
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	356.4	\$672,103	\$1,885.82	0.762
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	613.5	\$1,654,554	\$2,696.69	0.929
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	2,687.8	\$6,985,561	\$2,599.01	1.088
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	329.9	\$464,168	\$1,406.88	0.680
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	2,567.8	\$5,538,069	\$2,156.70	1.015
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	84.1	\$150,780	\$1,791.81	0.338
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	215.0	\$649,654	\$3,021.65	0.634
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	1,254.4	\$2,787,476	\$2,222.14	0.799
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	3,118.2	\$8,664,458	\$2,778.65	1.032
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	939.2	\$2,516,127	\$2,678.96	1.095
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	2,119.2	\$5,556,299	\$2,621.85	0.790

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	83,567.1	\$134,959,403	\$1,614.98	32,967.4	\$62,031,022	\$1,881.59	1.165
Facility, age 65+, with SPMI	2,625.5	\$5,363,824	\$2,042.94	837.3	\$1,494,752	\$1,785.20	0.874
Facility, age 65+, no SPMI	5,728.2	\$9,832,189	\$1,716.45	1,443.6	\$2,361,126	\$1,635.57	0.953
HCBS, age 65+, with SPMI	3,563.5	\$6,934,115	\$1,945.90	1,432.9	\$3,227,949	\$2,252.67	1.158
HCBS, age 65+, no SPMI	15,666.1	\$27,098,657	\$1,729.76	5,927.3	\$13,550,239	\$2,286.08	1.322
Community, age 65+, with SPMI	2,079.3	\$3,013,734	\$1,449.41	802.2	\$1,358,799	\$1,693.79	1.169
Community, age 65+, no SPMI	16,756.0	\$20,718,052	\$1,236.46	6,681.8	\$11,065,827	\$1,656.11	1.339
Facility, age <65, with SPMI	707.2	\$1,744,214	\$2,466.46	303.5	\$635,664	\$2,094.45	0.849
Facility, age <65, no SPMI	436.0	\$1,009,652	\$2,315.72	172.4	\$352,498	\$2,045.14	0.883
HCBS, age <65, with SPMI	6,710.7	\$11,596,649	\$1,728.09	2,943.1	\$5,141,696	\$1,747.04	1.011
HCBS, age <65, no SPMI	9,528.3	\$18,942,139	\$1,987.98	4,186.8	\$10,120,919	\$2,417.33	1.216
Community, age <65, with SPMI	8,555.1	\$11,158,891	\$1,304.36	3,608.5	\$4,774,879	\$1,323.22	1.014
Community, age <65, no SPMI	11,211.2	\$17,547,285	\$1,565.15	4,627.9	\$7,946,675	\$1,717.14	1.097
Intervention group	83,567.1	\$108,476,913	\$1,298.08	32,967.4	\$48,657,946	\$1,475.94	1.137
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	837.3	\$1,157,502	\$1,382.42	0.874
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	1,443.6	\$2,237,405	\$1,549.87	0.917
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	1,432.9	\$2,093,267	\$1,460.82	1.034
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	5,927.3	\$9,427,237	\$1,590.48	1.350
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	802.2	\$925,071	\$1,153.13	1.011
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	6,681.8	\$10,136,606	\$1,517.04	1.562
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	303.5	\$770,037	\$2,537.19	0.782
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	172.4	\$185,808	\$1,078.03	0.289
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	2,943.1	\$3,529,306	\$1,199.18	0.865
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	4,186.8	\$7,114,085	\$1,699.16	1.142
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	3,608.5	\$4,449,197	\$1,232.96	1.109
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	4,627.9	\$6,632,426	\$1,433.15	1.030

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

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	83,567.1	\$134,959,403	\$1,614.98	28,244.8	\$53,062,902	\$1,878.68	1.163
Facility, age 65+, with SPMI	2,625.5	\$5,363,824	\$2,042.94	595.9	\$1,020,706	\$1,712.97	0.838
Facility, age 65+, no SPMI	5,728.2	\$9,832,189	\$1,716.45	963.4	\$1,603,737	\$1,664.60	0.970
HCBS, age 65+, with SPMI	3,563.5	\$6,934,115	\$1,945.90	1,192.7	\$2,792,079	\$2,341.05	1.203
HCBS, age 65+, no SPMI	15,666.1	\$27,098,657	\$1,729.76	4,851.2	\$11,416,312	\$2,353.28	1.360
Community, age 65+, with SPMI	2,079.3	\$3,013,734	\$1,449.41	722.6	\$1,295,522	\$1,792.75	1.237
Community, age 65+, no SPMI	16,756.0	\$20,718,052	\$1,236.46	5,807.9	\$9,396,487	\$1,617.89	1.308
Facility, age <65, with SPMI	707.2	\$1,744,214	\$2,466.46	278.0	\$515,013	\$1,852.57	0.751
Facility, age <65, no SPMI	436.0	\$1,009,652	\$2,315.72	152.7	\$269,813	\$1,766.46	0.763
HCBS, age <65, with SPMI	6,710.7	\$11,596,649	\$1,728.09	2,648.0	\$4,323,577	\$1,632.76	0.945
HCBS, age <65, no SPMI	9,528.3	\$18,942,139	\$1,987.98	3,803.8	\$9,224,453	\$2,425.05	1.220
Community, age <65, with SPMI	8,555.1	\$11,158,891	\$1,304.36	3,177.1	\$4,167,798	\$1,311.81	1.006
Community, age <65, no SPMI	11,211.2	\$17,547,285	\$1,565.15	4,051.3	\$7,037,404	\$1,737.07	1.110
Intervention group	83,567.1	\$108,476,913	\$1,298.08	28,244.8	\$39,986,698	\$1,415.72	1.091
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	595.9	\$768,793	\$1,290.20	0.816
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	963.4	\$1,019,788	\$1,058.49	0.626
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	1,192.7	\$2,096,295	\$1,757.66	1.245
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	4,851.2	\$7,648,845	\$1,576.68	1.338
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	722.6	\$889,628	\$1,231.07	1.080
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	5,807.9	\$7,561,618	\$1,301.96	1.341
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	278.0	\$383,941	\$1,381.08	0.426
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	152.7	\$117,265	\$767.74	0.206
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	2,648.0	\$3,436,525	\$1,297.77	0.936
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	3,803.8	\$5,544,759	\$1,457.68	0.979
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	3,177.1	\$3,921,940	\$1,234.43	1.110
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	4,051.3	\$6,597,300	\$1,628.43	1.171

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	7,946.8	\$12,489,805	\$1,571.67	3,137.6	\$5,870,280	\$1,870.96	1.190
Facility, age 65+, with SPMI	78.0	\$161,336	\$2,068.41	28.6	\$50,973	\$1,781.46	0.861
Facility, age 65+, no SPMI	509.6	\$878,521	\$1,724.04	163.0	\$266,219	\$1,633.36	0.947
HCBS, age 65+, with SPMI	415.4	\$809,099	\$1,947.67	164.0	\$369,374	\$2,252.28	1.156
HCBS, age 65+, no SPMI	1,567.7	\$2,710,409	\$1,728.91	553.2	\$1,264,169	\$2,285.35	1.322
Community, age 65+, with SPMI	286.6	\$421,148	\$1,469.23	135.0	\$228,699	\$1,694.07	1.153
Community, age 65+, no SPMI	2,225.3	\$2,766,432	\$1,243.16	797.1	\$1,320,049	\$1,656.03	1.332
Facility, age <65, with SPMI	55.0	\$135,614	\$2,465.72	12.0	\$25,119	\$2,093.27	0.849
Facility, age <65, no SPMI	21.0	\$52,490	\$2,499.53	24.0	\$49,010	\$2,042.09	0.817
HCBS, age <65, with SPMI	422.7	\$732,996	\$1,733.91	228.0	\$399,137	\$1,750.60	1.010
HCBS, age <65, no SPMI	710.1	\$1,413,865	\$1,991.17	335.1	\$809,871	\$2,416.96	1.214
Community, age <65, with SPMI	731.4	\$954,420	\$1,304.96	279.8	\$369,804	\$1,321.49	1.013
Community, age <65, no SPMI	924.0	\$1,453,473	\$1,573.02	417.8	\$717,855	\$1,718.29	1.092
Intervention group	7,946.8	\$7,898,710	\$993.94	3,137.6	\$3,981,833	\$1,269.08	1.277
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	28.6	\$19,217	\$671.63	0.276
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	163.0	\$176,171	\$1,080.88	0.669
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	164.0	\$180,401	\$1,100.01	1.125
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	553.2	\$729,356	\$1,318.52	1.456
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	135.0	\$87,447	\$647.75	0.429
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	797.1	\$1,006,571	\$1,262.76	1.661
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	12.0	\$3,245	\$270.43	0.062
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	24.0	\$5,135	\$213.96	0.021
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	228.0	\$167,548	\$734.86	0.993
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	335.1	\$713,402	\$2,129.06	2.418
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	279.8	\$380,702	\$1,360.43	1.634
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	417.8	\$512,639	\$1,227.08	1.210

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

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	7,946.8	\$12,489,805	\$1,571.67	2,723.6	\$5,106,723	\$1,875.00	1.193
Facility, age 65+, with SPMI	78.0	\$161,336	\$2,068.41	24.0	\$41,354	\$1,723.07	0.833
Facility, age 65+, no SPMI	509.6	\$878,521	\$1,724.04	96.4	\$160,886	\$1,668.72	0.968
HCBS, age 65+, with SPMI	415.4	\$809,099	\$1,947.67	165.1	\$386,372	\$2,339.76	1.201
HCBS, age 65+, no SPMI	1,567.7	\$2,710,409	\$1,728.91	469.8	\$1,106,550	\$2,355.27	1.362
Community, age 65+, with SPMI	286.6	\$421,148	\$1,469.23	145.0	\$260,074	\$1,793.61	1.221
Community, age 65+, no SPMI	2,225.3	\$2,766,432	\$1,243.16	677.4	\$1,096,574	\$1,618.76	1.302
Facility, age <65, with SPMI	55.0	\$135,614	\$2,465.72	6.0	\$12,019	\$2,014.06	0.817
Facility, age <65, no SPMI	21.0	\$52,490	\$2,499.53	24.0	\$42,363	\$1,765.12	0.706
HCBS, age <65, with SPMI	422.7	\$732,996	\$1,733.91	227.0	\$370,446	\$1,631.92	0.941
HCBS, age <65, no SPMI	710.1	\$1,413,865	\$1,991.17	295.0	\$714,291	\$2,421.06	1.216
Community, age <65, with SPMI	731.4	\$954,420	\$1,304.96	271.8	\$356,605	\$1,311.97	1.005
Community, age <65, no SPMI	924.0	\$1,453,473	\$1,573.02	322.0	\$559,189	\$1,736.61	1.104
Intervention group	7,946.8	\$7,898,710	\$993.94	2,723.6	\$3,410,228	\$1,252.11	1.260
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	24.0	\$1,576	\$65.66	0.027
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	96.4	\$98,916	\$1,025.97	0.635
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	165.1	\$195,951	\$1,186.63	1.213
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	469.8	\$693,435	\$1,475.96	1.630
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	145.0	\$265,949	\$1,834.13	1.215
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	677.4	\$691,060	\$1,020.14	1.342
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	6.0	\$46,930	\$7,863.92	1.794
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	24.0	\$132,484	\$5,520.18	0.550
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	227.0	\$142,682	\$628.56	0.850
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	295.0	\$288,382	\$977.46	1.110
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	271.8	\$361,224	\$1,328.97	1.596
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	322.0	\$491,638	\$1,526.83	1.506

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	129,399.2	\$212,662,623	\$1,643.46	49,759.8	\$94,543,955	\$1,900.01	1.156
Facility, age 65+, with SPMI	3,449.1	\$7,052,427	\$2,044.72	896.3	\$1,599,212	\$1,784.20	0.873
Facility, age 65+, no SPMI	9,573.0	\$16,468,053	\$1,720.25	2,589.1	\$4,234,893	\$1,635.67	0.951
HCBS, age 65+, with SPMI	5,666.9	\$11,032,368	\$1,946.82	2,090.6	\$4,716,574	\$2,256.08	1.159
HCBS, age 65+, no SPMI	24,215.1	\$41,976,800	\$1,733.49	8,675.9	\$19,832,859	\$2,285.98	1.319
Community, age 65+, with SPMI	2,995.7	\$4,345,218	\$1,450.46	1,175.1	\$1,990,606	\$1,693.95	1.168
Community, age 65+, no SPMI	19,735.0	\$24,433,687	\$1,238.09	7,531.6	\$12,473,163	\$1,656.11	1.338
Facility, age <65, with SPMI	850.9	\$2,099,208	\$2,466.94	305.1	\$641,068	\$2,101.42	0.852
Facility, age <65, no SPMI	1,455.9	\$3,340,195	\$2,294.19	601.9	\$1,231,180	\$2,045.39	0.892
HCBS, age <65, with SPMI	8,850.4	\$15,295,574	\$1,728.24	3,767.7	\$6,578,650	\$1,746.08	1.010
HCBS, age <65, no SPMI	18,671.7	\$37,141,325	\$1,989.18	7,872.9	\$19,034,238	\$2,417.69	1.215
Community, age <65, with SPMI	13,939.8	\$18,207,498	\$1,306.16	5,740.4	\$7,592,194	\$1,322.60	1.013
Community, age <65, no SPMI	19,995.6	\$31,270,269	\$1,563.85	8,513.2	\$14,619,320	\$1,717.26	1.098
Intervention group	129,399.2	\$219,493,469	\$1,696.25	49,759.8	\$84,082,879	\$1,689.78	0.996
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	896.3	\$1,171,926	\$1,307.49	0.557
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	2,589.1	\$2,938,015	\$1,134.77	0.556
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	2,090.6	\$4,388,378	\$2,099.09	1.043
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	8,675.9	\$16,667,688	\$1,921.15	1.130
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	1,175.1	\$1,905,220	\$1,621.29	1.118
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	7,531.6	\$11,212,786	\$1,488.76	1.100
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	305.1	\$716,048	\$2,347.20	0.718
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	601.9	\$1,645,235	\$2,733.27	0.573
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	3,767.7	\$5,832,327	\$1,547.99	0.941
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	7,872.9	\$15,007,905	\$1,906.27	1.049
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	5,740.4	\$6,863,406	\$1,195.64	0.901
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	8,513.2	\$15,733,946	\$1,848.19	1.171

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

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	129,399.2	\$212,662,623	\$1,643.46	42,490.0	\$80,758,075	\$1,900.64	1.156
Facility, age 65+, with SPMI	3,449.1	\$7,052,427	\$2,044.72	700.2	\$1,202,949	\$1,717.95	0.840
Facility, age 65+, no SPMI	9,573.0	\$16,468,053	\$1,720.25	1,809.9	\$3,015,262	\$1,665.97	0.968
HCBS, age 65+, with SPMI	5,666.9	\$11,032,368	\$1,946.82	1,682.5	\$3,938,125	\$2,340.62	1.202
HCBS, age 65+, no SPMI	24,215.1	\$41,976,800	\$1,733.49	7,170.9	\$16,872,863	\$2,352.97	1.357
Community, age 65+, with SPMI	2,995.7	\$4,345,218	\$1,450.46	989.1	\$1,773,869	\$1,793.49	1.236
Community, age 65+, no SPMI	19,735.0	\$24,433,687	\$1,238.09	6,412.1	\$10,373,236	\$1,617.77	1.307
Facility, age <65, with SPMI	850.9	\$2,099,208	\$2,466.94	233.8	\$435,108	\$1,861.02	0.754
Facility, age <65, no SPMI	1,455.9	\$3,340,195	\$2,294.19	491.1	\$869,049	\$1,769.49	0.771
HCBS, age <65, with SPMI	8,850.4	\$15,295,574	\$1,728.24	3,374.5	\$5,507,426	\$1,632.07	0.944
HCBS, age <65, no SPMI	18,671.7	\$37,141,325	\$1,989.18	7,040.0	\$17,065,009	\$2,424.02	1.219
Community, age <65, with SPMI	13,939.8	\$18,207,498	\$1,306.16	5,070.6	\$6,651,276	\$1,311.75	1.004
Community, age <65, no SPMI	19,995.6	\$31,270,269	\$1,563.85	7,515.4	\$13,053,904	\$1,736.96	1.111
Intervention group	129,399.2	\$219,493,469	\$1,696.25	42,490.0	\$73,212,885	\$1,723.06	1.016
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	700.2	\$951,290	\$1,358.55	0.579
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	1,809.9	\$2,487,997	\$1,374.65	0.674
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	1,682.5	\$3,238,058	\$1,924.54	0.957
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	7,170.9	\$14,155,154	\$1,973.98	1.161
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	989.1	\$1,590,082	\$1,607.67	1.108
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	6,412.1	\$9,803,955	\$1,528.99	1.130
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	233.8	\$497,014	\$2,125.80	0.650
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	491.1	\$1,359,513	\$2,768.14	0.581
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	3,374.5	\$5,740,314	\$1,701.08	1.034
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	7,040.0	\$13,385,052	\$1,901.29	1.046
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	5,070.6	\$6,200,227	\$1,222.79	0.921
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	7,515.4	\$13,804,229	\$1,836.80	1.164

Table 3.E.1—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	15,153.3	\$24,067,197	\$1,588.24	6,420.1	\$11,890,733	\$1,852.10	1.166
Facility, age 65+, with SPMI	279.0	\$569,903	\$2,042.66	65.8	\$117,114	\$1,780.38	0.872
Facility, age 65+, no SPMI	1,143.7	\$1,971,476	\$1,723.76	392.4	\$642,390	\$1,637.22	0.950
HCBS, age 65+, with SPMI	297.0	\$578,186	\$1,946.75	94.5	\$213,184	\$2,257.08	1.159
HCBS, age 65+, no SPMI	3,090.8	\$5,365,547	\$1,735.99	1,153.3	\$2,635,593	\$2,285.21	1.316
Community, age 65+, with SPMI	352.0	\$511,995	\$1,454.53	169.2	\$286,575	\$1,693.45	1.164
Community, age 65+, no SPMI	3,588.7	\$4,441,609	\$1,237.67	1,495.3	\$2,476,515	\$1,656.15	1.338
Facility, age <65, with SPMI	137.2	\$339,178	\$2,471.27	66.7	\$140,752	\$2,108.90	0.853
Facility, age <65, no SPMI	211.0	\$482,282	\$2,285.70	79.0	\$161,046	\$2,038.56	0.892
HCBS, age <65, with SPMI	755.0	\$1,302,951	\$1,725.76	378.2	\$661,668	\$1,749.40	1.014
HCBS, age <65, no SPMI	1,481.9	\$2,945,209	\$1,987.42	742.7	\$1,797,222	\$2,419.82	1.218
Community, age <65, with SPMI	1,654.5	\$2,162,574	\$1,307.08	768.4	\$1,016,265	\$1,322.52	1.012
Community, age <65, no SPMI	2,162.5	\$3,396,287	\$1,570.54	1,014.5	\$1,742,409	\$1,717.46	1.094
Intervention group	15,153.3	\$10,288,068	\$678.93	6,420.1	\$7,304,591	\$1,137.76	1.676
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	65.8	\$45,063	\$685.05	0.561
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	392.4	\$252,263	\$642.93	0.748
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	94.5	\$150,010	\$1,588.22	2.326
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	1,153.3	\$1,412,600	\$1,224.81	1.516
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	169.2	\$157,530	\$930.89	1.207
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	1,495.3	\$1,837,085	\$1,228.54	2.298
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	66.7	\$126,206	\$1,890.96	4.475
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	79.0	\$84,104	\$1,064.61	0.862
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	378.2	\$175,806	\$464.82	0.798
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	742.7	\$956,649	\$1,288.05	2.247
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	768.4	\$1,009,935	\$1,314.28	1.891
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	1,014.5	\$1,097,339	\$1,081.62	1.779

Table 3.E.2—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	15,153.3	\$24,067,197	\$1,588.24	5,513.6	\$10,165,619	\$1,843.73	1.161
Facility, age 65+, with SPMI	279.0	\$569,903	\$2,042.66	48.0	\$82,707	\$1,723.07	0.844
Facility, age 65+, no SPMI	1,143.7	\$1,971,476	\$1,723.76	283.9	\$473,550	\$1,667.81	0.968
HCBS, age 65+, with SPMI	297.0	\$578,186	\$1,946.75	69.4	\$161,823	\$2,332.74	1.198
HCBS, age 65+, no SPMI	3,090.8	\$5,365,547	\$1,735.99	936.0	\$2,204,342	\$2,354.97	1.357
Community, age 65+, with SPMI	352.0	\$511,995	\$1,454.53	109.1	\$195,290	\$1,790.54	1.231
Community, age 65+, no SPMI	3,588.7	\$4,441,609	\$1,237.67	1,318.2	\$2,132,247	\$1,617.52	1.307
Facility, age <65, with SPMI	137.2	\$339,178	\$2,471.27	53.0	\$98,873	\$1,865.53	0.755
Facility, age <65, no SPMI	211.0	\$482,282	\$2,285.70	79.6	\$140,851	\$1,769.92	0.774
HCBS, age <65, with SPMI	755.0	\$1,302,951	\$1,725.76	324.4	\$529,316	\$1,631.50	0.945
HCBS, age <65, no SPMI	1,481.9	\$2,945,209	\$1,987.42	685.5	\$1,661,219	\$2,423.47	1.219
Community, age <65, with SPMI	1,654.5	\$2,162,574	\$1,307.08	714.9	\$937,469	\$1,311.27	1.003
Community, age <65, no SPMI	2,162.5	\$3,396,287	\$1,570.54	891.6	\$1,547,932	\$1,736.19	1.105
Intervention group	15,153.3	\$10,288,068	\$678.93	5,513.6	\$5,863,924	\$1,063.53	1.566
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	48.0	\$4,530	\$94.38	0.077
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	283.9	\$164,415	\$579.06	0.673
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	69.4	\$208,980	\$3,012.54	4.412
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	936.0	\$1,251,708	\$1,337.24	1.655
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	109.1	\$119,496	\$1,095.62	1.420
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	1,318.2	\$1,092,192	\$828.54	1.550
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	53.0	\$139,659	\$2,635.08	6.236
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	79.6	\$126,247	\$1,586.41	1.284
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	324.4	\$375,166	\$1,156.36	1.986
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	685.5	\$916,786	\$1,337.45	2.333
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	714.9	\$593,871	\$830.67	1.195
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	891.6	\$870,873	\$976.79	1.606

Table 3.F.1—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	15,986.6	\$25,300,908	\$1,582.64	6,897.1	\$12,852,069	\$1,863.39	1.177
Facility, age 65+, with SPMI	250.4	\$512,932	\$2,048.29	74.3	\$132,598	\$1,784.64	0.871
Facility, age 65+, no SPMI	838.0	\$1,440,175	\$1,718.59	286.7	\$469,269	\$1,636.51	0.952
HCBS, age 65+, with SPMI	480.2	\$940,185	\$1,957.93	233.8	\$525,424	\$2,246.95	1.148
HCBS, age 65+, no SPMI	2,635.0	\$4,586,893	\$1,740.75	975.4	\$2,229,730	\$2,285.86	1.313
Community, age 65+, with SPMI	438.1	\$638,676	\$1,457.81	173.9	\$294,630	\$1,694.36	1.162
Community, age 65+, no SPMI	3,854.1	\$4,793,169	\$1,243.64	1,733.6	\$2,870,049	\$1,655.55	1.331
Facility, age <65, with SPMI	99.2	\$244,215	\$2,462.00	60.0	\$125,596	\$2,093.27	0.850
Facility, age <65, no SPMI	99.0	\$225,055	\$2,273.29	54.4	\$111,326	\$2,045.18	0.900
HCBS, age <65, with SPMI	682.0	\$1,181,396	\$1,732.21	316.4	\$552,016	\$1,744.49	1.007
HCBS, age <65, no SPMI	1,969.2	\$3,913,561	\$1,987.35	951.9	\$2,302,146	\$2,418.52	1.217
Community, age <65, with SPMI	1,722.2	\$2,251,569	\$1,307.41	652.0	\$861,922	\$1,321.95	1.011
Community, age <65, no SPMI	2,919.1	\$4,573,082	\$1,566.61	1,384.6	\$2,377,363	\$1,717.06	1.096
Intervention group	15,986.6	\$9,731,043	\$608.70	6,897.1	\$6,711,454	\$973.08	1.599
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	74.3	\$21,735	\$292.54	0.236
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	286.7	\$340,897	\$1,188.83	1.060
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	233.8	\$171,552	\$733.63	0.913
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	975.4	\$1,080,725	\$1,107.93	1.603
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	173.9	\$159,443	\$916.93	1.275
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	1,733.6	\$1,857,405	\$1,071.42	2.243
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	60.0	\$88,688	\$1,478.13	2.681
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	54.4	\$33,175	\$609.46	1.380
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	316.4	\$192,629	\$608.75	0.839
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	951.9	\$683,536	\$718.09	1.882
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	652.0	\$508,557	\$779.99	1.000
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	1,384.6	\$1,573,112	\$1,136.19	2.320

Table 3.F.2—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	15,986.6	\$25,300,908	\$1,582.64	5,956.2	\$11,107,600	\$1,864.89	1.178
Facility, age 65+, with SPMI	250.4	\$512,932	\$2,048.29	53.5	\$91,703	\$1,714.46	0.837
Facility, age 65+, no SPMI	838.0	\$1,440,175	\$1,718.59	199.2	\$331,137	\$1,661.97	0.967
HCBS, age 65+, with SPMI	480.2	\$940,185	\$1,957.93	218.0	\$510,146	\$2,340.12	1.195
HCBS, age 65+, no SPMI	2,635.0	\$4,586,893	\$1,740.75	750.3	\$1,765,373	\$2,352.74	1.352
Community, age 65+, with SPMI	438.1	\$638,676	\$1,457.81	141.0	\$253,182	\$1,795.61	1.232
Community, age 65+, no SPMI	3,854.1	\$4,793,169	\$1,243.64	1,474.7	\$2,385,351	\$1,617.47	1.301
Facility, age <65, with SPMI	99.2	\$244,215	\$2,462.00	60.0	\$110,472	\$1,841.21	0.748
Facility, age <65, no SPMI	99.0	\$225,055	\$2,273.29	47.7	\$84,257	\$1,764.85	0.776
HCBS, age <65, with SPMI	682.0	\$1,181,396	\$1,732.21	306.5	\$501,078	\$1,634.92	0.944
HCBS, age <65, no SPMI	1,969.2	\$3,913,561	\$1,987.35	883.4	\$2,144,676	\$2,427.86	1.222
Community, age <65, with SPMI	1,722.2	\$2,251,569	\$1,307.41	550.0	\$722,025	\$1,312.73	1.004
Community, age <65, no SPMI	2,919.1	\$4,573,082	\$1,566.61	1,271.8	\$2,208,200	\$1,736.33	1.108
Intervention group	15,986.6	\$9,731,043	\$608.70	5,956.2	\$6,136,763	\$1,030.32	1.693
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	53.5	\$18,934	\$353.98	0.285
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	199.2	\$183,947	\$923.23	0.823
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	218.0	\$412,801	\$1,893.58	2.358
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	750.3	\$852,278	\$1,135.84	1.644
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	141.0	\$130,506	\$925.57	1.287
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	1,474.7	\$2,073,991	\$1,406.35	2.944
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	60.0	\$104,748	\$1,745.80	3.166
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	47.7	\$75,107	\$1,573.18	3.563
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	306.5	\$245,771	\$801.90	1.105
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	883.4	\$618,455	\$700.12	1.834
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	550.0	\$422,700	\$768.52	0.985
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	1,271.8	\$997,525	\$784.37	1.602

Table 3.G.1 --MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 1 total

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	300,541.1	\$490,368,888	\$1,631.62	116,440.8	\$221,090,281	\$1,898.74	1.164
Facility, age 65+, with SPMI	8,034.5	\$16,426,454	\$2,044.48	2,228.4	\$3,976,588	\$1,784.52	0.873
Facility, age 65+, no SPMI	20,695.7	\$35,563,602	\$1,718.41	5,456.7	\$8,926,264	\$1,635.83	0.952
HCBS, age 65+, with SPMI	12,692.4	\$24,710,944	\$1,946.91	4,782.9	\$10,783,866	\$2,254.67	1.158
HCBS, age 65+, no SPMI	57,590.4	\$99,786,762	\$1,732.70	20,601.8	\$47,095,613	\$2,285.99	1.319
Community, age 65+, with SPMI	7,196.4	\$10,442,205	\$1,451.03	2,809.6	\$4,758,570	\$1,693.68	1.167
Community, age 65+, no SPMI	54,777.7	\$67,839,476	\$1,238.45	21,339.4	\$35,340,205	\$1,656.10	1.337
Facility, age <65, with SPMI	2,328.6	\$5,744,667	\$2,467.03	892.1	\$1,873,654	\$2,100.38	0.851
Facility, age <65, no SPMI	2,819.8	\$6,472,499	\$2,295.34	1,158.7	\$2,368,948	\$2,044.45	0.891
HCBS, age <65, with SPMI	21,022.7	\$36,333,694	\$1,728.31	9,091.3	\$15,878,896	\$1,746.60	1.011
HCBS, age <65, no SPMI	40,606.4	\$80,752,012	\$1,988.65	17,585.6	\$42,520,901	\$2,417.94	1.216
Community, age <65, with SPMI	29,285.3	\$38,232,811	\$1,305.53	12,166.0	\$16,092,518	\$1,322.75	1.013
Community, age <65, no SPMI	43,491.1	\$68,063,764	\$1,565.00	18,328.3	\$31,474,259	\$1,717.25	1.097
Intervention group	300,541.1	\$484,510,829	\$1,612.13	116,440.8	\$195,336,417	\$1,677.56	1.041
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	2,228.4	\$3,070,853	\$1,378.07	0.630
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	5,456.7	\$6,843,410	\$1,254.13	0.663
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	4,782.9	\$8,801,381	\$1,840.17	0.972
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	20,601.8	\$37,750,255	\$1,832.37	1.169
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	2,809.6	\$3,631,951	\$1,292.69	0.940
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	21,339.4	\$33,053,305	\$1,548.93	1.272
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	892.1	\$2,290,049	\$2,567.17	0.750
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	1,158.7	\$3,046,392	\$2,629.10	0.622
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	9,091.3	\$13,179,120	\$1,449.64	0.868
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	17,585.6	\$34,181,402	\$1,943.72	1.088
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	12,166.0	\$16,167,961	\$1,328.95	1.033
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	18,328.3	\$33,320,338	\$1,817.97	1.103

Table 3.G.2—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 1 total

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	300,541.1	\$490,368,888	\$1,631.62	99,445.8	\$188,756,669	\$1,898.09	1.163
Facility, age 65+, with SPMI	8,034.5	\$16,426,454	\$2,044.48	1,653.5	\$2,837,457	\$1,716.05	0.839
Facility, age 65+, no SPMI	20,695.7	\$35,563,602	\$1,718.41	3,709.3	\$6,177,899	\$1,665.50	0.969
HCBS, age 65+, with SPMI	12,692.4	\$24,710,944	\$1,946.91	3,941.2	\$9,226,002	\$2,340.90	1.202
HCBS, age 65+, no SPMI	57,590.4	\$99,786,762	\$1,732.70	16,866.1	\$39,690,206	\$2,353.26	1.358
Community, age 65+, with SPMI	7,196.4	\$10,442,205	\$1,451.03	2,436.7	\$4,368,957	\$1,792.98	1.236
Community, age 65+, no SPMI	54,777.7	\$67,839,476	\$1,238.45	18,258.1	\$29,539,882	\$1,617.90	1.306
Facility, age <65, with SPMI	2,328.6	\$5,744,667	\$2,467.03	714.9	\$1,329,777	\$1,860.04	0.754
Facility, age <65, no SPMI	2,819.8	\$6,472,499	\$2,295.34	1,010.2	\$1,785,927	\$1,767.91	0.770
HCBS, age <65, with SPMI	21,022.7	\$36,333,694	\$1,728.31	8,134.9	\$13,279,073	\$1,632.37	0.944
HCBS, age <65, no SPMI	40,606.4	\$80,752,012	\$1,988.65	15,825.9	\$38,368,188	\$2,424.39	1.219
Community, age <65, with SPMI	29,285.3	\$38,232,811	\$1,305.53	10,723.7	\$14,067,617	\$1,311.83	1.005
Community, age <65, no SPMI	43,491.1	\$68,063,764	\$1,565.00	16,171.3	\$28,085,685	\$1,736.77	1.110
Intervention group	300,541.1	\$484,510,829	\$1,612.13	99,445.8	\$164,636,493	\$1,655.54	1.027
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	1,653.5	\$2,131,869	\$1,289.32	0.589
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	3,709.3	\$4,627,167	\$1,247.43	0.659
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	3,941.2	\$7,806,640	\$1,980.76	1.047
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	16,866.1	\$31,586,980	\$1,872.81	1.195
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	2,436.7	\$3,459,830	\$1,419.89	1.033
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	18,258.1	\$26,760,885	\$1,465.70	1.203
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	714.9	\$1,323,071	\$1,850.66	0.540
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	1,010.2	\$2,460,271	\$2,435.45	0.576
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	8,134.9	\$12,727,934	\$1,564.62	0.937
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	15,825.9	\$29,417,892	\$1,858.85	1.041
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	10,723.7	\$14,016,090	\$1,307.02	1.016
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	16,171.3	\$28,317,864	\$1,751.12	1.063

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

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	4,220.4	\$7,560,297	\$1,791.37	5,247.9	\$7,655,724	\$1,458.82	0.814
Facility, age 65+, with SPMI	69.3	\$186,432	\$2,688.92	61.0	\$108,928	\$1,785.92	0.664
Facility, age 65+, no SPMI	224.1	\$536,349	\$2,392.99	226.0	\$326,171	\$1,443.23	0.603
HCBS, age 65+, with SPMI	143.3	\$265,751	\$1,853.99	192.9	\$294,075	\$1,524.72	0.822
HCBS, age 65+, no SPMI	667.3	\$1,258,224	\$1,885.61	784.6	\$1,508,571	\$1,922.69	1.020
Community, age 65+, with SPMI	112.9	\$198,139	\$1,755.67	162.0	\$200,254	\$1,236.29	0.704
Community, age 65+, no SPMI	715.1	\$1,234,717	\$1,726.64	936.2	\$1,397,150	\$1,492.32	0.864
Facility, age <65, with SPMI	48.6	\$174,144	\$3,581.47	60.0	\$109,048	\$1,817.46	0.507
Facility, age <65, no SPMI	49.0	\$157,986	\$3,224.20	39.0	\$84,449	\$2,165.35	0.672
HCBS, age <65, with SPMI	258.8	\$403,500	\$1,559.01	307.6	\$348,443	\$1,132.82	0.727
HCBS, age <65, no SPMI	572.9	\$1,101,422	\$1,922.46	820.6	\$1,372,052	\$1,671.96	0.870
Community, age <65, with SPMI	329.2	\$423,281	\$1,285.95	364.4	\$355,401	\$975.30	0.758
Community, age <65, no SPMI	1,029.8	\$1,620,351	\$1,573.42	1,293.6	\$1,551,183	\$1,199.14	0.762
Intervention group	4,220.4	\$9,945,769	\$2,356.60	5,247.9	\$9,757,594	\$1,859.34	0.789
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	61.0	\$137,424	\$2,253.13	0.356
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	226.0	\$328,688	\$1,454.37	0.272
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	192.9	\$370,271	\$1,919.79	1.072
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	784.6	\$2,137,482	\$2,724.24	1.177
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	162.0	\$133,781	\$825.91	0.322
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	936.2	\$1,360,326	\$1,452.99	0.716
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	60.0	\$50,793	\$846.56	0.374
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	39.0	\$161,629	\$4,144.33	0.451
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	307.6	\$718,896	\$2,337.19	0.808
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	820.6	\$1,742,770	\$2,123.71	0.936
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	364.4	\$278,139	\$763.27	0.373
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	1,293.6	\$2,337,396	\$1,806.92	1.253

Table 3.H.2—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 2

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	4,220.4	\$7,560,297	\$1,791.37	4,300.1	\$6,177,537	\$1,436.61	0.802
Facility, age 65+, with SPMI	69.3	\$186,432	\$2,688.92	32.0	\$60,062	\$1,876.95	0.698
Facility, age 65+, no SPMI	224.1	\$536,349	\$2,392.99	139.5	\$185,506	\$1,329.64	0.556
HCBS, age 65+, with SPMI	143.3	\$265,751	\$1,853.99	143.4	\$248,734	\$1,734.70	0.936
HCBS, age 65+, no SPMI	667.3	\$1,258,224	\$1,885.61	633.3	\$1,181,494	\$1,865.64	0.989
Community, age 65+, with SPMI	112.9	\$198,139	\$1,755.67	137.9	\$228,989	\$1,660.90	0.946
Community, age 65+, no SPMI	715.1	\$1,234,717	\$1,726.64	781.1	\$1,114,804	\$1,427.25	0.827
Facility, age <65, with SPMI	48.6	\$174,144	\$3,581.47	53.0	\$116,094	\$2,190.46	0.612
Facility, age <65, no SPMI	49.0	\$157,986	\$3,224.20	30.0	\$58,013	\$1,933.76	0.600
HCBS, age <65, with SPMI	258.8	\$403,500	\$1,559.01	276.8	\$247,089	\$892.64	0.573
HCBS, age <65, no SPMI	572.9	\$1,101,422	\$1,922.46	706.1	\$1,081,762	\$1,532.05	0.797
Community, age <65, with SPMI	329.2	\$423,281	\$1,285.95	315.5	\$302,489	\$958.71	0.746
Community, age <65, no SPMI	1,029.8	\$1,620,351	\$1,573.42	1,051.5	\$1,352,500	\$1,286.25	0.817
Intervention group	4,220.4	\$9,945,769	\$2,356.60	4,300.1	\$8,111,632	\$1,886.40	0.800
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	32.0	\$24,903	\$778.23	0.123
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	139.5	\$72,639	\$520.65	0.098
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	143.4	\$299,487	\$2,088.66	1.166
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	633.3	\$1,203,715	\$1,900.73	0.821
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	137.9	\$316,294	\$2,294.13	0.895
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	781.1	\$877,701	\$1,123.69	0.554
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	53.0	\$49,055	\$925.56	0.409
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	30.0	\$77,679	\$2,589.28	0.282
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	276.8	\$579,929	\$2,095.07	0.724
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	706.1	\$1,496,162	\$2,118.95	0.934
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	315.5	\$315,386	\$999.59	0.488
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	1,051.5	\$2,798,684	\$2,661.59	1.846

Table 3.I.1—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 2, by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration period 2			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	61,200.6	\$99,718,597	\$1,629.37	59,323.1	\$88,856,914	\$1,497.85	0.919
Facility, age 65+, with SPMI	1,249.3	\$2,644,471	\$2,116.82	1,082.8	\$1,930,985	\$1,783.28	0.842
Facility, age 65+, no SPMI	4,252.8	\$9,180,133	\$2,158.63	3,536.0	\$5,989,474	\$1,693.87	0.785
HCBS, age 65+, with SPMI	2,628.5	\$4,387,399	\$1,669.14	2,607.8	\$3,794,697	\$1,455.13	0.872
HCBS, age 65+, no SPMI	11,866.5	\$20,114,049	\$1,695.02	11,224.0	\$20,589,056	\$1,834.38	1.082
Community, age 65+, with SPMI	1,951.3	\$3,176,899	\$1,628.07	1,935.2	\$2,685,617	\$1,387.75	0.852
Community, age 65+, no SPMI	11,506.7	\$17,894,436	\$1,555.14	11,360.6	\$15,215,557	\$1,339.32	0.861
Facility, age <65, with SPMI	423.5	\$1,352,363	\$3,193.65	406.6	\$1,014,605	\$2,495.40	0.781
Facility, age <65, no SPMI	696.3	\$2,193,430	\$3,150.20	706.6	\$1,770,492	\$2,505.68	0.795
HCBS, age <65, with SPMI	3,460.0	\$4,727,500	\$1,366.35	3,481.5	\$3,999,434	\$1,148.75	0.841
HCBS, age <65, no SPMI	6,699.9	\$11,056,526	\$1,650.25	6,960.8	\$10,825,169	\$1,555.17	0.942
Community, age <65, with SPMI	6,565.4	\$7,358,314	\$1,120.77	6,072.4	\$6,123,016	\$1,008.33	0.900
Community, age <65, no SPMI	9,900.5	\$15,633,078	\$1,579.02	9,948.7	\$14,918,813	\$1,499.57	0.950
Intervention group	61,200.6	\$103,440,434	\$1,690.19	59,323.1	\$87,395,004	\$1,473.20	0.872
Facility, age 65+, with SPMI	1,249.3	\$3,181,407	\$2,546.62	1,082.8	\$1,719,074	\$1,587.58	0.623
Facility, age 65+, no SPMI	4,252.8	\$9,034,621	\$2,124.41	3,536.0	\$4,504,453	\$1,273.90	0.600
HCBS, age 65+, with SPMI	2,628.5	\$5,191,095	\$1,974.89	2,607.8	\$5,512,709	\$2,113.93	1.070
HCBS, age 65+, no SPMI	11,866.5	\$21,031,541	\$1,772.34	11,224.0	\$18,503,401	\$1,648.56	0.930
Community, age 65+, with SPMI	1,951.3	\$2,712,797	\$1,390.23	1,935.2	\$2,314,483	\$1,195.97	0.860
Community, age 65+, no SPMI	11,506.7	\$14,881,472	\$1,293.29	11,360.6	\$15,244,338	\$1,341.86	1.038
Facility, age <65, with SPMI	423.5	\$1,956,037	\$4,619.24	406.6	\$1,179,914	\$2,901.97	0.628
Facility, age <65, no SPMI	696.3	\$3,042,252	\$4,369.28	706.6	\$1,610,162	\$2,278.78	0.522
HCBS, age <65, with SPMI	3,460.0	\$6,775,101	\$1,958.15	3,481.5	\$4,776,533	\$1,371.96	0.701
HCBS, age <65, no SPMI	6,699.9	\$12,516,956	\$1,868.23	6,960.8	\$11,640,838	\$1,672.35	0.895
Community, age <65, with SPMI	6,565.4	\$8,598,440	\$1,309.66	6,072.4	\$6,744,709	\$1,110.71	0.848
Community, age <65, no SPMI	9,900.5	\$14,518,716	\$1,466.46	9,948.7	\$13,644,389	\$1,371.47	0.935

Table 3.I.2—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	61,200.6	\$99,718,597	\$1,629.37	47,323.2	\$66,908,737	\$1,413.87	0.868
Facility, age 65+, with SPMI	1,249.3	\$2,644,471	\$2,116.82	769.1	\$1,185,206	\$1,541.05	0.728
Facility, age 65+, no SPMI	4,252.8	\$9,180,133	\$2,158.63	2,098.4	\$3,134,888	\$1,493.96	0.692
HCBS, age 65+, with SPMI	2,628.5	\$4,387,399	\$1,669.14	2,019.5	\$3,661,179	\$1,812.89	1.086
HCBS, age 65+, no SPMI	11,866.5	\$20,114,049	\$1,695.02	8,668.1	\$15,640,238	\$1,804.34	1.064
Community, age 65+, with SPMI	1,951.3	\$3,176,899	\$1,628.07	1,654.6	\$2,029,764	\$1,226.77	0.754
Community, age 65+, no SPMI	11,506.7	\$17,894,436	\$1,555.14	9,518.2	\$13,169,938	\$1,383.66	0.890
Facility, age <65, with SPMI	423.5	\$1,352,363	\$3,193.65	334.5	\$660,397	\$1,974.54	0.618
Facility, age <65, no SPMI	696.3	\$2,193,430	\$3,150.20	555.5	\$1,014,678	\$1,826.44	0.580
HCBS, age <65, with SPMI	3,460.0	\$4,727,500	\$1,366.35	3,034.3	\$3,056,306	\$1,007.25	0.737
HCBS, age <65, no SPMI	6,699.9	\$11,056,526	\$1,650.25	5,897.0	\$8,759,320	\$1,485.38	0.900
Community, age <65, with SPMI	6,565.4	\$7,358,314	\$1,120.77	4,904.2	\$4,265,830	\$869.83	0.776
Community, age <65, no SPMI	9,900.5	\$15,633,078	\$1,579.02	7,869.8	\$10,330,994	\$1,312.74	0.831
Intervention group	61,200.6	\$103,440,434	\$1,690.19	47,323.2	\$68,670,371	\$1,451.09	0.859
Facility, age 65+, with SPMI	1,249.3	\$3,181,407	\$2,546.62	769.1	\$1,005,089	\$1,306.85	0.513
Facility, age 65+, no SPMI	4,252.8	\$9,034,621	\$2,124.41	2,098.4	\$2,052,054	\$977.92	0.460
HCBS, age 65+, with SPMI	2,628.5	\$5,191,095	\$1,974.89	2,019.5	\$3,857,146	\$1,909.93	0.967
HCBS, age 65+, no SPMI	11,866.5	\$21,031,541	\$1,772.34	8,668.1	\$15,066,547	\$1,738.16	0.981
Community, age 65+, with SPMI	1,951.3	\$2,712,797	\$1,390.23	1,654.6	\$1,984,768	\$1,199.57	0.863
Community, age 65+, no SPMI	11,506.7	\$14,881,472	\$1,293.29	9,518.2	\$12,542,080	\$1,317.70	1.019
Facility, age <65, with SPMI	423.5	\$1,956,037	\$4,619.24	334.5	\$871,260	\$2,605.01	0.564
Facility, age <65, no SPMI	696.3	\$3,042,252	\$4,369.28	555.5	\$1,041,861	\$1,875.37	0.429
HCBS, age <65, with SPMI	3,460.0	\$6,775,101	\$1,958.15	3,034.3	\$4,448,042	\$1,465.92	0.749
HCBS, age <65, no SPMI	6,699.9	\$12,516,956	\$1,868.23	5,897.0	\$10,058,651	\$1,705.72	0.913
Community, age <65, with SPMI	6,565.4	\$8,598,440	\$1,309.66	4,904.2	\$5,448,686	\$1,111.03	0.848
Community, age <65, no SPMI	9,900.5	\$14,518,716	\$1,466.46	7,869.8	\$10,294,185	\$1,308.06	0.892

Table 3.J—MEDICARE
Eligible months, incurred claims, and PMPM for the reweighted comparison group and the intervention group, baseline period, and the demonstration period 3, by category of beneficiary: Cohort 4

Category of beneficiary	Baseline period			Demonstration period 3			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Rewighted comparison group	62,389.1	\$103,538,639	\$1,659.56	60,435.9	\$98,547,133	\$1,630.61	0.983
Facility, age 65+, with SPMI	2,465.0	\$6,105,875	\$2,477.03	2,173.3	\$4,463,463	\$2,053.79	0.829
Facility, age 65+, no SPMI	2,527.9	\$4,927,821	\$1,949.35	2,128.4	\$3,339,228	\$1,568.87	0.805
HCBS, age 65+, with SPMI	4,296.6	\$8,997,053	\$2,094.01	4,103.4	\$9,202,342	\$2,242.61	1.071
HCBS, age 65+, no SPMI	9,918.7	\$16,986,004	\$1,712.52	9,490.3	\$17,844,631	\$1,880.31	1.098
Community, age 65+, with SPMI	2,930.0	\$5,527,364	\$1,886.49	2,887.9	\$4,612,687	\$1,597.27	0.847
Community, age 65+, no SPMI	13,064.3	\$18,179,559	\$1,391.54	12,899.2	\$17,315,981	\$1,342.40	0.965
Facility, age <65, with SPMI	701.0	\$2,462,157	\$3,512.35	614.6	\$1,645,042	\$2,676.63	0.762
Facility, age <65, no SPMI	435.0	\$1,265,728	\$2,909.72	339.6	\$741,414	\$2,183.31	0.750
HCBS, age <65, with SPMI	4,427.2	\$7,617,437	\$1,720.61	4,464.0	\$7,488,035	\$1,677.41	0.975
HCBS, age <65, no SPMI	5,749.7	\$10,366,072	\$1,802.90	6,012.8	\$11,166,360	\$1,857.11	1.030
Community, age <65, with SPMI	7,700.5	\$8,889,867	\$1,154.45	7,157.5	\$8,348,875	\$1,166.45	1.010
Community, age <65, no SPMI	8,173.2	\$12,213,703	\$1,494.36	8,164.9	\$12,379,074	\$1,516.13	1.015
Intervention group	62,389.1	\$108,595,448	\$1,740.62	60,435.9	\$91,049,372	\$1,506.55	0.866
Facility, age 65+, with SPMI	2,465.0	\$8,184,140	\$3,320.14	2,173.3	\$4,025,717	\$1,852.37	0.558
Facility, age 65+, no SPMI	2,527.9	\$5,640,529	\$2,231.28	2,128.4	\$2,397,601	\$1,126.46	0.505
HCBS, age 65+, with SPMI	4,296.6	\$10,346,709	\$2,408.13	4,103.4	\$8,423,672	\$2,052.85	0.852
HCBS, age 65+, no SPMI	9,918.7	\$16,540,474	\$1,667.60	9,490.3	\$15,393,542	\$1,622.04	0.973
Community, age 65+, with SPMI	2,930.0	\$5,543,090	\$1,891.86	2,887.9	\$4,257,694	\$1,474.35	0.779
Community, age 65+, no SPMI	13,064.3	\$15,940,063	\$1,220.12	12,899.2	\$15,266,987	\$1,183.56	0.970
Facility, age <65, with SPMI	701.0	\$3,135,378	\$4,472.72	614.6	\$1,914,254	\$3,114.66	0.696
Facility, age <65, no SPMI	435.0	\$1,415,092	\$3,253.09	339.6	\$1,143,840	\$3,368.37	1.035
HCBS, age <65, with SPMI	4,427.2	\$7,960,976	\$1,798.20	4,464.0	\$7,723,068	\$1,730.06	0.962
HCBS, age <65, no SPMI	5,749.7	\$10,808,077	\$1,879.78	6,012.8	\$9,581,184	\$1,593.47	0.848
Community, age <65, with SPMI	7,700.5	\$11,328,174	\$1,471.10	7,157.5	\$8,788,770	\$1,227.91	0.835
Community, age <65, no SPMI	8,173.2	\$11,752,746	\$1,437.97	8,164.9	\$12,133,041	\$1,486.00	1.033

Table 4.1
Summary by cohort of per member per month (PMPM), baseline versus demonstration period 2

Cohort	Group	Baseline period			Demonstration period 2			Cost trend (demonstration period/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1A	C	48,488.0	\$80,888,953	\$1,668.23	17,258.9	\$33,902,222	\$1,964.34	1.177
	I	48,488.0	\$128,622,626	\$2,652.67	17,258.9	\$44,597,713	\$2,584.05	0.974
1B	C	83,567.1	\$134,959,403	\$1,614.98	32,967.4	\$62,031,022	\$1,881.59	1.165
	I	83,567.1	\$108,476,913	\$1,298.08	32,967.4	\$48,657,946	\$1,475.94	1.137
1C	C	7,946.8	\$12,489,805	\$1,571.67	3,137.6	\$5,870,280	\$1,870.96	1.190
	I	7,946.8	\$7,898,710	\$993.94	3,137.6	\$3,981,833	\$1,269.08	1.277
1D	C	129,399.2	\$212,662,623	\$1,643.46	49,759.8	\$94,543,955	\$1,900.01	1.156
	I	129,399.2	\$219,493,469	\$1,696.25	49,759.8	\$84,082,879	\$1,689.78	0.996
1E	C	15,153.3	\$24,067,197	\$1,588.24	6,420.1	\$11,890,733	\$1,852.10	1.166
	I	15,153.3	\$10,288,068	\$678.93	6,420.1	\$7,304,591	\$1,137.76	1.676
1F	C	15,986.6	\$25,300,908	\$1,582.64	6,897.1	\$12,852,069	\$1,863.39	1.177
	I	15,986.6	\$9,731,043	\$608.70	6,897.1	\$6,711,454	\$973.08	1.599
1 total	C	300,541.1	\$490,368,888	\$1,631.62	116,440.8	\$221,090,281	\$1,898.74	1.164
	I	300,541.1	\$484,510,829	\$1,612.13	116,440.8	\$195,336,417	\$1,677.56	1.041
2	C	4,220.4	\$7,560,297	\$1,791.37	5,247.9	\$7,655,724	\$1,458.82	0.814
	I	4,220.4	\$9,945,769	\$2,356.60	5,247.9	\$9,757,594	\$1,859.34	0.789
3	C	61,200.6	\$99,718,597	\$1,629.37	59,323.1	\$88,856,914	\$1,497.85	0.919
	I	61,200.6	\$103,440,434	\$1,690.19	59,323.1	\$87,395,004	\$1,473.20	0.872

Table 4.2
Summary by cohort of per member per month (PMPM), baseline versus demonstration period 3

Cohort	Group	Baseline period			Demonstration period 3			Cost trend (demonstration period/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1A	C	48,488.0	\$80,888,953	\$1,668.23	14,517.6	\$28,555,750	\$1,966.97	1.179
	I	48,488.0	\$128,622,626	\$2,652.67	14,517.6	\$36,025,995	\$2,481.53	0.935
1B	C	83,567.1	\$134,959,403	\$1,614.98	28,244.8	\$53,062,902	\$1,878.68	1.163
	I	83,567.1	\$108,476,913	\$1,298.08	28,244.8	\$39,986,698	\$1,415.72	1.091
1C	C	7,946.8	\$12,489,805	\$1,571.67	2,723.6	\$5,106,723	\$1,875.00	1.193
	I	7,946.8	\$7,898,710	\$993.94	2,723.6	\$3,410,228	\$1,252.11	1.260
1D	C	129,399.2	\$212,662,623	\$1,643.46	42,490.0	\$80,758,075	\$1,900.64	1.156
	I	129,399.2	\$219,493,469	\$1,696.25	42,490.0	\$73,212,885	\$1,723.06	1.016
1E	C	15,153.3	\$24,067,197	\$1,588.24	5,513.6	\$10,165,619	\$1,843.73	1.161
	I	15,153.3	\$10,288,068	\$678.93	5,513.6	\$5,863,924	\$1,063.53	1.566
1F	C	15,986.6	\$25,300,908	\$1,582.64	5,956.2	\$11,107,600	\$1,864.89	1.178
	I	15,986.6	\$9,731,043	\$608.70	5,956.2	\$6,136,763	\$1,030.32	1.693
1 total	C	300,541.1	\$490,368,888	\$1,631.62	99,445.8	\$188,756,669	\$1,898.09	1.163
	I	300,541.1	\$484,510,829	\$1,612.13	99,445.8	\$164,636,493	\$1,655.54	1.027
2	C	4,220.4	\$7,560,297	\$1,791.37	4,300.1	\$6,177,537	\$1,436.61	0.802
	I	4,220.4	\$9,945,769	\$2,356.60	4,300.1	\$8,111,632	\$1,886.40	0.800
3	C	61,200.6	\$99,718,597	\$1,629.37	47,323.2	\$66,908,737	\$1,413.87	0.868
	I	61,200.6	\$103,440,434	\$1,690.19	47,323.2	\$68,670,371	\$1,451.09	0.859
4	C	62,389.1	\$103,538,639	\$1,659.56	60,435.9	\$98,547,133	\$1,630.61	0.983
	I	62,389.1	\$108,595,448	\$1,740.62	60,435.9	\$91,049,372	\$1,506.55	0.866

5.2 Medicare AGA Adjustments

The trend in health care costs is not uniform across the United States; it varies by geographic area. The purpose of this adjustment is to control for geographic variation in secular cost trends. CMS measures these variations for each calendar year by county with the calculation of the Average Geographic Adjustment (AGA) factors. The factors measure the difference in average Medicare costs in each county from the national average. The factors are used to vary payment rates to Medicare Advantage plans by county. The factors were not published for 2011, because 2011 Medicare Advantage rates were set by law. Hospice expenditures are excluded in the calculation of the AGA factors. We calculated the average AGA factor across all beneficiaries in the intervention group and the comparison group for the baseline period and the demonstration period separately. To determine the average AGA factor, the nonhospice expenditures for each beneficiary were grouped by calendar year and county of residence, and the weighted average AGA factor was calculated for each cohort and for each period (baseline period vs. demonstration period).⁵ Tables 5.A and 5.B show the results of the calculations for demonstration periods 2 and 3, respectively.

For each cohort and demonstration period, the AGA adjustment factor was determined by comparing the trend from the baseline period to the demonstration period for the intervention group versus that of the comparison group. For Cohort 1, from the baseline period to demonstration period 2, the AGA factor decreased by 0.68 percent (a factor of 0.99320) for the comparison group and increased by 3.13 percent (a factor of 1.03134) for the intervention group. If the AGA had increased by the same 3.13 percent in the comparison area as it did in the intervention area, instead of decreasing by 0.68 percent, then the trend of the comparison group would have increased by an additional 3.84 percent ($1.03134/0.99320 = 1.03840$), which is the AGA adjustment factor that we apply to the comparison group trend. For Cohort 2, the corresponding AGA adjustment factor is 1.03292 and for Cohort 3 it is 1.00562.

Table 5.A
Average AGA factor by group for baseline period and demonstration period 2

Cohort	Group	Baseline period	Demonstration period 2	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.90038	0.89426	0.99320	1.03840
	I	0.88374	0.91143	1.03134	
2	C	0.89953	0.89699	0.99717	1.03292
	I	0.89107	0.91781	1.03000	
3	C	0.89232	0.89344	1.00126	1.00562
	I	0.90748	0.91373	1.00688	

⁵ The nonhospice expenditures of each beneficiary were divided by the AGA factor for their county and year and the sum of the results of this division was divided into the total nonhospice expenditures of the cohort.

For demonstration period 3, the resulting calculations produced AGA adjustment factors of 1.04877 for Cohort 1, 1.04188 for Cohort 2, 1.01574 for Cohort 3 and 1.00840 for Cohort 4.

Table 5.B
Average AGA factor by group for baseline period and demonstration period 3

Cohort	Group	Baseline period	Demonstration period 3	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.90038	0.89737	0.99665	1.04877
	I	0.88374	0.92373	1.04526	
2	C	0.89953	0.90073	1.00133	1.04188
	I	0.89107	0.92962	1.04326	
3	C	0.89232	0.89591	1.00402	1.01574
	I	0.90748	0.92547	1.01982	
4	C	0.89140	0.89616	1.00534	1.00840
	I	0.90804	0.92055	1.01378	

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

Table 6.G displays the savings calculation for Cohort 1 in total. The baseline PMPM was \$1,612.13. For demonstration period 2, the AGA adjusted trend from the comparison group was 1.17, resulting in a target PMPM of \$1,892.39. The actual PMPM for the intervention group was \$1,677.56, an increase of 4.05 percent over the \$1,612.13 baseline PMPM. Because the intervention group PMPM costs increased at a slower rate than the comparison group costs, we estimate a PMPM savings of \$214.83, a savings rate of 11.4 percent. The savings dollar amount was \$25,015,493. For demonstration period 3, we estimate a PMPM savings of \$243.00, or 12.8 percent, and a dollar savings of \$24,165,702.

For demonstration period 2, the same calculations for Cohort 2 (as shown in Table 6.H.1) result in a PMPM savings of \$32.47, or 1.7 percent, and a savings dollar amount of \$170,420.

For demonstration period 3 (as shown in Table 6.H.2,) the savings is $-\$50.22$ on a PMPM basis, -2.7 percent, and $-\$215,971$ on a dollar basis.

For Cohort 3, demonstration period 2 savings (as shown in Table 6.I.1) is $\$87.57$ PMPM, or 5.6 percent, and $\$5,194,863$ in total dollars, and demonstration period 3 savings (as shown in Table 6.I.2) is $\$30.71$ PMPM, or 2.1 percent, and $\$1,453,107$ in total dollars.

For Cohort 4, demonstration period 3 savings (as shown in Table 6.J) is $\$202.87$ PMPM, or 11.9 percent, and $\$12,260,616$ in total dollars.

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	17,258.9	\$2,652.67	1.215	\$3,222.50	\$2,584.05	\$638.45	\$11,019,004	19.8%
Facility, age 65+, with SPMI	326.1	\$3,321.06	0.905	\$3,004.61	\$2,010.09	\$994.52	\$324,273	33.1%
Facility, age 65+, no SPMI	581.9	\$2,476.33	0.990	\$2,450.83	\$1,544.31	\$906.52	\$527,517	37.0%
HCBS, age 65+, with SPMI	767.1	\$2,903.67	1.204	\$3,494.97	\$2,369.78	\$1,125.19	\$863,093	32.2%
HCBS, age 65+, no SPMI	3,316.8	\$2,389.27	1.369	\$3,270.15	\$2,542.44	\$727.71	\$2,413,637	22.3%
Community, age 65+, with SPMI	354.1	\$2,067.95	1.214	\$2,509.61	\$1,121.74	\$1,387.87	\$491,485	55.3%
Community, age 65+, no SPMI	3,099.9	\$2,124.06	1.386	\$2,944.30	\$2,259.04	\$685.26	\$2,124,267	23.3%
Facility, age <65, with SPMI	144.7	\$5,306.80	0.887	\$4,709.02	\$4,047.26	\$661.76	\$95,788	14.1%
Facility, age <65, no SPMI	227.0	\$4,764.97	0.929	\$4,424.94	\$4,814.69	-\$389.75	-\$88,473	-8.8%
HCBS, age <65, with SPMI	1,457.9	\$2,780.44	1.049	\$2,916.57	\$2,250.83	\$665.74	\$970,588	22.8%
HCBS, age <65, no SPMI	3,496.2	\$2,691.70	1.263	\$3,399.25	\$2,776.14	\$623.10	\$2,178,469	18.3%
Community, age <65, with SPMI	1,116.8	\$2,446.14	1.053	\$2,576.77	\$2,647.02	-\$70.25	-\$78,456	-2.7%
Community, age <65, no SPMI	2,370.4	\$3,319.71	1.140	\$3,783.17	\$3,278.28	\$504.90	\$1,196,816	13.3%

**Table 6.A.2—MEDICARE demonstration period 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A**

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	14,517.6	\$2,652.67	1.227	\$3,255.61	\$2,481.53	\$774.07	\$11,237,701	23.8%
Facility, age 65+, with SPMI	231.9	\$3,321.06	0.878	\$2,914.82	\$1,667.71	\$1,247.11	\$289,210	42.8%
Facility, age 65+, no SPMI	356.4	\$2,476.33	1.015	\$2,513.35	\$1,885.82	\$627.53	\$223,652	25.0%
HCBS, age 65+, with SPMI	613.5	\$2,903.67	1.261	\$3,660.92	\$2,696.69	\$964.23	\$591,601	26.3%
HCBS, age 65+, no SPMI	2,687.8	\$2,389.27	1.421	\$3,396.32	\$2,599.01	\$797.30	\$2,142,964	23.5%
Community, age 65+, with SPMI	329.9	\$2,067.95	1.297	\$2,682.15	\$1,406.88	\$1,275.27	\$420,747	47.5%
Community, age 65+, no SPMI	2,567.8	\$2,124.06	1.368	\$2,904.87	\$2,156.70	\$748.17	\$1,921,178	25.8%
Facility, age <65, with SPMI	84.1	\$5,306.80	0.798	\$4,237.19	\$1,791.81	\$2,445.38	\$205,778	57.7%
Facility, age <65, no SPMI	215.0	\$4,764.97	0.811	\$3,862.31	\$3,021.65	\$840.67	\$180,743	21.8%
HCBS, age <65, with SPMI	1,254.4	\$2,780.44	0.990	\$2,752.04	\$2,222.14	\$529.91	\$664,721	19.3%
HCBS, age <65, no SPMI	3,118.2	\$2,691.70	1.278	\$3,439.43	\$2,778.65	\$660.78	\$2,060,463	19.2%
Community, age <65, with SPMI	939.2	\$2,446.14	1.055	\$2,580.96	\$2,678.96	-\$98.00	-\$92,045	-3.8%
Community, age <65, no SPMI	2,119.2	\$3,319.71	1.163	\$3,862.25	\$2,621.85	\$1,240.40	\$2,628,689	32.1%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	32,967.4	\$1,298.08	1.190	\$1,544.09	\$1,475.94	\$68.15	\$2,246,785	4.4%
Facility, age 65+, with SPMI	837.3	\$1,581.91	0.906	\$1,433.07	\$1,382.42	\$50.65	\$42,411	3.5%
Facility, age 65+, no SPMI	1,443.6	\$1,689.87	0.987	\$1,668.04	\$1,549.87	\$118.17	\$170,596	7.1%
HCBS, age 65+, with SPMI	1,432.9	\$1,412.22	1.201	\$1,696.74	\$1,460.82	\$235.92	\$338,061	13.9%
HCBS, age 65+, no SPMI	5,927.3	\$1,178.09	1.371	\$1,615.13	\$1,590.48	\$24.65	\$146,120	1.5%
Community, age 65+, with SPMI	802.2	\$1,140.11	1.213	\$1,382.45	\$1,153.13	\$229.32	\$183,965	16.6%
Community, age 65+, no SPMI	6,681.8	\$971.09	1.390	\$1,349.69	\$1,517.04	-\$167.35	-\$1,118,195	-12.4%
Facility, age <65, with SPMI	303.5	\$3,244.58	0.881	\$2,859.29	\$2,537.19	\$322.10	\$97,756	11.3%
Facility, age <65, no SPMI	172.4	\$3,733.76	0.916	\$3,421.19	\$1,078.03	\$2,343.16	\$403,864	68.5%
HCBS, age <65, with SPMI	2,943.1	\$1,385.95	1.049	\$1,454.49	\$1,199.18	\$255.31	\$751,389	17.6%
HCBS, age <65, no SPMI	4,186.8	\$1,488.47	1.262	\$1,879.14	\$1,699.16	\$179.98	\$753,559	9.6%
Community, age <65, with SPMI	3,608.5	\$1,112.23	1.053	\$1,171.52	\$1,232.96	-\$61.44	-\$221,708	-5.2%
Community, age <65, no SPMI	4,627.9	\$1,390.75	1.139	\$1,584.19	\$1,433.15	\$151.03	\$698,967	9.5%

Table 6.B.2—MEDICARE demonstration period 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	28,244.8	\$1,298.08	1.196	\$1,552.82	\$1,415.72	\$137.10	\$3,872,300	8.8%
Facility, age 65+, with SPMI	595.9	\$1,581.91	0.877	\$1,387.13	\$1,290.20	\$96.93	\$57,757	7.0%
Facility, age 65+, no SPMI	963.4	\$1,689.87	1.013	\$1,711.51	\$1,058.49	\$653.02	\$629,146	38.2%
HCBS, age 65+, with SPMI	1,192.7	\$1,412.22	1.260	\$1,779.48	\$1,757.66	\$21.82	\$26,022	1.2%
HCBS, age 65+, no SPMI	4,851.2	\$1,178.09	1.424	\$1,677.68	\$1,576.68	\$101.00	\$489,973	6.0%
Community, age 65+, with SPMI	722.6	\$1,140.11	1.296	\$1,477.26	\$1,231.07	\$246.18	\$177,902	16.7%
Community, age 65+, no SPMI	5,807.9	\$971.09	1.371	\$1,331.34	\$1,301.96	\$29.38	\$170,629	2.2%
Facility, age <65, with SPMI	278.0	\$3,244.58	0.787	\$2,552.91	\$1,381.08	\$1,171.82	\$325,767	45.9%
Facility, age <65, no SPMI	152.7	\$3,733.76	0.800	\$2,985.42	\$767.74	\$2,217.68	\$338,733	74.3%
HCBS, age <65, with SPMI	2,648.0	\$1,385.95	0.990	\$1,372.36	\$1,297.77	\$74.59	\$197,516	5.4%
HCBS, age <65, no SPMI	3,803.8	\$1,488.47	1.279	\$1,903.35	\$1,457.68	\$445.67	\$1,695,253	23.4%
Community, age <65, with SPMI	3,177.1	\$1,112.23	1.054	\$1,172.84	\$1,234.43	-\$61.59	-\$195,669	-5.3%
Community, age <65, no SPMI	4,051.3	\$1,390.75	1.164	\$1,618.38	\$1,628.43	-\$10.05	-\$40,729	-0.6%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,137.6	\$993.94	1.220	\$1,212.97	\$1,269.08	–\$56.11	–\$176,051	–4.6%
Facility, age 65+, with SPMI	28.6	\$2,437.80	0.893	\$2,176.63	\$671.63	\$1,505.00	\$43,062	69.1%
Facility, age 65+, no SPMI	163.0	\$1,615.10	0.981	\$1,585.05	\$1,080.88	\$504.17	\$82,174	31.8%
HCBS, age 65+, with SPMI	164.0	\$978.12	1.200	\$1,173.91	\$1,100.01	\$73.90	\$12,120	6.3%
HCBS, age 65+, no SPMI	553.2	\$905.53	1.371	\$1,241.68	\$1,318.52	–\$76.84	–\$42,504	–6.2%
Community, age 65+, with SPMI	135.0	\$1,509.16	1.196	\$1,805.54	\$647.75	\$1,157.79	\$156,301	64.1%
Community, age 65+, no SPMI	797.1	\$760.14	1.382	\$1,050.74	\$1,262.76	–\$212.02	–\$169,007	–20.2%
Facility, age <65, with SPMI	12.0	\$4,384.61	0.881	\$3,862.91	\$270.43	\$3,592.48	\$43,110	93.0%
Facility, age <65, no SPMI	24.0	\$10,040.68	0.848	\$8,510.78	\$213.96	\$8,296.82	\$199,124	97.5%
HCBS, age <65, with SPMI	228.0	\$739.84	1.048	\$775.40	\$734.86	\$40.54	\$9,243	5.2%
HCBS, age <65, no SPMI	335.1	\$880.51	1.260	\$1,109.67	\$2,129.06	–\$1,019.39	–\$341,576	–91.9%
Community, age <65, with SPMI	279.8	\$832.44	1.051	\$875.27	\$1,360.43	–\$485.16	–\$135,766	–55.4%
Community, age <65, no SPMI	417.8	\$1,013.70	1.134	\$1,149.69	\$1,227.08	–\$77.39	–\$32,331	–6.7%

5

Table 6.C.2—MEDICARE demonstration period 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	2,723.6	\$993.94	1.224	\$1,216.97	\$1,252.11	–\$35.14	–\$95,708	–2.9%
Facility, age 65+, with SPMI	24.0	\$2,437.80	0.871	\$2,123.77	\$65.66	\$2,058.11	\$49,395	96.9%
Facility, age 65+, no SPMI	96.4	\$1,615.10	1.011	\$1,632.67	\$1,025.97	\$606.70	\$58,494	37.2%
HCBS, age 65+, with SPMI	165.1	\$978.12	1.258	\$1,230.70	\$1,186.63	\$44.08	\$7,279	3.6%
HCBS, age 65+, no SPMI	469.8	\$905.53	1.426	\$1,291.27	\$1,475.96	–\$184.70	–\$86,773	–14.3%
Community, age 65+, with SPMI	145.0	\$1,509.16	1.279	\$1,929.97	\$1,834.13	\$95.84	\$13,896	5.0%
Community, age 65+, no SPMI	677.4	\$760.14	1.364	\$1,037.06	\$1,020.14	\$16.92	\$11,463	1.6%
Facility, age <65, with SPMI	6.0	\$4,384.61	0.856	\$3,752.04	\$7,863.92	–\$4,111.88	–\$24,539	–109.6%
Facility, age <65, no SPMI	24.0	\$10,040.68	0.740	\$7,432.15	\$5,520.18	\$1,911.97	\$45,887	25.7%
HCBS, age <65, with SPMI	227.0	\$739.84	0.986	\$729.75	\$628.56	\$101.20	\$22,971	13.9%
HCBS, age <65, no SPMI	295.0	\$880.51	1.275	\$1,122.28	\$977.46	\$144.82	\$42,728	12.9%
Community, age <65, with SPMI	271.8	\$832.44	1.054	\$877.51	\$1,328.97	–\$451.45	–\$122,709	–51.4%
Community, age <65, no SPMI	322.0	\$1,013.70	1.158	\$1,173.41	\$1,526.83	–\$353.42	–\$113,800	–30.1%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	49,759.8	\$1,696.25	1.184	\$2,008.89	\$1,689.78	\$319.11	\$15,878,855	15.9%
Facility, age 65+, with SPMI	896.3	\$2,345.53	0.905	\$2,121.79	\$1,307.49	\$814.31	\$729,881	38.4%
Facility, age 65+, no SPMI	2,589.1	\$2,040.09	0.985	\$2,009.40	\$1,134.77	\$874.63	\$2,264,486	43.5%
HCBS, age 65+, with SPMI	2,090.6	\$2,012.00	1.203	\$2,419.87	\$2,099.09	\$320.78	\$670,619	13.3%
HCBS, age 65+, no SPMI	8,675.9	\$1,699.59	1.368	\$2,324.98	\$1,921.15	\$403.83	\$3,503,564	17.4%
Community, age 65+, with SPMI	1,175.1	\$1,450.66	1.212	\$1,757.88	\$1,621.29	\$136.59	\$160,516	7.8%
Community, age 65+, no SPMI	7,531.6	\$1,352.84	1.388	\$1,877.79	\$1,488.76	\$389.03	\$2,930,022	20.7%
Facility, age <65, with SPMI	305.1	\$3,271.35	0.884	\$2,891.91	\$2,347.20	\$544.71	\$166,172	18.8%
Facility, age <65, no SPMI	601.9	\$4,766.02	0.925	\$4,408.55	\$2,733.27	\$1,675.28	\$1,008,402	38.0%
HCBS, age <65, with SPMI	3,767.7	\$1,644.72	1.049	\$1,724.96	\$1,547.99	\$176.97	\$666,752	10.3%
HCBS, age <65, no SPMI	7,872.9	\$1,817.35	1.262	\$2,293.29	\$1,906.27	\$387.02	\$3,046,985	16.9%
Community, age <65, with SPMI	5,740.4	\$1,327.43	1.051	\$1,395.62	\$1,195.64	\$199.98	\$1,147,934	14.3%
Community, age <65, no SPMI	8,513.2	\$1,578.14	1.140	\$1,799.26	\$1,848.19	-\$48.92	-\$416,478	-2.7%

**Table 6.D.2—MEDICARE demonstration period 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D**

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	42,490.0	\$1,696.25	1.189	\$2,017.50	\$1,723.06	\$294.44	\$12,510,843	14.6%
Facility, age 65+, with SPMI	700.2	\$2,345.53	0.879	\$2,060.93	\$1,358.55	\$702.38	\$491,822	34.1%
Facility, age 65+, no SPMI	1,809.9	\$2,040.09	1.011	\$2,063.36	\$1,374.65	\$688.71	\$1,246,512	33.4%
HCBS, age 65+, with SPMI	1,682.5	\$2,012.00	1.259	\$2,533.56	\$1,924.54	\$609.03	\$1,024,695	24.0%
HCBS, age 65+, no SPMI	7,170.9	\$1,699.59	1.421	\$2,414.81	\$1,973.98	\$440.83	\$3,161,108	18.3%
Community, age 65+, with SPMI	989.1	\$1,450.66	1.295	\$1,879.05	\$1,607.67	\$271.37	\$268,403	14.4%
Community, age 65+, no SPMI	6,412.1	\$1,352.84	1.369	\$1,852.12	\$1,528.99	\$323.14	\$2,071,972	17.4%
Facility, age <65, with SPMI	233.8	\$3,271.35	0.790	\$2,585.23	\$2,125.80	\$459.43	\$107,415	17.8%
Facility, age <65, no SPMI	491.1	\$4,766.02	0.808	\$3,853.09	\$2,768.14	\$1,084.95	\$532,851	28.2%
HCBS, age <65, with SPMI	3,374.5	\$1,644.72	0.990	\$1,627.76	\$1,701.08	-\$73.32	-\$247,406	-4.5%
HCBS, age <65, no SPMI	7,040.0	\$1,817.35	1.277	\$2,321.50	\$1,901.29	\$420.21	\$2,958,246	18.1%
Community, age <65, with SPMI	5,070.6	\$1,327.43	1.053	\$1,397.77	\$1,222.79	\$174.98	\$887,235	12.5%
Community, age <65, no SPMI	7,515.4	\$1,578.14	1.165	\$1,837.86	\$1,836.80	\$1.06	\$7,990	0.1%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	6,420.1	\$678.93	1.186	\$805.22	\$1,137.76	–\$332.55	–\$2,135,003	–41.3%
Facility, age 65+, with SPMI	65.8	\$1,222.01	0.904	\$1,104.20	\$685.05	\$419.15	\$27,572	38.0%
Facility, age 65+, no SPMI	392.4	\$860.02	0.984	\$846.16	\$642.93	\$203.24	\$79,744	24.0%
HCBS, age 65+, with SPMI	94.5	\$682.88	1.203	\$821.70	\$1,588.22	–\$766.52	–\$72,399	–93.3%
HCBS, age 65+, no SPMI	1,153.3	\$808.12	1.366	\$1,103.52	\$1,224.81	–\$121.29	–\$139,884	–11.0%
Community, age 65+, with SPMI	169.2	\$771.30	1.208	\$931.75	\$930.89	\$0.87	\$147	0.1%
Community, age 65+, no SPMI	1,495.3	\$534.63	1.389	\$742.35	\$1,228.54	–\$486.18	–\$727,011	–65.5%
Facility, age <65, with SPMI	66.7	\$422.56	0.886	\$374.22	\$1,890.96	–\$1,516.74	–\$101,230	–405.3%
Facility, age <65, no SPMI	79.0	\$1,235.18	0.925	\$1,142.96	\$1,064.61	\$78.35	\$6,190	6.9%
HCBS, age <65, with SPMI	378.2	\$582.37	1.052	\$612.83	\$464.82	\$148.01	\$55,981	24.2%
HCBS, age <65, no SPMI	742.7	\$573.21	1.264	\$724.60	\$1,288.05	–\$563.45	–\$418,483	–77.8%
Community, age <65, with SPMI	768.4	\$695.05	1.051	\$730.20	\$1,314.28	–\$584.08	–\$448,828	–80.0%
Community, age <65, no SPMI	1,014.5	\$608.17	1.135	\$690.50	\$1,081.62	–\$391.12	–\$396,802	–56.6%

Table 6.E.2—MEDICARE demonstration period 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	5,513.6	\$678.93	1.187	\$805.95	\$1,063.53	–\$257.59	–\$1,420,230	–32.0%
Facility, age 65+, with SPMI	48.0	\$1,222.01	0.882	\$1,078.03	\$94.38	\$983.65	\$47,215	91.2%
Facility, age 65+, no SPMI	283.9	\$860.02	1.010	\$869.03	\$579.06	\$289.97	\$82,333	33.4%
HCBS, age 65+, with SPMI	69.4	\$682.88	1.255	\$857.05	\$3,012.54	–\$2,155.49	–\$149,527	–251.5%
HCBS, age 65+, no SPMI	936.0	\$808.12	1.420	\$1,147.52	\$1,337.24	–\$189.73	–\$177,590	–16.5%
Community, age 65+, with SPMI	109.1	\$771.30	1.290	\$994.63	\$1,095.62	–\$100.99	–\$11,015	–10.2%
Community, age 65+, no SPMI	1,318.2	\$534.63	1.369	\$732.07	\$828.54	–\$96.46	–\$127,159	–13.2%
Facility, age <65, with SPMI	53.0	\$422.56	0.791	\$334.16	\$2,635.08	–\$2,300.92	–\$121,949	–688.6%
Facility, age <65, no SPMI	79.6	\$1,235.18	0.812	\$1,002.55	\$1,586.41	–\$583.86	–\$46,464	–58.2%
HCBS, age <65, with SPMI	324.4	\$582.37	0.991	\$577.00	\$1,156.36	–\$579.37	–\$187,967	–100.4%
HCBS, age <65, no SPMI	685.5	\$573.21	1.278	\$732.70	\$1,337.45	–\$604.75	–\$414,541	–82.5%
Community, age <65, with SPMI	714.9	\$695.05	1.052	\$731.10	\$830.67	–\$99.56	–\$71,182	–13.6%
Community, age <65, no SPMI	891.6	\$608.17	1.159	\$704.92	\$976.79	–\$271.87	–\$242,386	–38.6%

8

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	6,897.1	\$608.70	1.166	\$709.48	\$973.08	–\$263.60	–\$1,818,097	–37.2%
Facility, age 65+, with SPMI	74.3	\$1,241.30	0.903	\$1,121.22	\$292.54	\$828.69	\$61,571	73.9%
Facility, age 65+, no SPMI	286.7	\$1,121.79	0.986	\$1,106.58	\$1,188.83	–\$82.26	–\$23,587	–7.4%
HCBS, age 65+, with SPMI	233.8	\$803.19	1.191	\$956.63	\$733.63	\$222.99	\$52,144	23.3%
HCBS, age 65+, no SPMI	975.4	\$690.94	1.362	\$941.20	\$1,107.93	–\$166.73	–\$162,634	–17.7%
Community, age 65+, with SPMI	173.9	\$719.43	1.206	\$867.61	\$916.93	–\$49.32	–\$8,576	–5.7%
Community, age 65+, no SPMI	1,733.6	\$477.67	1.381	\$659.84	\$1,071.42	–\$411.57	–\$713,505	–62.4%
Facility, age <65, with SPMI	60.0	\$551.42	0.882	\$486.54	\$1,478.13	–\$991.58	–\$59,495	–203.8%
Facility, age <65, no SPMI	54.4	\$441.48	0.933	\$412.08	\$609.46	–\$197.38	–\$10,744	–47.9%
HCBS, age <65, with SPMI	316.4	\$725.74	1.045	\$758.71	\$608.75	\$149.96	\$47,452	19.8%
HCBS, age <65, no SPMI	951.9	\$381.65	1.263	\$482.21	\$718.09	–\$235.88	–\$224,530	–48.9%
Community, age <65, with SPMI	652.0	\$779.84	1.050	\$818.71	\$779.99	\$38.72	\$25,247	4.7%
Community, age <65, no SPMI	1,384.6	\$489.77	1.138	\$557.34	\$1,136.19	–\$578.85	–\$801,441	–103.9%

**Table 6.F.2—MEDICARE demonstration period 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F**

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	5,956.2	\$608.70	1.158	\$704.74	\$1,030.32	–\$325.58	–\$1,939,204	–46.2%
Facility, age 65+, with SPMI	53.5	\$1,241.30	0.875	\$1,086.53	\$353.98	\$732.56	\$39,183	67.4%
Facility, age 65+, no SPMI	199.2	\$1,121.79	1.010	\$1,132.93	\$923.23	\$209.70	\$41,782	18.5%
HCBS, age 65+, with SPMI	218.0	\$803.19	1.252	\$1,005.46	\$1,893.58	–\$888.13	–\$193,612	–88.3%
HCBS, age 65+, no SPMI	750.3	\$690.94	1.415	\$977.52	\$1,135.84	–\$158.33	–\$118,799	–16.2%
Community, age 65+, with SPMI	141.0	\$719.43	1.290	\$928.28	\$925.57	\$2.70	\$381	0.3%
Community, age 65+, no SPMI	1,474.7	\$477.67	1.363	\$650.92	\$1,406.35	–\$755.42	–\$1,114,049	–116.1%
Facility, age <65, with SPMI	60.0	\$551.42	0.783	\$431.98	\$1,745.80	–\$1,313.81	–\$78,829	–304.1%
⊗ Facility, age <65, no SPMI	47.7	\$441.48	0.814	\$359.26	\$1,573.18	–\$1,213.93	–\$57,955	–337.9%
HCBS, age <65, with SPMI	306.5	\$725.74	0.989	\$717.87	\$801.90	–\$84.04	–\$25,757	–11.7%
HCBS, age <65, no SPMI	883.4	\$381.65	1.281	\$488.75	\$700.12	–\$211.37	–\$186,716	–43.2%
Community, age <65, with SPMI	550.0	\$779.84	1.053	\$820.99	\$768.52	\$52.47	\$28,858	6.4%
Community, age <65, no SPMI	1,271.8	\$489.77	1.162	\$569.16	\$784.37	–\$215.21	–\$273,693	–37.8%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	116,440.8	\$1,612.13	1.174	\$1,892.39	\$1,677.56	\$214.83	\$25,015,493	11.4%
Facility, age 65+, with SPMI	2,228.4	\$2,187.68	0.882	\$1,929.49	\$1,378.07	\$551.42	\$1,228,771	28.6%
Facility, age 65+, no SPMI	5,456.7	\$1,891.49	0.963	\$1,822.40	\$1,254.13	\$568.28	\$3,100,931	31.2%
HCBS, age 65+, with SPMI	4,782.9	\$1,892.37	1.178	\$2,229.82	\$1,840.17	\$389.65	\$1,863,638	17.5%
HCBS, age 65+, no SPMI	20,601.8	\$1,566.85	1.347	\$2,109.94	\$1,832.37	\$277.56	\$5,718,299	13.2%
Community, age 65+, with SPMI	2,809.6	\$1,375.13	1.195	\$1,642.87	\$1,292.69	\$350.17	\$983,838	21.3%
Community, age 65+, no SPMI	21,339.4	\$1,218.15	1.361	\$1,657.96	\$1,548.93	\$109.03	\$2,326,571	6.6%
Facility, age <65, with SPMI	892.1	\$3,424.47	0.829	\$2,838.56	\$2,567.17	\$271.40	\$242,100	9.6%
⊗ Facility, age <65, no SPMI	1,158.7	\$4,229.44	0.931	\$3,939.48	\$2,629.10	\$1,310.38	\$1,518,362	33.3%
HCBS, age <65, with SPMI	9,091.3	\$1,670.54	1.032	\$1,724.78	\$1,449.64	\$275.14	\$2,501,404	16.0%
HCBS, age <65, no SPMI	17,585.6	\$1,786.30	1.247	\$2,227.73	\$1,943.72	\$284.01	\$4,994,423	12.7%
Community, age <65, with SPMI	12,166.0	\$1,286.74	1.051	\$1,352.66	\$1,328.95	\$23.71	\$288,424	1.8%
Community, age <65, no SPMI	18,328.3	\$1,647.99	1.111	\$1,831.54	\$1,817.97	\$13.57	\$248,731	0.7%

Table 6.G.2—MEDICARE demonstration period 3
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 total

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	99,445.8	\$1,612.13	1.178	\$1,898.54	\$1,655.54	\$243.00	\$24,165,702	12.8%
Facility, age 65+, with SPMI	1,653.5	\$2,187.68	0.859	\$1,878.73	\$1,289.32	\$589.41	\$974,582	31.4%
Facility, age 65+, no SPMI	3,709.3	\$1,891.49	0.985	\$1,862.62	\$1,247.43	\$615.18	\$2,281,920	33.0%
HCBS, age 65+, with SPMI	3,941.2	\$1,892.37	1.222	\$2,312.25	\$1,980.76	\$331.49	\$1,306,460	14.3%
HCBS, age 65+, no SPMI	16,866.1	\$1,566.85	1.400	\$2,193.63	\$1,872.81	\$320.81	\$5,410,882	14.6%
Community, age 65+, with SPMI	2,436.7	\$1,375.13	1.292	\$1,777.06	\$1,419.89	\$357.17	\$870,315	20.1%
Community, age 65+, no SPMI	18,258.1	\$1,218.15	1.335	\$1,626.39	\$1,465.70	\$160.70	\$2,934,034	9.9%
Facility, age <65, with SPMI	714.9	\$3,424.47	0.709	\$2,429.25	\$1,850.66	\$578.59	\$413,644	23.8%
64 Facility, age <65, no SPMI	1,010.2	\$4,229.44	0.808	\$3,419.21	\$2,435.45	\$983.77	\$993,795	28.8%
HCBS, age <65, with SPMI	8,134.9	\$1,670.54	0.968	\$1,616.75	\$1,564.62	\$52.13	\$424,079	3.2%
HCBS, age <65, no SPMI	15,825.9	\$1,786.30	1.258	\$2,247.79	\$1,858.85	\$388.95	\$6,155,432	17.3%
Community, age <65, with SPMI	10,723.7	\$1,286.74	1.047	\$1,347.54	\$1,307.02	\$40.52	\$434,488	3.0%
Community, age <65, no SPMI	16,171.3	\$1,647.99	1.136	\$1,872.70	\$1,751.12	\$121.58	\$1,966,071	6.5%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	5,247.9	\$2,356.60	0.803	\$1,891.81	\$1,859.34	\$32.47	\$170,420	1.7%
Facility, age 65+, with SPMI	61.0	\$6,327.51	0.685	\$4,331.74	\$2,253.13	\$2,078.61	\$126,779	48.0%
Facility, age 65+, no SPMI	226.0	\$5,338.95	0.622	\$3,319.85	\$1,454.37	\$1,865.48	\$421,598	56.2%
HCBS, age 65+, with SPMI	192.9	\$1,791.38	0.849	\$1,520.65	\$1,919.79	-\$399.14	-\$76,983	-26.2%
HCBS, age 65+, no SPMI	784.6	\$2,315.40	1.052	\$2,436.47	\$2,724.24	-\$287.77	-\$225,788	-11.8%
Community, age 65+, with SPMI	162.0	\$2,564.32	0.727	\$1,864.62	\$825.91	\$1,038.71	\$168,249	55.7%
Community, age 65+, no SPMI	936.2	\$2,029.05	0.892	\$1,810.12	\$1,452.99	\$357.14	\$334,363	19.7%
Facility, age <65, with SPMI	60.0	\$2,265.17	0.524	\$1,186.31	\$846.56	\$339.76	\$20,385	28.6%
Facility, age <65, no SPMI	39.0	\$9,194.32	0.694	\$6,376.50	\$4,144.33	\$2,232.17	\$87,055	35.0%
HCBS, age <65, with SPMI	307.6	\$2,892.19	0.750	\$2,170.39	\$2,337.19	-\$166.81	-\$51,308	-7.7%
HCBS, age <65, no SPMI	820.6	\$2,269.10	0.898	\$2,037.13	\$2,123.71	-\$86.58	-\$71,049	-4.3%
Community, age <65, with SPMI	364.4	\$2,048.38	0.783	\$1,604.57	\$763.27	\$841.29	\$306,570	52.4%
Community, age <65, no SPMI	1,293.6	\$1,441.79	0.787	\$1,134.79	\$1,806.92	-\$672.13	-\$869,452	-59.2%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	4,300.1	\$2,356.60	0.779	\$1,836.17	\$1,886.40	–\$50.22	–\$215,971	–2.7%
Facility, age 65+, with SPMI	32.0	\$6,327.51	0.726	\$4,591.47	\$778.23	\$3,813.25	\$122,024	83.1%
Facility, age 65+, no SPMI	139.5	\$5,338.95	0.577	\$3,080.42	\$520.65	\$2,559.77	\$357,130	83.1%
HCBS, age 65+, with SPMI	143.4	\$1,791.38	0.974	\$1,745.49	\$2,088.66	–\$343.17	–\$49,207	–19.7%
HCBS, age 65+, no SPMI	633.3	\$2,315.40	1.029	\$2,382.34	\$1,900.73	\$481.61	\$304,998	20.2%
Community, age 65+, with SPMI	137.9	\$2,564.32	0.985	\$2,524.80	\$2,294.13	\$230.67	\$31,803	9.1%
Community, age 65+, no SPMI	781.1	\$2,029.05	0.860	\$1,745.80	\$1,123.69	\$622.11	\$485,921	35.6%
Facility, age <65, with SPMI	53.0	\$2,265.17	0.637	\$1,442.91	\$925.56	\$517.35	\$27,420	35.9%
Facility, age <65, no SPMI	30.0	\$9,194.32	0.625	\$5,742.86	\$2,589.28	\$3,153.58	\$94,607	54.9%
HCBS, age <65, with SPMI	276.8	\$2,892.19	0.596	\$1,725.05	\$2,095.07	–\$370.01	–\$102,422	–21.4%
HCBS, age <65, no SPMI	706.1	\$2,269.10	0.830	\$1,882.31	\$2,118.95	–\$236.64	–\$167,088	–12.6%
Community, age <65, with SPMI	315.5	\$2,048.38	0.777	\$1,590.70	\$999.59	\$591.11	\$186,505	37.2%
Community, age <65, no SPMI	1,051.5	\$1,441.79	0.852	\$1,227.78	\$2,661.59	–\$1,433.81	–\$1,507,661	–116.8%

**Table 6.I.1—MEDICARE demonstration period 2
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 3**

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	59,323.1	\$1,690.19	0.923	\$1,560.77	\$1,473.20	\$87.57	\$5,194,863	5.6%
Facility, age 65+, with SPMI	1,082.8	\$2,546.62	0.847	\$2,155.75	\$1,587.58	\$568.16	\$615,222	26.4%
Facility, age 65+, no SPMI	3,536.0	\$2,124.41	0.788	\$1,674.36	\$1,273.90	\$400.46	\$1,416,025	23.9%
HCBS, age 65+, with SPMI	2,607.8	\$1,974.89	0.877	\$1,731.35	\$2,113.93	-\$382.58	-\$997,687	-22.1%
HCBS, age 65+, no SPMI	11,224.0	\$1,772.34	1.088	\$1,927.94	\$1,648.56	\$279.38	\$3,135,781	14.5%
Community, age 65+, with SPMI	1,935.2	\$1,390.23	0.857	\$1,191.16	\$1,195.97	-\$4.81	-\$9,303	-0.4%
Community, age 65+, no SPMI	11,360.6	\$1,293.29	0.866	\$1,119.61	\$1,341.86	-\$222.24	-\$2,524,810	-19.8%
Facility, age <65, with SPMI	406.6	\$4,619.24	0.785	\$3,626.78	\$2,901.97	\$724.81	\$294,699	20.0%
67 Facility, age <65, no SPMI	706.6	\$4,369.28	0.800	\$3,494.03	\$2,278.78	\$1,215.26	\$858,691	34.8%
HCBS, age <65, with SPMI	3,481.5	\$1,958.15	0.845	\$1,655.51	\$1,371.96	\$283.55	\$987,180	17.1%
HCBS, age <65, no SPMI	6,960.8	\$1,868.23	0.948	\$1,770.27	\$1,672.35	\$97.92	\$681,633	5.5%
Community, age <65, with SPMI	6,072.4	\$1,309.66	0.905	\$1,184.80	\$1,110.71	\$74.09	\$449,916	6.3%
Community, age <65, no SPMI	9,948.7	\$1,466.46	0.955	\$1,400.37	\$1,371.47	\$28.90	\$287,517	2.1%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	47,323.2	\$1,690.19	0.877	\$1,481.80	\$1,451.09	\$30.71	\$1,453,107	2.1%
Facility, age 65+, with SPMI	769.1	\$2,546.62	0.737	\$1,876.55	\$1,306.85	\$569.70	\$438,148	30.4%
Facility, age 65+, no SPMI	2,098.4	\$2,124.41	0.700	\$1,487.28	\$977.92	\$509.36	\$1,068,825	34.2%
HCBS, age 65+, with SPMI	2,019.5	\$1,974.89	1.102	\$2,176.78	\$1,909.93	\$266.85	\$538,914	12.3%
HCBS, age 65+, no SPMI	8,668.1	\$1,772.34	1.079	\$1,912.64	\$1,738.16	\$174.48	\$1,512,412	9.1%
Community, age 65+, with SPMI	1,654.6	\$1,390.23	0.764	\$1,062.79	\$1,199.57	-\$136.78	-\$226,316	-12.9%
Community, age 65+, no SPMI	9,518.2	\$1,293.29	0.903	\$1,167.36	\$1,317.70	-\$150.34	-\$1,430,918	-12.9%
Facility, age <65, with SPMI	334.5	\$4,619.24	0.628	\$2,898.72	\$2,605.01	\$293.72	\$98,236	10.1%
∞ Facility, age <65, no SPMI	555.5	\$4,369.28	0.587	\$2,565.61	\$1,875.37	\$690.23	\$383,459	26.9%
HCBS, age <65, with SPMI	3,034.3	\$1,958.15	0.748	\$1,464.94	\$1,465.92	-\$0.98	-\$2,984	-0.1%
HCBS, age <65, no SPMI	5,897.0	\$1,868.23	0.914	\$1,707.80	\$1,705.72	\$2.08	\$12,283	0.1%
Community, age <65, with SPMI	4,904.2	\$1,309.66	0.788	\$1,032.14	\$1,111.03	-\$78.89	-\$386,881	-7.6%
Community, age <65, no SPMI	7,869.8	\$1,466.46	0.844	\$1,237.91	\$1,308.06	-\$70.15	-\$552,070	-5.7%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	60,435.9	\$1,740.62	0.982	\$1,709.42	\$1,506.55	\$202.87	\$12,260,616	11.9%
Facility, age 65+, with SPMI	2,173.3	\$3,320.14	0.835	\$2,771.67	\$1,852.37	\$919.30	\$1,997,898	33.2%
Facility, age 65+, no SPMI	2,128.4	\$2,231.28	0.810	\$1,807.45	\$1,126.46	\$680.99	\$1,449,436	37.7%
HCBS, age 65+, with SPMI	4,103.4	\$2,408.13	1.079	\$2,597.48	\$2,052.85	\$544.62	\$2,234,809	21.0%
HCBS, age 65+, no SPMI	9,490.3	\$1,667.60	1.106	\$1,844.43	\$1,622.04	\$222.39	\$2,110,576	12.1%
Community, age 65+, with SPMI	2,887.9	\$1,891.86	0.853	\$1,614.68	\$1,474.35	\$140.33	\$405,259	8.7%
Community, age 65+, no SPMI	12,899.2	\$1,220.12	0.972	\$1,186.08	\$1,183.56	\$2.52	\$32,507	0.2%
Facility, age <65, with SPMI	614.6	\$4,472.72	0.768	\$3,436.30	\$3,114.66	\$321.64	\$197,676	9.4%
⊗ Facility, age <65, no SPMI	339.6	\$3,253.09	0.756	\$2,459.86	\$3,368.37	-\$908.50	-\$308,513	-36.9%
HCBS, age <65, with SPMI	4,464.0	\$1,798.20	0.983	\$1,767.51	\$1,730.06	\$37.44	\$167,149	2.1%
HCBS, age <65, no SPMI	6,012.8	\$1,879.78	1.039	\$1,952.37	\$1,593.47	\$358.90	\$2,157,974	18.4%
Community, age <65, with SPMI	7,157.5	\$1,471.10	1.019	\$1,498.70	\$1,227.91	\$270.79	\$1,938,159	18.1%
Community, age <65, no SPMI	8,164.9	\$1,437.97	1.023	\$1,471.02	\$1,486.00	-\$14.98	-\$122,314	-1.0%

Tables 7.A–7.C summarize the savings calculation (before the attributed savings and the outlier adjustment) by cohort for the entire demonstration period (1, 2, and 3 combined) and demonstration periods 2 and 3 separately. For demonstration year 2, the total savings was \$25.0 million for Cohort 1, with the largest contributions to savings coming from Cohorts 1A and 1D. The three small subcohorts (1C, 1E, and 1F) produced negative savings. For Cohort 2, the savings was \$170 thousand and for Cohort 3, the savings was \$5.2 million. Thus, the total savings before the outlier adjustment for demonstration period 2 was \$30.4 million. For demonstration period 3, the total savings before the outlier adjustment by cohort was \$24.2 million (Cohort 1), negative \$216 thousand (Cohort 2), \$1.5 million (Cohort 3), and \$12.3 million (Cohort 4) for a total of \$37.7 million. Per the previous WA Savings report, total demonstration period 1 savings was \$35.4 million. For all three demonstration periods so far combined, the savings before the outlier adjustment was \$103.4 million or 9.7 percent.

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

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	65,167.9	\$2,652.67	1.196	\$3,173.65	\$2,562.50	\$611.15	\$39,827,256	19.3%
1B	117,873.6	\$1,298.08	1.175	\$1,525.40	\$1,415.58	\$109.82	\$12,944,922	7.2%
1C	11,173.6	\$993.94	1.211	\$1,203.45	\$1,281.26	-\$77.81	-\$869,409	-6.5%
1D	169,910.7	\$1,696.25	1.174	\$1,992.17	\$1,723.33	\$268.83	\$45,677,392	13.5%
1E	20,841.2	\$678.93	1.176	\$798.05	\$1,087.46	-\$289.41	-\$6,031,733	-36.3%
1F	21,702.6	\$608.70	1.160	\$706.16	\$1,063.09	-\$356.93	-\$7,746,381	-50.5%
1 total	406,669.7	\$1,612.13	1.175	\$1,894.70	\$1,688.64	\$206.07	\$83,802,048	10.9%
2	16,346.9	\$2,356.60	0.834	\$1,965.92	\$1,920.72	\$45.19	\$738,805	2.3%
3	106,646.2	\$1,690.19	0.903	\$1,525.73	\$1,463.39	\$62.34	\$6,647,970	4.1%
4	60,435.9	\$1,740.62	0.982	\$1,709.42	\$1,506.55	\$202.87	\$12,260,616	11.9%
Total 1, 2, 3, & 4	590,098.7	N/A	N/A	\$1,811.02	\$1,635.71	\$175.31	\$103,449,441	9.7%

N/A = not applicable.

Table 7.B—MEDICARE
Summary of demonstration year 2 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	17,258.9	\$2,652.67	1.215	\$3,222.50	\$2,584.05	\$638.45	\$11,019,004	19.8%
1B	32,967.4	\$1,298.08	1.190	\$1,544.09	\$1,475.94	\$68.15	\$2,246,785	4.4%
1C	3,137.6	\$993.94	1.220	\$1,212.97	\$1,269.08	-\$56.11	-\$176,051	-4.6%
1D	49,759.8	\$1,696.25	1.184	\$2,008.89	\$1,689.78	\$319.11	\$15,878,855	15.9%
1E	6,420.1	\$678.93	1.186	\$805.22	\$1,137.76	-\$332.55	-\$2,135,003	-41.3%
1F	6,897.1	\$608.70	1.166	\$709.48	\$973.08	-\$263.60	-\$1,818,097	-37.2%
1 total	116,440.8	\$1,612.13	1.174	\$1,892.39	\$1,677.56	\$214.83	\$25,015,493	11.4%
2	5,247.9	\$2,356.60	0.803	\$1,891.81	\$1,859.34	\$32.47	\$170,420	1.7%
3	59,323.1	\$1,690.19	0.923	\$1,560.77	\$1,473.20	\$87.57	\$5,194,863	5.6%
Total 1, 2, & 3	181,011.8	N/A	N/A	\$1,783.70	\$1,615.86	\$167.84	\$30,380,776	9.4%

N/A = not applicable.

Table 7.C—MEDICARE
Summary of demonstration year 3 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	14,517.6	\$2,652.67	1.227	\$3,255.61	\$2,481.53	\$774.07	\$11,237,701	23.8%
1B	28,244.8	\$1,298.08	1.196	\$1,552.82	\$1,415.72	\$137.10	\$3,872,300	8.8%
1C	2,723.6	\$993.94	1.224	\$1,216.97	\$1,252.11	–\$35.14	–\$95,708	–2.9%
1D	42,490.0	\$1,696.25	1.189	\$2,017.50	\$1,723.06	\$294.44	\$12,510,843	14.6%
1E	5,513.6	\$678.93	1.187	\$805.95	\$1,063.53	–\$257.59	–\$1,420,230	–32.0%
1F	5,956.2	\$608.70	1.158	\$704.74	\$1,030.32	–\$325.58	–\$1,939,204	–46.2%
1 total	99,445.8	\$1,612.13	1.178	\$1,898.54	\$1,655.54	\$243.00	\$24,165,702	12.8%
2	4,300.1	\$2,356.60	0.779	\$1,836.17	\$1,886.40	–\$50.22	–\$215,971	–2.7%
3	47,323.2	\$1,690.19	0.877	\$1,481.80	\$1,451.09	\$30.71	\$1,453,107	2.1%
4	60,435.9	\$1,740.62	0.982	\$1,709.42	\$1,506.55	\$202.87	\$12,260,616	11.9%
Total 1, 2, 3 & 4	211,504.8	N/A	N/A	\$1,749.99	\$1,571.92	\$178.07	\$37,663,455	10.2%

N/A = not applicable.

5.3 Outlier Adjustment

To ensure that a disproportionate number of high-cost beneficiaries were not having an undue impact on either the intervention or the comparison group, we tabulated the costs of each beneficiary separately for the baseline and two demonstration periods. We combined beneficiaries in the intervention and comparison groups for each cohort, ranked the per-beneficiary total Medicare expenditures and identified 99th percentile per-beneficiary expenditures for each cohort in each of the analysis periods. Table 8 shows the results of this tabulation. These results are used to make the outlier adjustment as shown in Table 9, which has the same column headings as Table 7. Table 9 shows the outlier adjustment for each cohort and each demonstration period. For the intervention group PMPM in the baseline period and in the demonstration period, the truncated PMPMs are substituted for the untruncated PMPMs.

The comparison group trend is modified by a factor that is derived from the ratio of the trend for the truncated PMPMs to that of the untruncated PMPMs. For Cohort 1, the trend factor calculated from the comparison group from the baseline period to demonstration period 2 is 1.0942 ($= \$1,768.40 / \$1,616.14$) for the untruncated PMPMs, and it is 1.0766 ($= \$1,705.02 / \$1,583.72$) for the truncated PMPMs. The ratio of these trend factors is the outlier adjustment factor 0.9839 ($= 1.0766 / 1.0942$) that is to be applied to the comparison group trend. For demonstration period 3, the resulting outlier adjustment factor is 0.9670. For Cohort 2, the corresponding outlier adjustment factor for the comparison group trend is 0.9914 for demonstration period 2 and 0.9742 for demonstration period 3. For Cohort 3, the outlier adjustment factor is 0.9899 for demonstration period 2 and 0.9930 for demonstration period 3. For Cohort 4, the outlier adjustment factor is 0.9984 for demonstration period 3.

**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	13,940	170	\$1,612.13	\$1,566.42	97.16%
Comparison – Baseline	34,609	316	\$1,616.14	\$1,583.72	97.99%
Intervention – Demo period 2	13,976	162	\$1,677.56	\$1,597.70	95.24%
Comparison – Demo period 2	34,726	326	\$1,768.40	\$1,705.02	96.42%
Comparison group trend factor DP2	N/A	N/A	1.09422	1.07659	0.98389
Intervention – Demo period 3	13,976	176	\$1,655.54	\$1,577.51	95.29%
Comparison – Demo period 3	34,726	312	\$1,751.17	\$1,659.45	94.76%
Comparison group trend factor DP3	N/A	N/A	1.08355	1.04782	0.96702
Cohort 2					
Intervention – Baseline	685	10	\$2,356.60	\$2,288.30	97.10%
Comparison – Baseline	6,694	64	\$1,621.78	\$1,584.68	97.71%
Intervention – Demo period 2	689	11	\$1,859.34	\$1,769.81	95.19%
Comparison – Demo period 2	6,725	64	\$1,431.16	\$1,386.38	96.87%
Comparison group trend factor DP2	N/A	N/A	0.88246	0.87486	0.99139
Intervention – Demo period 3	689	16	\$1,886.40	\$1,749.08	92.72%
Comparison – Demo period 3	6,725	59	\$1,409.63	\$1,341.83	95.19%
Comparison group trend factor DP3	N/A	N/A	0.86918	0.84675	0.97420
Cohort 3					
Intervention – Baseline	5,643	77	\$1,690.19	\$1,627.53	96.29%
Comparison – Baseline	9,517	75	\$1,731.95	\$1,697.88	98.03%
Intervention – Demo period 2	5,643	61	\$1,473.20	\$1,431.82	97.19%
Comparison – Demo period 2	9,517	91	\$1,514.86	\$1,470.01	97.04%
Comparison group trend factor DP2	N/A	N/A	0.87465	0.86579	0.98987
Intervention – Demo period 3	5,643	79	\$1,451.09	\$1,365.81	94.12%
Comparison – Demo period 3	9,517	73	\$1,372.31	\$1,335.88	97.35%
Comparison group trend factor DP3	N/A	N/A	0.79235	0.78679	0.99299

(continued)

Table 8 (continued)
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 4					
Intervention – Baseline	5,820	70	\$1,740.62	\$1,683.83	96.74%
Comparison – Baseline	10,797	97	\$1,748.15	\$1,705.78	97.58%
Intervention – Demo period 3	5,820	60	\$1,506.55	\$1,454.38	96.54%
Comparison – Demo period 3	10,797	107	\$1,608.68	\$1,567.21	97.42%
Comparison group trend factor DP3	N/A	N/A	0.92022	0.91877	0.99842

N/A = not applicable.

Table 9—MEDICARE
Summary of demonstration periods 2 and 3 savings by cohort,
including the outlier adjustment but excluding attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration periods 1, 2, and 3 combined								
Cohort 1—total	406,669.7	\$1,612.13	1.175	\$1,894.71	\$1,688.64	\$206.07	\$83,802,048	10.9%
Outlier adjusted	406,669.7	\$1,566.42	1.157	\$1,813.04	\$1,625.59	\$187.45	\$76,230,317	10.3%
Cohort 2	16,346.9	\$2,356.60	0.834	\$1,965.92	\$1,920.72	\$45.20	\$738,805	2.3%
Outlier adjusted	16,346.9	\$2,288.30	0.827	\$1,891.33	\$1,831.03	\$60.31	\$985,816	3.2%
Cohort 3	106,646.2	\$1,690.19	0.903	\$1,525.73	\$1,463.39	\$62.34	\$6,647,970	4.1%
Outlier adjusted	106,646.2	\$1,627.53	0.895	\$1,456.26	\$1,402.53	\$53.73	\$5,730,253	3.7%
Cohort 4	60,435.9	\$1,740.62	0.982	\$1,709.42	\$1,506.55	\$202.87	\$12,260,616	11.9%
Outlier adjusted	60,435.9	\$1,683.83	0.981	\$1,651.02	\$1,454.38	\$196.64	\$11,884,368	11.9%
Cohorts 1+2+3+4	590,098.7	N/A	N/A	\$1,811.02	\$1,635.71	\$175.31	\$103,449,440	9.6%
Outlier adjusted	590,098.7	N/A	N/A	\$1,734.14	\$1,573.44	\$160.70	\$94,830,754	9.1%
Demonstration period 2								
Cohort 1—total	116,440.8	\$1,612.13	1.174	\$1,892.39	\$1,677.56	\$214.83	\$25,015,493	11.4%
Outlier adjusted	116,440.8	\$1,566.42	1.155	\$1,809.13	\$1,597.70	\$211.42	\$24,618,168	11.7%
Cohort 2	5,247.9	\$2,356.60	0.803	\$1,891.81	\$1,859.34	\$32.47	\$170,420	1.7%
Outlier adjusted	5,247.9	\$2,288.30	0.796	\$1,821.17	\$1,769.81	\$51.36	\$269,530	2.8%
Cohort 3	59,323.1	\$1,690.19	0.923	\$1,560.77	\$1,473.20	\$87.57	\$5,194,863	5.6%
Outlier adjusted	59,323.1	\$1,627.53	0.914	\$1,487.69	\$1,431.82	\$55.86	\$3,313,972	3.8%
Cohorts 1+2+3	181,011.8	N/A	N/A	\$1,783.70	\$1,615.86	\$167.84	\$30,380,776	9.4%
Outlier adjusted	181,011.8	N/A	N/A	\$1,704.13	\$1,548.33	\$155.80	\$28,201,670	9.1%

(continued)

Table 9—MEDICARE (continued)
Summary of demonstration periods 2 and 3 savings by cohort,
including the outlier adjustment but excluding attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration period 3								
Cohort 1—total	99,445.8	\$1,612.13	1.178	\$1,898.54	\$1,655.54	\$243.00	\$24,165,702	12.8%
Outlier adjusted	99,445.8	\$1,566.42	1.139	\$1,783.88	\$1,577.51	\$206.37	\$20,522,624	11.6%
Cohort 2	4,300.1	\$2,356.60	0.779	\$1,836.17	\$1,886.40	–\$50.22	–\$215,971	–2.7%
Outlier adjusted	4,300.1	\$2,288.30	0.759	\$1,736.95	\$1,749.08	–\$12.13	–\$52,158	–0.7%
Cohort 3	47,323.2	\$1,690.19	0.877	\$1,481.80	\$1,451.09	\$30.71	\$1,453,107	2.1%
Outlier adjusted	47,323.2	\$1,627.53	0.871	\$1,416.87	\$1,365.81	\$51.06	\$2,416,281	3.6%
Cohort 4	60,435.9	\$1,740.62	0.982	\$1,709.42	\$1,506.55	\$202.87	\$12,260,616	11.9%
Outlier adjusted	60,435.9	\$1,683.83	0.981	\$1,651.02	\$1,454.38	\$196.64	\$11,884,368	11.9%
Cohorts 1+2+3+4	211,504.8	N/A	N/A	\$1,749.99	\$1,571.92	\$178.07	\$37,663,455	10.2%
Outlier adjusted	211,504.8	N/A	N/A	\$1,665.51	\$1,498.45	\$164.40	\$34,771,114	9.9%

N/A = not applicable.

5.4 Attributed Savings

Cohort 1 consists of those who are eligible for the demonstration on the start date of July 1, 2013. On every succeeding January 1, a new cohort is formed from those newly eligible for the demonstration. According to the Final Demonstration Agreement, for each cohort after the first, the savings percentage calculated for beneficiaries in the prior cohort will be attributed to those months in the current cohort that are during the demonstration and for which beneficiaries are eligible for the demonstration but prior to the start date of the current cohort. For Cohort 2, this consists of the months July through December 2013. For Cohort 3, this consists of the months January 2014 through December 2014. For Cohort 4, this consists of the months January through December 2015. For Cohort 5, this consists of the months January through December 2016. During the baseline period, all months for which a beneficiary meets the basic eligibility requirements are included in determining the baseline PMPMs, and those months for which WA also flagged demonstration eligibility are included in the attributed savings calculation.

Table 10 shows the amount of attributed savings for Cohorts 2, 3, and 4. For Cohort 2, there were 1,809.4 months of eligibility during the months July through December 2013 and the PMPM during those months was \$1,817.45. The savings percentage for Cohort 1 during demonstration period 1 was 8.9 percent. Applying the 8.9 percent to the \$1,817.45 PMPM yields attributed savings of \$161.78 PMPM. Multiplying this savings PMPM by the months of eligibility results in \$292,723 of attributed savings. Cohort 3 experienced 36,294.6 months of eligibility during the period January through December 2014 and a PMPM of \$1,365.18. The savings percentage for Cohort 2 during this period was 5.5 percent. Applying a similar calculation as was done for Cohort 2 results in a PMPM savings of \$75.52 and aggregate attributed savings of \$2,740,977. Cohort 4 experienced 35,488.55 months of eligibility during the period of January through December 2015 and a PMPM of \$1,478.37. The savings percentage for Cohort 3 during this period was 3.76 percent. Applying this percentage to Cohort 4 experience yields a PMPM savings of \$55.51 and aggregate attributed savings of \$1,970,085. Cohort 5 consists of those individuals whose experience will be added to the demonstration year 4 savings calculation on January 1, 2017, after becoming eligible for the demonstration during calendar year 2016. Cohort 5 has an estimated 5,790 beneficiaries who had 36,559.12 months of eligibility during 2016 and the PMPM savings determined for Cohort 4 was \$196.64. This results in \$7,189,144 savings being preliminarily attributed to Cohort 5.

Table 10—MEDICARE
Summary of demonstration periods 2 and 3 savings by cohort,
after all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration periods 1, 2 and 3 combined (outlier adjusted)								
Cohort 1	406,669.67	\$1,566.42	1.157	\$1,813.04	\$1,625.59	\$187.45	\$76,230,317	10.34%
Cohort 2	16,346.95	\$2,288.30	0.827	\$1,891.33	\$1,831.03	\$60.31	\$985,816	3.19%
Cohort 3	106,646.23	\$1,627.53	0.895	\$1,456.26	\$1,402.53	\$53.73	\$5,730,253	3.69%
Cohort 4	60,435.85	\$1,683.83	0.981	\$1,651.02	\$1,454.38	\$196.64	\$11,884,368	11.91%
Cohorts 1+2+3+4	590,098.70	N/A	N/A	\$1,734.14	\$1,573.44	\$160.70	\$94,830,754	9.08%
Attributed savings								
Cohort 2	1,809.40	\$1,817.45	N/A	N/A	N/A	\$161.78	\$292,723	8.90%
Cohort 3	36,294.60	\$1,365.18	N/A	N/A	N/A	\$75.52	\$2,740,977	5.50%
Cohort 4	35,488.55	\$1,478.37	N/A	N/A	N/A	\$55.51	\$1,970,085	3.76%
Cohort 5 estimate	36,559.12	N/A	N/A	N/A	N/A	\$196.64	\$7,189,144	N/A
Cohorts 1+2+3+4	700,250.37	N/A	N/A	N/A	N/A	N/A	\$107,023,682	N/A
Demonstration period 1 (outlier adjusted)								
Cohort 1	190,783.10	\$1,566.42	1.169	\$1,830.64	\$1,667.68	\$162.96	\$31,089,525	8.90%
Cohort 2	6,799.00	\$2,288.30	0.893	\$2,043.13	\$1,930.11	\$113.02	\$768,444	5.50%
Cohorts 1+2	197,582.10	N/A	N/A	\$1,837.95	\$1,676.71	\$161.24	\$31,857,968	8.80%
Attributed savings								
Cohort 2	1,809.40	\$1,817.45	N/A	N/A	N/A	\$161.78	\$292,723	8.90%
Cohort 3	36,294.60	\$1,365.18	N/A	N/A	N/A	\$75.52	\$2,740,977	5.50%
Cohorts 1+2+3	235,686.10	\$1,558.18	N/A	N/A	N/A	\$148.04	\$34,891,668	N/A

(continued)

Table 10—MEDICARE (continued)
Summary of demonstration periods 2 and 3 savings by cohort,
after all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target demonstration period PMPM	(e) Actual demonstration period PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration period 2 (outlier adjusted)								
Cohort 1	116,440.81	\$1,566.42	1.155	\$1,809.13	\$1,597.70	\$211.42	\$24,618,168	11.69%
Cohort 2	5,247.88	\$2,288.30	0.796	\$1,821.17	\$1,769.81	\$51.36	\$269,530	2.82%
Cohort 3	59,323.07	\$1,627.53	0.914	\$1,487.69	\$1,431.82	\$55.86	\$3,313,972	3.76%
Cohorts 1+2+3	181,011.76	N/A	N/A	\$1,704.13	\$1,548.33	\$155.80	\$28,201,670	9.14%
Attributed savings								
Cohort 4	35,488.55	\$1,478.37	N/A	N/A	N/A	\$55.51	\$1,970,085	3.76%
∞ Cohorts 1+2+3+4	216,500.31	N/A	N/A	N/A	N/A	\$139.36	\$30,171,755	N/A
Demonstration period 3 (outlier adjusted)								
Cohort 1	99,445.76	\$1,566.42	1.139	\$1,783.88	\$1,577.51	\$206.37	\$20,522,624	11.57%
Cohort 2	4,300.07	\$2,288.30	0.759	\$1,736.95	\$1,749.08	(\$12.13)	(\$52,158)	-0.70%
Cohort 3	47,323.16	\$1,627.53	0.871	\$1,416.87	\$1,365.81	\$51.06	\$2,416,281	3.60%
Cohort 4	60,435.85	\$1,683.83	0.981	\$1,651.02	\$1,454.38	\$196.64	\$11,884,368	11.91%
Cohorts 1+2+3+4	211,504.85	N/A	N/A	\$1,662.85	\$1,498.45	\$164.40	\$34,771,114	9.89%
Attributed savings								
Cohort 5 estimate	36,559.12	N/A	N/A	N/A	N/A	\$196.64	\$7,189,144	N/A
Cohorts 1+2+3+4+5	248,063.97	N/A	N/A	N/A	N/A	\$169.15	\$41,960,258	N/A

N/A = not applicable

5.5 Summary of Total Savings

Table 9 summarizes the savings calculation by cohort including the outlier adjustment. For the three demonstration periods to date combined, the outlier adjustment reduced the total savings by about \$8.6 million. Savings were reduced for Cohorts 1, 3, and 4, but increased for Cohort 2. The reduction was \$7.6 million for Cohort 1 (\$83.8 million to \$76.2 million), \$0.9 million for Cohort 3 (\$6.6 million to \$5.7 million) and \$0.4 million for Cohort 4 (\$12.3 million to \$11.9 million). The increase for Cohort 2 was \$247 thousand. The total reduction across all three cohorts was \$8.6 million (\$103.4 million to \$94.8 million). Across all three cohorts and both demonstration periods, total savings after the outlier adjustment was \$94.8 million, or 9.1 percent.

Table 10 summarizes total savings calculations, including the attributed savings from Cohorts 2, 3, 4, and 5. Attributed savings are \$0.3 million, \$2.7 million, and \$2.0 million for Cohorts 2, 3, and 4 and estimated to be \$7.2 million for Cohort 5, bringing the total savings for all five cohorts to \$107 million, of which \$34.9 million was for demonstration period 1, \$30.2 million was for demonstration period 2 and \$42.0 million was for demonstration period 3.

The savings for demonstration period 2 is now considered to be final. The savings for demonstration period 3 is considered to be preliminary and will be updated in a future report. demonstration period 3 savings will be updated to include any retroactive adjustments to claims and eligibility for beneficiaries in both the intervention and comparison groups.

5.6 Additional Analysis

Tables 11 (A, B, C, and D) show additional analysis of the savings by month for demonstration periods 2 and 3 for each cohort. Tables 12 (A and B) show additional results of the savings by type of service for all cohorts combined for each demonstration period. These tables include the AGA adjustment but not the outlier adjustment (which cannot be applied by month or by type of service) nor the attributed savings. Tables 11A–11D show, for each month of the demonstration period, the target PMPM, the actual intervention PMPM, and the ratio of the intervention PMPM to the target PMPM (the I/T ratio). A ratio less than 1.00 shows savings, whereas a ratio greater than 1.00 shows negative savings.

It can be seen that the I/T ratio is significantly under 1.00 for Cohort 1 in all months. The average over all 24 months is 0.88 and the average for the last 6 months is 0.89. The I/T ratio for Cohort 2 varies widely, and is not surprising given the small size of the cohort. The average over the 24 months of Cohort 2 is 1.00 and the average over the last 6 months is 0.99. For Cohort 3, the I/T ratio shows one outlier month on the high side of 1.17 in May 2015 and on the low side of 0.84 in September 2015 but is otherwise generally close to 1.00. The average over the 24 months of operations is 0.96 and over the last 6 months is 0.97. For Cohort 4, the ratio is consistently less than 1.00. The average over the 12 months of operation is 0.88 and over the last 6 months is 0.85.

Table 12 shows the I/T ratio by type of service. For all cohorts and both demonstration periods, the lowest I/T ratio is for hospice services. However, in dollar terms, significant savings

were achieved for home health agency costs, inpatient hospital costs, and professional services. Increased costs were experienced for outpatient hospital services and SNF services.

Tables 13.A and B show more detail on the savings by type of service by demonstration period and category of beneficiary for all cohorts combined. The savings by type of service are similar for demonstration period 2 and demonstration period 3, and in line with what was previously seen in demonstration period 1. For durable medical equipment, the savings is greatest for the Facility < 65 without SPMI and across the board for HCBS beneficiaries. For home health agency services, savings are greatest for the HCBS beneficiaries, all ages and both with and without SPMI. For hospice services, savings are greatest for those over age 65, especially for those in a facility. For inpatient hospital services, savings are greatest for those in a facility, but savings is also significant for those over 65 in the community with SPMI and those under 65 in HCBS with SPMI. In total, outpatient hospital services showed negative savings, but savings did occur for those in a facility, both over and under 65 as well as HCBS over 65 with SPMI. Professional services saw significant savings for almost all cells, especially for those in a facility. In total, SNF services experienced negative savings, but savings did occur for those in a facility as well as Community over 65 with SPMI.

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

Month	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$484,510,829	300,541.1	\$1,612	\$1,632	\$1,612	1.00
Jan-15	\$17,628,060	10,430.5	\$1,690	\$1,839	\$1,841	0.92
Feb-15	\$16,560,226	10,287.6	\$1,610	\$1,806	\$1,800	0.89
Mar-15	\$18,562,401	10,148.0	\$1,829	\$1,944	\$1,947	0.94
Apr-15	\$16,559,377	10,004.8	\$1,655	\$1,894	\$1,895	0.87
May-15	\$16,322,043	9,860.5	\$1,655	\$1,968	\$1,957	0.85
Jun-15	\$16,571,165	9,704.6	\$1,708	\$1,918	\$1,915	0.89
Jul-15	\$16,596,019	9,597.2	\$1,729	\$1,982	\$1,973	0.88
Aug-15	\$15,227,250	9,505.2	\$1,602	\$1,830	\$1,825	0.88
Sep-15	\$15,457,720	9,383.5	\$1,647	\$1,962	\$1,953	0.84
Oct-15	\$15,702,184	9,288.5	\$1,691	\$1,956	\$1,941	0.87
Nov-15	\$15,273,784	9,177.3	\$1,664	\$1,789	\$1,777	0.94
Dec-15	\$14,876,187	9,053.0	\$1,643	\$1,903	\$1,887	0.87
Jan-16	\$14,787,044	8,944.0	\$1,653	\$1,814	\$1,821	0.91
Feb-16	\$13,830,695	8,813.7	\$1,569	\$1,871	\$1,877	0.84
Mar-16	\$15,472,132	8,701.2	\$1,778	\$1,986	\$1,995	0.89
Apr-16	\$14,344,887	8,587.2	\$1,670	\$2,010	\$2,010	0.83
May-16	\$14,949,150	8,467.6	\$1,765	\$1,886	\$1,885	0.94
Jun-16	\$13,248,999	8,335.3	\$1,589	\$2,062	\$2,058	0.77
Jul-16	\$12,667,711	8,129.8	\$1,558	\$1,882	\$1,875	0.83
Aug-16	\$13,492,833	8,050.7	\$1,676	\$1,967	\$1,965	0.85
Sep-16	\$13,111,724	7,939.7	\$1,651	\$1,836	\$1,836	0.90

(continued)

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

Month	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Oct-16	\$13,331,373	7,938.7	\$1,679	\$1,777	\$1,774	0.95
Nov-16	\$12,492,617	7,829.9	\$1,596	\$1,787	\$1,790	0.89
Dec-16	\$12,907,329	7,707.8	\$1,675	\$1,887	\$1,880	0.89
Total	\$359,972,910	215,886.6	\$1,667	\$1,898	\$1,895	0.88

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

Month	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$9,945,769	4,220.4	\$2,357	\$1,791	\$2,357	1.00
Jan-15	\$871,146	480.9	\$1,811	\$1,580	\$2,066	0.88
Feb-15	\$1,046,893	472.4	\$2,216	\$1,455	\$1,945	1.14
Mar-15	\$1,038,566	463.6	\$2,240	\$1,498	\$1,946	1.15
Apr-15	\$903,687	455.7	\$1,983	\$1,543	\$1,961	1.01
May-15	\$826,698	451.1	\$1,833	\$1,500	\$1,925	0.95
Jun-15	\$963,292	443.5	\$2,172	\$1,383	\$1,799	1.21
Jul-15	\$796,795	435.0	\$1,832	\$1,463	\$1,869	0.98
Aug-15	\$753,544	426.9	\$1,765	\$1,370	\$1,772	1.00
Sep-15	\$624,923	418.9	\$1,492	\$1,346	\$1,731	0.86
Oct-15	\$743,070	410.0	\$1,812	\$1,437	\$1,860	0.97
Nov-15	\$652,523	399.8	\$1,632	\$1,481	\$1,962	0.83
Dec-15	\$536,458	389.9	\$1,376	\$1,421	\$1,825	0.75
Jan-16	\$888,269	388.6	\$2,286	\$1,306	\$1,658	1.38
Feb-16	\$685,804	384.0	\$1,786	\$1,477	\$1,929	0.93
Mar-16	\$754,316	380.6	\$1,982	\$1,545	\$1,969	1.01
Apr-16	\$677,867	376.0	\$1,803	\$1,508	\$1,909	0.94
May-16	\$733,364	375.5	\$1,953	\$1,399	\$1,777	1.10
Jun-16	\$727,672	365.9	\$1,989	\$1,478	\$1,891	1.05
Jul-16	\$610,822	353.4	\$1,728	\$1,479	\$1,891	0.91
Aug-16	\$673,415	347.6	\$1,937	\$1,325	\$1,674	1.16
Sep-16	\$775,515	341.3	\$2,272	\$1,421	\$1,795	1.27
Oct-16	\$626,664	334.1	\$1,876	\$1,407	\$1,805	1.04
Nov-16	\$556,190	328.8	\$1,692	\$1,456	\$1,883	0.90
Dec-16	\$401,733	324.1	\$1,240	\$1,434	\$1,847	0.67
Total	\$17,869,226	9,547.9	\$1,872	\$1,449	\$1,867	1.00

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

Month	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$103,440,434	61,200.6	\$1,690	\$1,629	\$1,690	1.00
Jan-15	\$8,719,801	5,615.9	\$1,553	\$1,681	\$1,752	0.89
Feb-15	\$7,996,027	5,455.6	\$1,466	\$1,504	\$1,561	0.94
Mar-15	\$7,910,847	5,306.4	\$1,491	\$1,630	\$1,705	0.87
Apr-15	\$7,242,065	5,168.7	\$1,401	\$1,478	\$1,537	0.91
May-15	\$8,352,221	5,048.6	\$1,654	\$1,355	\$1,415	1.17
Jun-15	\$7,855,228	4,942.3	\$1,589	\$1,510	\$1,562	1.02
Jul-15	\$7,072,149	4,838.2	\$1,462	\$1,472	\$1,531	0.95
Aug-15	\$7,031,958	4,745.0	\$1,482	\$1,486	\$1,555	0.95
Sep-15	\$5,961,384	4,654.2	\$1,281	\$1,449	\$1,524	0.84
Oct-15	\$6,955,129	4,589.3	\$1,516	\$1,487	\$1,549	0.98
Nov-15	\$5,835,488	4,515.3	\$1,292	\$1,346	\$1,395	0.93
Dec-15	\$6,462,709	4,443.6	\$1,454	\$1,532	\$1,596	0.91
Jan-16	\$5,857,092	4,328.1	\$1,353	\$1,348	\$1,408	0.96
Feb-16	\$5,922,357	4,252.3	\$1,393	\$1,307	\$1,372	1.02
Mar-16	\$7,302,425	4,182.5	\$1,746	\$1,555	\$1,625	1.07
Apr-16	\$6,354,754	4,113.2	\$1,545	\$1,538	\$1,611	0.96
May-16	\$6,301,123	4,031.3	\$1,563	\$1,472	\$1,566	1.00
Jun-16	\$5,155,280	3,958.3	\$1,302	\$1,363	\$1,414	0.92
Jul-16	\$5,030,900	3,856.3	\$1,305	\$1,409	\$1,469	0.89
Aug-16	\$6,012,727	3,807.0	\$1,579	\$1,547	\$1,627	0.97
Sep-16	\$5,031,766	3,736.8	\$1,347	\$1,320	\$1,388	0.97
Oct-16	\$5,152,616	3,731.7	\$1,381	\$1,389	\$1,457	0.95
Nov-16	\$5,547,375	3,681.1	\$1,507	\$1,326	\$1,383	1.09
Dec-16	\$5,001,956	3,644.5	\$1,372	\$1,383	\$1,451	0.95
Total	\$156,065,375	106,646.2	\$1,463	\$1,461	\$1,526	0.96

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

Month	Intervention group		PMPM			Ratio (I/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$108,595,448	62,389.1	\$1,741	\$1,660	\$1,741	1.00
Jan-16	\$9,658,145	5,780.5	1,670.8	1,601.2	\$1,694	0.99
Feb-16	\$8,531,855	5,597.1	1,524.3	1,642.1	\$1,732	0.88
Mar-16	\$9,272,773	5,429.1	1,708.0	1,765.9	\$1,856	0.92
Apr-16	\$7,727,256	5,298.3	1,458.4	1,611.0	\$1,699	0.86
May-16	\$8,337,059	5,174.1	1,611.3	1,703.9	\$1,789	0.90
Jun-16	\$7,560,328	5,061.8	1,493.6	1,627.0	\$1,704	0.88
Jul-16	\$7,550,598	4,919.3	1,534.9	1,556.6	\$1,631	0.94
Aug-16	\$7,312,918	4,807.5	1,521.1	1,666.3	\$1,748	0.87
Sep-16	\$6,291,903	4,684.6	1,343.1	1,650.8	\$1,721	0.78
Oct-16	\$6,489,461	4,655.6	1,393.9	1,541.0	\$1,605	0.87
Nov-16	\$6,308,015	4,559.6	1,383.4	1,606.8	\$1,669	0.83
Dec-16	\$6,009,059	4,468.3	1,344.8	1,571.9	\$1,631	0.82
Total	\$91,049,372	60,435.9	\$1,507	\$1,631	\$1,709	0.88

Table 12.A—MEDICARE
PMPM costs for demonstration period 2 based on incurred Medicare claims for Cohorts 1, 2, and 3

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM savings	Dollar savings
	Incurred claims	Member months	Intervention	Comparison	Target			
Baseline	\$706,492,480	428,351.1	\$1,649.33	\$1,624.10	N/A	N/A	N/A	N/A
Durable medical equipment	\$13,336,590	181,011.8	\$73.68	\$89.91	\$90.62	0.81	\$16.94	\$3,065,953
Home health agency	\$11,899,742	181,011.8	\$65.74	\$105.33	\$104.99	0.63	\$39.25	\$7,104,767
Hospice	\$3,729,487	181,011.8	\$20.60	\$45.93	\$45.92	0.45	\$25.32	\$4,582,779
Inpatient	\$112,705,657	181,011.8	\$622.64	\$648.16	\$660.17	0.94	\$37.52	\$6,792,032
Outpatient	\$69,692,024	181,011.8	\$385.01	\$354.22	\$359.89	1.07	−\$25.12	−\$4,547,094
Professional	\$54,011,806	181,011.8	\$298.39	\$373.34	\$380.64	0.78	\$82.25	\$14,887,740
SNF	\$27,113,709	181,011.8	\$149.79	\$137.73	\$141.47	1.06	−\$8.32	−\$1,505,402
Total	\$292,489,015	181,011.8	\$1,615.86	\$1,754.60	\$1,783.70	0.91	\$167.84	\$30,380,776

Table 12.B—MEDICARE
PMPM costs for demonstration period 3 based on incurred Medicare claims for Cohorts 1, 2, 3 and 4

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM savings	Dollar savings
	Incurred claims	Member months	Intervention	Comparison	Target			
Baseline	\$706,492,480	428,351.1	\$1,649.33	\$1,624.10	N/A	N/A	N/A	N/A
Durable medical equipment	\$12,826,060	211,504.8	\$60.64	\$74.63	\$76.15	0.80	\$15.51	\$3,280,910
Home health agency	\$13,664,725	211,504.8	\$64.61	\$102.01	\$103.01	0.63	\$38.41	\$8,123,284
Hospice	\$3,987,957	211,504.8	\$18.86	\$56.97	\$56.86	0.33	\$38.00	\$8,037,723
Inpatient	\$128,074,823	211,504.8	\$605.54	\$633.57	\$652.03	0.93	\$46.48	\$9,831,660
Outpatient	\$82,712,808	211,504.8	\$391.07	\$354.24	\$363.76	1.08	-\$27.31	-\$5,775,499
Professional	\$62,001,795	211,504.8	\$293.15	\$354.80	\$365.45	0.80	\$72.31	\$15,292,877
SNF	\$29,199,701	211,504.8	\$138.06	\$127.71	\$132.73	1.04	-\$5.33	-\$1,127,499
Total	\$332,467,868	211,504.8	\$1,571.92	\$1,703.93	\$1,749.99	0.90	\$178.07	\$37,663,455

∞ N/A = not applicable.

Table 13.A

PMPM costs by category of beneficiary for demonstration period 2 based on incurred Medicare claims for Cohorts 1, 2, and 3

Category of beneficiary	Total		Durable medical equipment		Home health agency		Hospice	
	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings
Total	\$167.84	\$30,380,776.00	\$16.94	\$3,065,953.00	\$39.25	\$7,104,767.00	\$25.32	\$4,582,779.00
Facility, 65+ with SPMI	\$584.42	\$1,970,772.00	\$3.35	\$11,313.00	-\$7.77	-\$26,186.00	\$96.84	\$326,577.00
Facility, 65+ without SPMI	\$535.71	\$4,938,554.00	\$2.12	\$19,554.00	-\$7.34	-\$67,690.00	\$140.35	\$1,293,872.00
HCBS, 65+ with SPMI	\$104.04	\$788,968.00	\$17.09	\$129,605.00	\$82.24	\$623,707.00	\$8.12	\$61,576.00
HCBS, 65+ without SPMI	\$264.59	\$8,628,291.00	\$22.68	\$739,643.00	\$74.36	\$2,424,855.00	\$33.63	\$1,096,678.00
Community, 65+ with SPMI	\$232.90	\$1,142,784.00	\$18.36	\$90,097.00	\$41.30	\$202,631.00	\$25.39	\$124,571.00
Community, 65+ without SPMI	\$4.05	\$136,124.00	\$6.86	\$230,607.00	\$33.82	\$1,137,532.00	\$24.59	\$827,048.00
Facility, <65 with SPMI	\$410.10	\$557,185.00	-\$29.84	-\$40,539.00	-\$39.18	-\$53,232.00	\$76.47	\$103,900.00
Facility, <65 without SPMI	\$1,293.96	\$2,464,108.00	\$64.50	\$122,830.00	-\$23.69	-\$45,113.00	\$75.60	\$143,966.00
HCBS, <65 with SPMI	\$266.86	\$3,437,275.00	\$26.51	\$341,404.00	\$38.80	\$499,770.00	\$10.56	\$135,981.00
HCBS, <65 without SPMI	\$220.96	\$5,605,008.00	\$48.70	\$1,235,275.00	\$65.69	\$1,666,396.00	\$12.65	\$321,014.00
Community, <65 with SPMI	\$56.17	\$1,044,910.00	\$5.26	\$97,909.00	\$10.78	\$200,470.00	-\$0.93	-\$17,358.00
Community, <65 without SPMI	-\$11.27	-\$333,204.00	\$2.98	\$88,255.00	\$18.32	\$541,627.00	\$5.58	\$164,954.00

(continued)

Table 13.A (continued)

PMPM costs by category of beneficiary for demonstration period 2 based on incurred Medicare claims for Cohorts 1, 2, and 3

Category of beneficiary	Total		Durable medical equipment		Home health agency		Hospice	
	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings
Total	\$37.52	\$6,792,032.00	-\$25.12	-\$4,547,094.00	\$82.25	\$14,887,740.00	-\$8.32	-\$1,505,402.00
Facility, 65+ with SPMI	\$171.21	\$577,351.00	\$118.46	\$399,486.00	\$141.31	\$476,515.00	\$61.00	\$205,716.00
Facility, 65+ without SPMI	\$135.38	\$1,247,994.00	\$46.98	\$433,121.00	\$119.11	\$1,097,994.00	\$99.12	\$913,710.00
HCBS, 65+ with SPMI	-\$47.02	-\$356,570.00	-\$15.79	-\$119,777.00	\$80.08	\$607,285.00	-\$20.68	-\$156,859.00
HCBS, 65+ without SPMI	\$60.85	\$1,984,428.00	-\$6.34	-\$206,613.00	\$97.58	\$3,182,251.00	-\$18.18	-\$592,952.00
Community, 65+ with SPMI	\$143.26	\$702,936.00	-\$4.34	-\$21,280.00	\$42.94	\$210,682.00	-\$34.00	-\$166,852.00
Community, 65+ without SPMI	-\$48.49	-\$1,630,907.00	-\$66.90	-\$2,250,412.00	\$42.13	\$1,416,989.00	\$12.05	\$405,268.00
Facility, <65 with SPMI	\$148.86	\$202,253.00	\$28.24	\$38,364.00	\$230.61	\$313,317.00	-\$5.06	-\$6,880.00
Facility, <65 without SPMI	\$472.96	\$900,657.00	\$105.73	\$201,344.00	\$453.96	\$864,482.00	\$144.90	\$275,941.00
HCBS, <65 with SPMI	\$123.31	\$1,588,341.00	\$7.54	\$97,113.00	\$71.94	\$926,590.00	-\$11.79	-\$151,923.00
HCBS, <65 without SPMI	\$62.48	\$1,584,854.00	-\$43.35	-\$1,099,783.00	\$105.23	\$2,669,478.00	-\$30.44	-\$772,226.00
Community, <65 with SPMI	\$38.03	\$707,431.00	-\$49.45	-\$919,928.00	\$66.85	\$1,243,674.00	-\$14.37	-\$267,289.00
Community, <65 without SPMI	-\$24.24	-\$716,737.00	-\$37.16	-\$1,098,728.00	\$63.53	\$1,878,482.00	-\$40.28	-\$1,191,056.00

Table 13.B
PMPM costs by category of beneficiary for demonstration period 3 based on incurred Medicare claims
for Cohorts 1, 2, 3, and 4

Category of beneficiary	Total		Durable medical equipment		Home health agency		Hospice	
	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings
Total	\$178.07	\$37,663,455.00	\$15.51	\$3,280,910.00	\$38.41	\$8,123,284.00	\$38.00	\$8,037,723.00
Facility, 65+ with SPMI	\$763.35	\$3,532,652.00	\$5.21	\$24,110.00	-\$13.89	-\$64,283.00	\$147.94	\$684,648.00
Facility, 65+ without SPMI	\$638.62	\$5,157,311.00	\$4.91	\$39,675.00	-\$7.93	-\$64,041.00	\$172.90	\$1,396,281.00
HCBS, 65+ with SPMI	\$394.90	\$4,030,975.00	\$19.59	\$199,961.00	\$57.61	\$588,079.00	\$59.57	\$608,014.00
HCBS, 65+ without SPMI	\$261.90	\$9,338,868.00	\$16.67	\$594,263.00	\$69.91	\$2,492,799.00	\$76.08	\$2,712,668.00
Community, 65+ with SPMI	\$151.90	\$1,081,061.00	\$6.35	\$45,211.00	\$22.55	\$160,478.00	\$24.23	\$172,459.00
Community, 65+ without SPMI	\$48.76	\$2,021,543.00	\$12.34	\$511,399.00	\$38.59	\$1,599,658.00	\$25.45	\$1,055,008.00
Facility, <65 with SPMI	\$429.23	\$736,975.00	-\$4.20	-\$7,217.00	-\$37.12	-\$63,739.00	\$48.28	\$82,901.00
Facility, <65 without SPMI	\$601.11	\$1,163,349.00	\$37.22	\$72,033.00	-\$23.38	-\$45,240.00	\$94.16	\$182,238.00
HCBS, <65 with SPMI	\$30.54	\$485,822.00	\$23.46	\$373,256.00	\$35.24	\$560,596.00	\$21.36	\$339,838.00
HCBS, <65 without SPMI	\$286.85	\$8,158,600.00	\$26.53	\$754,564.00	\$70.22	\$1,997,119.00	\$14.01	\$398,406.00
Community, <65 with SPMI	\$94.03	\$2,172,272.00	\$13.36	\$308,528.00	\$19.33	\$446,576.00	\$6.63	\$153,240.00
Community, <65 without SPMI	-\$6.49	-\$215,973.00	\$10.98	\$365,126.00	\$15.49	\$515,281.00	\$7.58	\$252,023.00

(continued)

Table 13.B (continued)
PMPM costs by category of beneficiary for demonstration period 3 based on incurred Medicare claims
for Cohorts 1, 2, 3, and 4

Category of beneficiary	Total		Durable medical equipment		Home health agency		Hospice	
	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings	PMPM saving	Dollar savings
Total	\$46.48	\$9,831,660.00	-\$27.31	-\$5,775,499.00	\$72.31	\$15,292,877.00	-\$5.33	-\$1,127,499.00
Facility, 65+ with SPMI	\$195.60	\$905,202.00	\$134.49	\$622,407.00	\$141.00	\$652,529.00	\$153.00	\$708,041.00
Facility, 65+ without SPMI	\$213.43	\$1,723,585.00	\$23.05	\$186,151.00	\$113.76	\$918,695.00	\$118.50	\$956,964.00
HCBS, 65+ with SPMI	\$110.05	\$1,123,316.00	\$46.32	\$472,855.00	\$100.72	\$1,028,133.00	\$1.04	\$10,618.00
HCBS, 65+ without SPMI	\$59.97	\$2,138,351.00	-\$32.49	-\$1,158,437.00	\$79.48	\$2,833,927.00	-\$7.70	-\$274,704.00
Community, 65+ with SPMI	\$104.80	\$745,885.00	-\$73.51	-\$523,190.00	\$40.42	\$287,695.00	\$27.05	\$192,523.00
Community, 65+ without SPMI	-\$11.20	-\$464,282.00	-\$55.02	-\$2,280,885.00	\$48.70	\$2,019,040.00	-\$10.09	-\$418,395.00
Facility, <65 with SPMI	\$55.02	\$94,465.00	\$57.75	\$99,150.00	\$226.17	\$388,328.00	\$83.34	\$143,087.00
Facility, <65 without SPMI	-\$22.29	-\$43,141.00	\$99.06	\$191,722.00	\$304.70	\$589,685.00	\$111.64	\$216,052.00
HCBS, <65 with SPMI	\$15.43	\$245,503.00	-\$62.00	-\$986,422.00	\$40.77	\$648,580.00	-\$43.72	-\$695,529.00
HCBS, <65 without SPMI	\$130.69	\$3,717,099.00	-\$24.05	-\$684,016.00	\$88.21	\$2,508,923.00	-\$18.76	-\$533,495.00
Community, <65 with SPMI	\$69.92	\$1,615,243.00	-\$41.27	-\$953,349.00	\$63.58	\$1,468,666.00	-\$37.52	-\$866,633.00
Community, <65 without SPMI	-\$59.22	-\$1,969,565.00	-\$22.90	-\$761,486.00	\$58.59	\$1,948,677.00	-\$17.02	-\$566,029.00