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**Report for Washington Managed Fee-for-Service
(MFFS)
Final Demonstration Year 4 and Preliminary
Demonstration Year 5 Medicare Savings
Estimates: Medicare-Medicaid Financial
Alignment Initiative**

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**REPORT FOR WASHINGTON MANAGED FEE-FOR-SERVICE (MFFS) FINAL
DEMONSTRATION YEAR 4 AND PRELIMINARY DEMONSTRATION YEAR 5
MEDICARE SAVINGS ESTIMATES: MEDICARE-MEDICAID FINANCIAL
ALIGNMENT INITIATIVE**

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Executive Summary

The Washington Health Homes MFFS demonstration leverages Medicaid health homes to integrate care for full-benefit Medicare-Medicaid beneficiaries by targeting high-cost, high-risk dual eligible enrollees. The State's existing delivery systems for primary, acute, behavioral and LTSS remain unchanged and health homes serve as the bridge for integrating care across these existing delivery systems. The demonstration service area originally included all but two counties (King and Snohomish) in the state and began enrollment on July 1, 2013. As of April 1, 2017, the demonstration was extended statewide and Demonstration Years 4 (DY4) and 5 (DY5) include beneficiaries from all counties.

This report includes an actuarial analysis of Medicare Parts A & B savings during the 24-month period from January 1, 2017 through December 31, 2018: final Medicare savings estimates for DY4 (January 1, 2017 through December 31, 2017) and preliminary Medicare savings estimates for DY5 (January 1, 2018 through December 31, 2018). Final Medicare savings estimates for DY1, DY2 and DY3 and preliminary Medicare savings estimates for DY4 appeared in previously released Washington Medicare savings reports.

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

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

Results of the savings calculations are summarized below.

- Total Medicare savings in Demonstration Year 4 were calculated as \$47.7 million or 9.9 percent. An additional \$8.3 million in attributed savings (savings attributed to eligible months prior to the start of the most recent cohort) sums to a grand total final calculated Demonstration Year 4 Medicare savings amount of \$56.0 million.
- Preliminary total Medicare savings in Demonstration Year 5 were calculated as \$52.3 million or 9.5 percent. Including preliminary attributed Medicare savings estimates of \$12.3 million results in a grand total preliminary Demonstration Year 5 Medicare savings estimate of \$64.6 million.

- Per the previous Washington Medicare Savings reports¹, total Demonstration Year 1 Medicare savings were calculated as \$34.9 million, total Demonstration Year 2 savings were calculated as \$30.2 million and total Demonstration Year 3 savings were calculated as \$46.6 million.²
- The current estimate of grand total Demonstration Medicare savings for all cohorts through Demonstration Year 5 is \$232.2 million.

¹ Prior reports available on the CMS website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Washington>

² Savings figures for Demonstration Years 1, 2 and 3 only included experience prior to the expansion to King and Snohomish counties.

1. Introduction

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

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

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

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

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

services through June 2016, to give the legislature time to review savings projections. During the 2016 legislative session, funding for health homes was reinstated. During the first three Demonstration Years, Washington had enrolled beneficiaries in the demonstration in all but two counties in the State (King and Snohomish). Effective April 1, 2017, the demonstration began to serve King and Snohomish counties, extending the demonstration service area statewide. Demonstration Year 4 onward includes beneficiaries from all counties in the state.

This report provides a final Medicare Parts A & B savings analysis of the Washington managed fee-for-service (MFFS) demonstration for Demonstration Year 4 and a preliminary analysis of Medicare data for Demonstration Year 5 under the Medicare-Medicaid Financial Alignment Initiative.

This report includes an analysis of Medicare savings during the 24-month period from January 1, 2017 through December 31, 2018 separated into Demonstration Year 4 for the Washington demonstration (January 1, 2017 through December 31, 2017) and Demonstration Year 5 (January 1, 2018 through December 31, 2018). CMS previously released three Medicare savings reports³ by RTI entitled:

(1) Final Demonstration Year 1 and Preliminary Demonstration Year 2 Medicare Savings Estimates: Medicare-Medicaid Financial Alignment Initiative.

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

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

These reports provided final estimates of Medicare savings for Demonstration Years 1, 2 and 3 and preliminary estimates of Medicare savings for Demonstration Years 2, 3 and 4, respectively, for Washington. This report provides final Medicare savings estimates for Demonstration Year 4 and preliminary Medicare savings estimates for Demonstration Year 5, the additional 12-month period spanning from January 1, 2018 through December 31, 2018. With this report, Demonstration Years 1, 2, 3 and 4 experience and Medicare savings calculations are considered complete.⁴ In addition to developing a savings report for subsequent Demonstration Years, future reports will include Medicaid data for Demonstration Years 1, 2, 3, 4 and 5, if available. Currently, we do not have sufficient Medicaid data for the periods covered in this report to perform any analyses.

The method used to perform the actuarial analysis of Medicare savings in this report is different from the multivariate regression-based method that has been used to estimate the impact of the demonstration on quality and cost outcomes in the annual evaluation reports for the Washington demonstration. Because the actuarial analysis constructs cohorts of beneficiaries from the comparison group (as will be explained later), the actuarial savings calculation uses a

³ Prior reports available on the CMS website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Washington>

⁴ Any reference to Demonstration Years 1, 2 and 3 experience and savings included in this report is pulled directly from the previous report and does not incorporate any new information or calculations.

subset of the comparison group that was constructed for the other descriptive and regression-based analyses that RTI performs as part of the evaluation. The Centers for Medicare & Medicaid Services (CMS) will use the results of the actuarial analysis 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 Medicare results presented in this report should be viewed as final for Demonstration Year 4, but preliminary for Demonstration Year 5. The Demonstration Year 5 Medicare Parts A and B expenditure data includes 10 months of claims runout (i.e., through October 2019). Note that the final evaluation report will include an analysis of Medicare Part D data, however under the MFFS Financial Alignment Initiative, Part D spending does not inform the amount of any performance payment to the State and is not included in this report. This final Medicare savings report for Demonstration Year 4 has been updated to include any retroactive adjustments to eligibility data and additional claims runout for beneficiaries in both the intervention and comparison groups.

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2. Data Sources for PMPM Cost Analysis

2.1 Eligibility Data

As a part of performing cost calculations on a per member per month (PMPM) basis, it was necessary to construct an eligibility timeline for each beneficiary to determine whether claims occurred during periods of eligibility for the demonstration. ARC used beneficiary eligibility information extracted from the appropriate tables on the Integrated Data Repository (IDR) in May 2019, to construct an analytic file that contains eligibility occurrences for Part A coverage, Part B coverage, and primary payer status; eligibility occurrences for State/county codes of residence and, as applicable, the date of death; Group Health Organization (GHO) enrollment (e.g., Medicare Advantage [MA] or the Program of All-Inclusive Care for the Elderly [PACE]); and periods of hospice coverage. Specific eligibility criteria are described in Section 3.2. All of this information was used to construct a historical eligibility record for each beneficiary in all cohorts and for all Demonstration Years. Thus, these new data were used to produce the final estimate of Medicare savings for Demonstration Year 4 and preliminary Medicare savings estimates for Demonstration Year 5.

After creating the historical eligibility file, ARC determined the days on which a beneficiary was eligible for the demonstration. Claims were used to calculate the Medicare PMPM payments only if the beneficiary was eligible to participate in the demonstration on the admission date (for institutional claims) or service date (for all other types of service) on the claim. For future reports, retroactive changes will be applied so that the daily eligibility file for Demonstration Year 5 will include updated values for all months in Demonstration Year 5.

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, 2018 and processed by CMS through October 2019. The paid claim amounts tabulated for this report do not include estimates of incurred-but-not-reported (IBNR) claims for medical services performed during all 24 months but not yet paid by the end of October 2019. We have assumed the claims runout is effectively 100 percent complete for Demonstration Year 4.

Medicare payments were separated into seven claim categories:

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

6. Professional
7. Durable Medical Equipment (DME)

3. Basic Approach

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

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

3.1 Categories of Beneficiaries

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

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

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

the community category who move to categories requiring more intensive services during the demonstration is higher for the comparison group than for the intervention group, then the PMPM of the comparison group would increase faster and the savings model would show demonstration savings.

3.2 Cohorts

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

- Cohort 2: Those who met the requirements for eligibility on January 1, 2014 (and who are not in Cohort 1)
- Cohort 3: Those who met the requirements for eligibility on January 1, 2015 (and are not in Cohort 1 or Cohort 2)
- Cohort 4: Those who met the requirements for eligibility on January 1, 2016 (and are not in Cohorts 1, 2 or 3)
- Cohort 5A: Those who met the requirements for eligibility on January 1, 2017 (and are not in Cohorts 1, 2, 3 or 4)
- Cohort 5B: Those residing in King and Snohomish counties who met the requirements for eligibility on April 1, 2017
- Cohort 6A: Those who met the requirements for eligibility on January 1, 2018 residing in all counties other than King and Snohomish (and are not in Cohorts 1, 2, 3, 4 or 5A)
- Cohort 6B: Those residing in King and Snohomish counties who met the requirements for eligibility on January 1, 2018 (and are not in Cohort 5B)

Note that the beneficiaries in Cohort 1 and Cohort 2 have experience after the start date of the cohort during Demonstration Year 1 (which spans July 2013 through December 2014), but that Cohort 3 does not. Cohorts 1, 2 and 3 have experience after the start date of the cohort in Demonstration Year 2 (which spans January 2015 through December 2015), but Cohort 4 does not. Cohorts 1, 2, 3 and 4 have experience in Demonstration Year 3.

The demonstration extended to include King and Snohomish counties effective April 1, 2017, and as such Cohort 5A has experience for the entirety of Demonstration Year 4 (which

spans January 2017 through December 2017) but Cohort 5B only has 9 months of experience in Demonstration Year 4 (which spans April 2017 through December 2017). Beginning in Demonstration Year 5 (which spans January 2018 through December 2018) and for all subsequent Demonstration Years, the time periods of experience will be identical, but beneficiaries in King and Snohomish counties will continue to be kept in separate sub-cohorts because there was a separate comparison group constructed for these individuals.

Washington provided CMS with a file that flags the beneficiaries who have been determined to be eligible for the demonstration, including those having a score of 1.5 or greater on the Predictive Risk Intelligence System (PRISM)⁵. 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 Medicare Part A and Part B coverage
5. Are not enrolled in a Group Health Organization
6. Do not have Medicare as a secondary payer
7. Have at least 90 days of experience during the baseline period
8. Are not in another CMS Medicare shared savings initiative.

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

Each Metropolitan Statistical Area (MSA) consists of a group of counties. For each state, a non-MSA area was constructed from the counties that do not belong to an MSA. In addition, RTI simulated the PRISM score of each comparison group beneficiary for each quarter of the Demonstration Years. We checked that the comparison group beneficiaries had an RTI-generated simulated PRISM score of at least 1.5 in the first quarter of the demonstration for Cohort 1, in the third quarter of the demonstration for Cohort 2, in the seventh quarter of the demonstration for Cohort 3, in the eleventh quarter of the demonstration for Cohort 4, in the fifteenth quarter of the demonstration for Cohort 5A and in the sixteenth quarter of the demonstration for Cohort 5B and in the nineteenth quarter of the demonstration for Cohorts 6A and 6B.

⁵ The PRISM score is based on a proprietary algorithm developed by the state of Washington.

Special Note 1: RTI constructed the comparison group for the original demonstration area from selected Metropolitan Statistical Areas (MSAs) in three States—Georgia, Arkansas, and West Virginia—based on similarities between the demonstration and comparison areas. For the demonstration extension to King and Snohomish counties, RTI constructed the comparison group from selected MSAs in four states—Michigan, North Carolina, Virginia and West Virginia.⁶ The use of a separate comparison group for these two counties reflects how they are notably different in composition from other regions of Washington.

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

The intervention group and the comparison group had roughly the same distribution by basis of eligibility. Both groups had roughly 56-57 percent of individuals aged 65 or older. The distribution by prevalence of SPMI and facility status showed more variation. In the intervention group, there was 37 percent prevalence of SPMI compared with 42 percent in the comparison group. In the intervention group, 41 percent of members used HCBS and 11 percent used facility-based LTSS, whereas the prevalence in the comparison group was 17 percent HCBS and 28 percent facility-based services. Such difference in the distribution by institutional status is addressed in the actuarial savings model in which savings were calculated for each facility status category separately and weighted according to the intervention group distribution.

For each cohort after the first, some or all of the baseline experience includes months that are also Demonstration Year months for which the beneficiary could have also been eligible for the demonstration. These are the first few months of eligibility before the start of each new cohort, which occurs on January 1. According to the Final Demonstration Agreement, it was agreed to attribute the savings experience of the prior cohort to these months. Thus, for Demonstration Year 1, the savings percentage experienced by Cohort 1 was attributed to these few months of Cohort 2, and for Demonstration Years 2, 3 and 4, the savings percentage experienced by Cohorts 2, 3, 4, 5A and 5B were attributed to these few months for Cohorts 3, 4, 5A, 6A and 6B, respectively. Cohorts 7A and 7B will consist of those who were eligible for the demonstration in January 2019 in the original demonstration area and who were not in Cohorts 1, 2, 3, 4, 5A or 6A and those who were eligible for the demonstration in January 2019 in King and Snohomish counties who were not in Cohorts 5B or 6B.

For this report, we have tabulated the eligible member months in Demonstration Year 5 (January 2018 through December 2018) of preliminary Cohorts 7A and 7B and attribute the PMPM savings achieved for Cohorts 6A and 6B, respectively, to these first few months of

⁶ A description of the comparison group selection methodology will be included in the Washington annual report.

eligibility of Cohorts 7A and 7B. As noted in section 5.4 below, these preliminary attributions of savings can change significantly once additional data becomes available.

The reason for employing cohorts for the analysis is to create closed groups of beneficiaries (similarly in the intervention group and the comparison group) whose monthly expenditures (PMPM) can be tracked to determine the effects of the demonstration. If new entrants were allowed into these groups over time, the new entrants would change the PMPM of the groups for reasons unrelated to the effects of the demonstration, but instead related only to the change in the mix of the groups. If the mix of the groups were changing every month in terms of characteristics affecting costs such as age, gender, risk score, and area of residence, then adjustment factors would need to be introduced to take these monthly changes into account. The use of closed groups means that these characteristics are not changing significantly between the intervention and comparison groups and monthly adjustment factors are not needed.

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

The baseline period for all cohorts is shown below:

Cohort 1: July 1, 2011 through June 30, 2013.

Cohort 2: January through December 2013.

Cohort 3: January through December 2014.

Cohort 4: January through December 2015.

Cohort 5A: January through December 2016.

Cohort 5B: April 2016 through March 2017.

Cohort 6A: January through December 2017.

Cohort 6B: January through December 2017.

The same beneficiaries are in the baseline and the Demonstration Years and an individual beneficiary must have 3 months of baseline experience before being included in a cohort for the savings calculation. This means that the beneficiary must have met the basic eligibility

requirements for at least 3 months during the applicable baseline period. Because the savings calculation methodology relies on determining the trend in PMPM expenditures between the baseline period and the Demonstration Year, it is essential that each beneficiary have relevant experience in both of these periods.

3.3 Determining Member Months

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

1. January 1, 2019.
2. The day after death.
3. The day after moving outside of the intervention area or comparison area.
4. The day of joining a Group Health Organization (GHO).
5. The day that Medicare is no longer the primary payer.
6. The day of loss of coverage for either Medicare Part A or Part B.
7. The day of loss of Medicaid eligibility.
8. For intervention beneficiaries, the day that Washington determines that the beneficiary is no longer eligible for the demonstration.
9. For Cohorts 1 and 2, January 1, 2015 if the beneficiary was a part of a Medicare shared savings program in 2015 but had not been a part of a shared savings program prior to 2015.
10. For Cohorts 1, 2 and 3, January 1, 2016 if the beneficiary was part of a Medicare shared savings program in 2016, but had not been part of a shared savings program prior to 2016.
11. For Cohorts 1, 2, 3 and 4, January 1, 2017 if the beneficiary was part of a Medicare shared savings program in 2017, but had not been part of a shared savings program prior to 2017.
12. For Cohorts 1, 2, 3, 4, 5A and 5B, January 1, 2018 if the beneficiary was part of a Medicare shared savings program in 2018, but had not been part of a shared savings program prior to 2018.

When one of the above occurs during a month, a prorated number of member months are calculated, so that the number of member months contains fractions of whole months. For Cohorts 2, 3, 4, 5A, 6A and 6B, the member months are calculated beginning on January 1, 2014 through 2018 respectively, and accrue until one of the above termination events or the end of the analytic period. April 1, 2017 is the date applied for Cohort 5B. Also, if a beneficiary meets the demonstration eligibility criteria after being terminated previously, his or her experience would once again be included. Note that a beneficiary is not dropped from the analysis if his or her PRISM score falls below 1.5 or if the beneficiary elects hospice care. Thus, although having a PRISM score below 1.5 or being in hospice care prevents a beneficiary from becoming eligible for the demonstration, these events do not cause a beneficiary who is previously eligible from losing eligibility.

3.4 Calculation of PMPM

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

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

3.5 AGA and Outlier Adjustments

Adjustments to the target PMPMs are needed to reflect Federal and State policies and market forces that affect the costs in the comparison States differently from those in the demonstration States and to ensure that calculated savings result only from the demonstration and not from differences in these other factors. For Medicare expenditures, the only necessary adjustment is applying an Average Geographic Adjustment (AGA) factor.⁷ The AGA factor reflects varying FFS cost trends in each county over time compared with the costs of the entire nation. The target PMPMs are adjusted so that the comparison group trend is what it would be if

⁷ Other adjustments will have to be made to the Medicaid expenditures, e.g., to account for differences in Medicaid coverage between comparison and intervention states.

the AGA factors in the comparison States had changed by the same percentage as the change in the demonstration State between the baseline period and the Demonstration Year.

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

4. Analysis of Cohorts

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

Cohort 1 consists of 13,975 Medicare-Medicaid enrollees in the intervention group and 23,233 Medicare-Medicaid enrollees in the comparison group. After 66 months of operations, there were 5,049 eligible intervention group members and 5,907 eligible comparison group members as of December 31, 2018. The monthly attrition rates for the intervention and comparison groups were 1.61 percent and 2.13 percent, respectively. The most common reason for attrition was death and the monthly death rate for the intervention group was 0.76 percent, which was lower than the monthly death rate of 1.05 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 demonstration attrition (0.43 percent vs. 0.19 percent⁸) from (1) loss of dual eligibility (i.e., loss of Medicare or Medicaid eligibility) and (2) when Washington indicated that the beneficiary was no longer eligible.

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

Table 1
Cohort 1 Composition

Subgroup	Number of beneficiaries	Monthly death rate	Total monthly attrition rate
1A	2,215	0.98%	1.68%
1B	3,843	0.62%	1.49%
1C	390	0.73%	1.79%
1D	6,014	0.81%	1.65%
1E	725	0.70%	1.65%
1F	788	0.60%	1.60%
Total	13,975		

⁸ 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 692 Medicare-Medicaid enrollees in the intervention group and 4,357 Medicare-Medicaid enrollees in the comparison group. After 60 months, there were 214 eligible intervention group members and 1,220 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.11 percent and 2.26 percent, respectively.

Cohort 3 consists of 5,640 Medicare-Medicaid enrollees in the intervention group and 6,444 Medicare-Medicaid enrollees in the comparison group. After 48 months of operations, there were 2,234 eligible intervention group members and 2,181 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 1.96 percent and 2.37 percent, respectively.

Cohort 4 consists of 5,820 Medicare-Medicaid enrollees in the intervention group and 7,219 Medicare-Medicaid enrollees in the comparison group. After 36 months of operations, there were 2,506 eligible intervention group members and 3,023 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.36 percent and 2.46 percent, respectively.

Cohort 5A consists of 6,166 Medicare-Medicaid enrollees in the intervention group and 5,465 Medicare-Medicaid enrollees in the comparison group. After 24 months of operations, there were 3,354 eligible intervention group members and 2,782 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.57 percent and 2.84 percent, respectively.

Cohort 5B consists of 5,930 Medicare-Medicaid enrollees in the intervention group and 20,453 Medicare-Medicaid enrollees in the comparison group. After 21 months of operations, there were 3,581 eligible intervention group members and 9,189 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.42 percent and 3.81 percent, respectively.

Cohort 6A consists of 4,874 Medicare-Medicaid enrollees in the intervention group and 4,792 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 3,559 eligible intervention group members and 3,405 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.64 percent and 2.92 percent, respectively.

Cohort 6B consists of 3,319 Medicare-Medicaid enrollees in the intervention group and 5,352 Medicare-Medicaid enrollees in the comparison group. After 12 months of operations, there were 2,507 eligible intervention group members and 3,594 eligible comparison group members. The monthly attrition rates for the intervention and comparison groups were 2.35 percent and 3.38 percent, respectively.

Table 1.A summarizes the reasons for ineligibility for members of Cohort 1 who became ineligible during the first 66 months of demonstration operations. Table 1.B summarizes the reasons for ineligibility for members of Cohort 2 who became ineligible during their 60 months of demonstration operations. Tables 1.C-H summarize the reasons for

ineligibility for members of Cohorts 3, 4, 5A, 5B, and 6A/B who became ineligible during their 48, 36, 24, 21, 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	4,222	0.76%	8,524	1.05%
Loss of Part A or B	50	0.01%	79	0.01%
GHO enrollment	1,365	0.25%	2,366	0.29%
Medicare secondary payer	229	0.04%	370	0.05%
Moved out of service area	393	0.07%	905	0.11%
Participation in SSP	263	0.05%	3,525	0.43%
Loss of eligibility	2,404	0.43%	1,545	0.19%
All ineligibles ⁹	8,926	1.61%	17,314	2.13%
Beneficiaries as of 1 st day of 1 st month of eligibility	13,975		23,221	
Beneficiaries as of 12/31/2018	5,049		5,907	
Total member months	554,472		812,788	

GHO = Group Health Organization.

⁹ For Cohorts 1, 2, 3 and 4 we included attrition experience from Demonstration Years 1, 2 and 3 in the count of events, the total member months of exposure and the calculation of the monthly attrition rate in order to show a full picture of the demonstration attrition to date. Because the Demonstration Years 1, 2 and 3 experience was finalized, it was not re-run, but the total beneficiary counts for first day eligible and eligible as of 12/31/2018 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	165	0.73%	1,333	0.96%
Loss of Part A or B	5	0.02%	15	0.01%
GHO enrollment	75	0.33%	422	0.30%
Medicare secondary payer	13	0.06%	61	0.04%
Moved out of service area	31	0.14%	212	0.15%
Participation in SSP	23	0.10%	679	0.49%
Loss of eligibility	166	0.73%	415	0.30%
All ineligibles	478	2.11%	3,137	2.26%
Beneficiaries as of 1/1/2014	692		4,357	
Beneficiaries as of 12/31/2018	214		1,220	
Total member months	22,668		138,825	

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	1,150	0.66%	1,803	1.00%
Loss of Part A or B	14	0.01%	31	0.02%
GHO enrollment	587	0.34%	520	0.29%
Medicare secondary payer	90	0.05%	80	0.04%
Moved out of service area	169	0.10%	262	0.15%
Participation in SSP	80	0.05%	1,020	0.57%
Loss of eligibility	1,316	0.76%	547	0.30%
All ineligibles	3,406	1.96%	4,263	2.37%
Beneficiaries as of 1/1/2015	5,640		6,444	
Beneficiaries as of 12/31/2018	2,234		2,181	
Total member months	173,543		179,707	

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	986	0.70%	1,727	1.01%
Loss of Part A or B	22	0.02%	22	0.01%
GHO enrollment	641	0.46%	673	0.40%
Medicare secondary payer	85	0.06%	84	0.05%
Moved out of service area	181	0.13%	251	0.15%
Participation in SSP	129	0.09%	845	0.50%
Loss of eligibility	1,270	0.90%	594	0.35%
All ineligibles	3,314	2.36%	4,196	2.46%
Beneficiaries as of 1/1/2016	5,820		7,219	
Beneficiaries as of 12/31/2018	2,506		3,023	
Total member months	140,350		170,308	

Table 1.E
Reasons for ineligibility for Cohort 5A

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	724	0.66%	1,086	1.15%
Loss of Part A or B	13	0.01%	16	0.02%
GHO enrollment	537	0.49%	552	0.59%
Medicare secondary payer	64	0.06%	48	0.05%
Moved out of service area	125	0.11%	109	0.12%
Participation in SSP	98	0.09%	434	0.46%
Loss of eligibility	1,251	1.14%	438	0.46%
All ineligibles	2,812	2.57%	2,683	2.84%
Beneficiaries as of 1/1/2017	6,166		5,465	
Beneficiaries as of 12/31/2018	3,354		2,782	
Total member months	109,445		94,349	

Table 1.F
Reasons for ineligibility for Cohort 5B

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	706	0.73%	2,953	1.00%
Loss of Part A or B	14	0.01%	49	0.02%
GHO enrollment	643	0.66%	2,326	0.79%
Medicare secondary payer	55	0.06%	213	0.07%
Moved out of service area	150	0.15%	530	0.18%
Participation in SSP	50	0.05%	3,945	1.33%
Loss of eligibility	731	0.75%	1,248	0.42%
All ineligibles	2,349	2.42%	11,264	3.81%
Beneficiaries as of 4/1/2017	5,930		20,453	
Beneficiaries as of 12/31/2018	3,581		9,189	
Total member months	97,256		295,691	

Table 1.G
Reasons for ineligibility for Cohort 6A

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	354	0.71%	559	1.18%
Loss of Part A or B	3	0.01%	9	0.02%
GHO enrollment	285	0.57%	310	0.65%
Medicare secondary payer	35	0.07%	26	0.05%
Moved out of service area	103	0.21%	79	0.17%
Loss of eligibility	535	1.08%	404	0.85%
All ineligibles	1,315	2.64%	1,387	2.92%
Beneficiaries as of 1/1/2018	4,874		4,792	
Beneficiaries as of 12/31/2018	3,559		3,405	
Total member months	49,745		47,509	

Table 1.H
Reasons for ineligibility for Cohort 6B

Final ineligibility reason	Intervention group		Comparison group	
	Number of events	Monthly attrition rate	Number of events	Monthly attrition rate
Death	233	0.68%	619	1.19%
Loss of Part A or B	6	0.02%	9	0.02%
GHO enrollment	209	0.61%	607	1.17%
Medicare secondary payer	17	0.05%	25	0.05%
Moved out of service area	56	0.16%	99	0.19%
Loss of eligibility	291	0.84%	399	0.77%
All ineligibles	812	2.35%	1,758	3.38%
Beneficiaries as of 1/1/2018	3,319		5,352	
Beneficiaries as of 12/31/2018	2,507		3,594	
Total member months	34,481		51,939	

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5. Results of PMPM Cost Analysis

5.1 Medicare Savings before Adjustments

The savings are determined by comparing the rate of growth in expenditures between the intervention group (WA) and the comparison group (the comparison states) as measured by the average monthly costs per beneficiary, the per member per month (PMPM) costs. We begin this calculation by tabulating the PMPM costs for the comparison group in both the baseline period and the Demonstration Years as shown in Tables 2.A-H. These tables show the incurred claims, member months, and per member per month (PMPM) costs for Cohort 1 (Table 2.A), Cohort 2 (Table 2.B), Cohort 3 (Table 2.C), Cohort 4 (Table 2.D), Cohort 5A (Table 2.E), Cohort 5B (Table 2.F), Cohort 6A (Table 2.G) and Cohort 6B (Table 2.H) for the baseline period and for Demonstration Years 4 and 5 by category of beneficiary.

- For comparison group Cohort 1, the PMPM increases by 10.9 percent from \$1,600 during the baseline period to \$1,774 during Demonstration Year 4 and by 14.8 percent to \$1,837 during Demonstration Year 5.
- For comparison group Cohort 2, the PMPM decreases by 9.8 percent from \$1,607 to \$1,450 during Demonstration Year 4 and by 10.1 percent to \$1,445 during Demonstration Year 5.
- For comparison group Cohort 3, the PMPM decreases by 18.4 percent from \$1,674 to \$1,365 during Demonstration Year 4 and by 9.9 percent to \$1,508 during Demonstration Year 5.
- For comparison group Cohort 4, the PMPM decreases by 14.3 percent from \$1,738 to \$1,490 during Demonstration Year 4 and by 11.8 percent to \$1,533 during Demonstration Year 5.
- For comparison group Cohort 5A, the PMPM decreases by 7.3 percent from \$1,813 to \$1,680 during Demonstration Year 4 and by 8.6 percent to \$1,657 during Demonstration Year 5.
- For comparison group Cohort 5B, the PMPM increases by 4.0 percent from \$1,582 to \$1,646 during Demonstration Year 4 and by 3.6 percent to \$1,639 during Demonstration Year 5.
- For comparison group Cohort 6A, the PMPM decreases by 6.1 percent from \$1,999 to \$1,876 during Demonstration Year 5.
- For comparison group Cohort 6B, the PMPM decreases by 9.3 percent from \$1,776 to \$1,611 during Demonstration Year 5.

Note: Cohorts 6A and 6B have no experience during Demonstration Year 4.

One significant difference between Cohorts 1 and 5B as compared to Cohorts 2, 3, 4, 5A, 6A and 6B is that Cohorts 1 and 5B represent a cross-section of demonstration-eligible beneficiaries, whereas Cohorts 2, 3, 4, 5A, 6A and 6B represent newly demonstration-eligible beneficiaries. In other words, Cohorts 1 and 5B beneficiaries could have first met the requirements for demonstration eligibility at any time during the past (perhaps years ago), whereas Cohorts 2, 3, 4, 5A, 6A and 6B beneficiaries first met the requirements for demonstration eligibility more recently (otherwise they would have been included in Cohort 1 or Cohort 5B depending on where they reside).

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

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

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	495,181.0	\$792,439,622	\$1,600.30	97,346.6	\$172,680,140	\$1,773.87	1.10846
Facility, age 65+, with SPMI	32,115.2	\$66,311,502	\$2,064.80	4,800.4	\$8,133,982	\$1,694.42	0.82062
Facility, age 65+, no SPMI	80,858.8	\$139,945,392	\$1,730.74	8,651.2	\$13,800,707	\$1,595.24	0.92171
HCBS, age 65+, with SPMI	10,838.8	\$20,539,243	\$1,894.97	2,129.7	\$5,094,172	\$2,391.99	1.26228
HCBS, age 65+, no SPMI	51,925.0	\$84,282,667	\$1,623.16	7,962.3	\$19,070,998	\$2,395.17	1.47562
Community, age 65+, with SPMI	12,587.9	\$16,488,055	\$1,309.84	3,113.9	\$5,668,748	\$1,820.49	1.38986
Community, age 65+, no SPMI	92,332.0	\$108,551,869	\$1,175.67	18,534.8	\$32,558,554	\$1,756.62	1.49414
Facility, age <65, with SPMI	10,531.3	\$26,564,713	\$2,522.45	2,546.6	\$5,034,687	\$1,976.99	0.78376
Facility, age <65, no SPMI	12,082.5	\$28,804,414	\$2,383.97	2,467.8	\$4,659,395	\$1,888.09	0.79199
HCBS, age <65, with SPMI	18,074.4	\$30,515,893	\$1,688.35	4,171.4	\$6,195,736	\$1,485.30	0.87974
HCBS, age <65, no SPMI	28,593.8	\$55,535,580	\$1,942.22	6,689.3	\$15,108,275	\$2,258.57	1.16288
Community, age <65, with SPMI	58,269.0	\$76,748,751	\$1,317.15	15,000.6	\$19,078,208	\$1,271.83	0.96560
Community, age <65, no SPMI	86,972.3	\$138,151,543	\$1,588.45	21,278.6	\$38,276,676	\$1,798.84	1.13244

**Table 2.A.2 -- MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period,
and the Demonstration Year 5,
by category of beneficiary: Cohort 1**

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	495,181.0	\$792,439,622	\$1,600.30	77,939.6	\$143,205,706	\$1,837.39	1.14815
Facility, age 65+, with SPMI	32,115.2	\$66,311,502	\$2,064.80	3,444.5	\$6,421,490	\$1,864.29	0.90289
Facility, age 65+, no SPMI	80,858.8	\$139,945,392	\$1,730.74	5,289.4	\$7,606,838	\$1,438.13	0.83094
HCBS, age 65+, with SPMI	10,838.8	\$20,539,243	\$1,894.97	1,646.3	\$3,862,561	\$2,346.23	1.23814
HCBS, age 65+, no SPMI	51,925.0	\$84,282,667	\$1,623.16	6,135.1	\$14,475,912	\$2,359.51	1.45365
Community, age 65+, with SPMI	12,587.9	\$16,488,055	\$1,309.84	2,658.3	\$4,793,439	\$1,803.19	1.37665
Community, age 65+, no SPMI	92,332.0	\$108,551,869	\$1,175.67	14,831.1	\$26,766,497	\$1,804.76	1.53509
Facility, age <65, with SPMI	10,531.3	\$26,564,713	\$2,522.45	2,153.6	\$3,528,242	\$1,638.31	0.64949
Facility, age <65, no SPMI	12,082.5	\$28,804,414	\$2,383.97	2,013.6	\$3,105,015	\$1,542.01	0.64683
HCBS, age <65, with SPMI	18,074.4	\$30,515,893	\$1,688.35	3,472.1	\$5,717,953	\$1,646.84	0.97542
HCBS, age <65, no SPMI	28,593.8	\$55,535,580	\$1,942.22	5,603.6	\$12,289,447	\$2,193.12	1.12918
Community, age <65, with SPMI	58,269.0	\$76,748,751	\$1,317.15	12,963.5	\$18,744,752	\$1,445.97	1.09781
Community, age <65, no SPMI	86,972.3	\$138,151,543	\$1,588.45	17,728.6	\$35,893,560	\$2,024.61	1.27458

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	42,008.3	\$67,515,192	\$1,607.19	19,803.1	\$28,716,664	\$1,450.11	0.90227
Facility, age 65+, with SPMI	2,059.8	\$5,419,492	\$2,631.14	699.1	\$964,504	\$1,379.72	0.52438
Facility, age 65+, no SPMI	6,716.7	\$14,724,625	\$2,192.23	2,330.4	\$3,435,273	\$1,474.13	0.67243
HCBS, age 65+, with SPMI	613.4	\$1,053,551	\$1,717.67	361.7	\$786,879	\$2,175.70	1.26665
HCBS, age 65+, no SPMI	3,544.0	\$5,267,521	\$1,486.32	1,490.7	\$2,602,254	\$1,745.62	1.17446
Community, age 65+, with SPMI	1,074.8	\$1,446,270	\$1,345.67	543.4	\$942,038	\$1,733.65	1.28831
Community, age 65+, no SPMI	9,976.7	\$13,004,722	\$1,303.52	4,668.0	\$7,560,818	\$1,619.70	1.24256
Facility, age <65, with SPMI	668.8	\$2,180,795	\$3,260.87	339.4	\$422,857	\$1,246.05	0.38212
Facility, age <65, no SPMI	794.5	\$2,553,958	\$3,214.35	437.8	\$684,596	\$1,563.58	0.48644
HCBS, age <65, with SPMI	1,076.6	\$1,473,625	\$1,368.80	541.3	\$626,540	\$1,157.46	0.84560
HCBS, age <65, no SPMI	1,902.1	\$2,801,867	\$1,473.05	1,123.1	\$1,752,674	\$1,560.62	1.05945
Community, age <65, with SPMI	5,313.9	\$6,380,978	\$1,200.82	2,996.5	\$3,484,798	\$1,162.96	0.96847
Community, age <65, no SPMI	8,267.2	\$11,207,788	\$1,355.69	4,271.8	\$5,453,435	\$1,276.61	0.94167

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

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	42,008.3	\$67,515,192	\$1,607.19	16,179.8	\$23,380,027	\$1,445.01	0.89909
Facility, age 65+, with SPMI	2,059.8	\$5,419,492	\$2,631.14	516.9	\$919,946	\$1,779.76	0.67642
Facility, age 65+, no SPMI	6,716.7	\$14,724,625	\$2,192.23	1,348.3	\$1,899,134	\$1,408.55	0.64252
HCBS, age 65+, with SPMI	613.4	\$1,053,551	\$1,717.67	311.8	\$599,798	\$1,923.82	1.12002
HCBS, age 65+, no SPMI	3,544.0	\$5,267,521	\$1,486.32	1,178.3	\$2,443,343	\$2,073.56	1.39509
Community, age 65+, with SPMI	1,074.8	\$1,446,270	\$1,345.67	402.8	\$669,793	\$1,662.82	1.23568
Community, age 65+, no SPMI	9,976.7	\$13,004,722	\$1,303.52	3,916.8	\$5,216,271	\$1,331.78	1.02168
Facility, age <65, with SPMI	668.8	\$2,180,795	\$3,260.87	254.4	\$398,018	\$1,564.57	0.47980
Facility, age <65, no SPMI	794.5	\$2,553,958	\$3,214.35	398.0	\$829,976	\$2,085.37	0.64877
HCBS, age <65, with SPMI	1,076.6	\$1,473,625	\$1,368.80	459.6	\$481,015	\$1,046.49	0.76453
HCBS, age <65, no SPMI	1,902.1	\$2,801,867	\$1,473.05	926.5	\$1,552,370	\$1,675.55	1.13747
Community, age <65, with SPMI	5,313.9	\$6,380,978	\$1,200.82	2,749.6	\$2,815,714	\$1,024.04	0.85278
Community, age <65, no SPMI	8,267.2	\$11,207,788	\$1,355.69	3,716.8	\$5,554,649	\$1,494.47	1.10237

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	65,614.5	\$109,816,298	\$1,673.66	35,716.0	\$48,757,570	\$1,365.15	0.81567
Facility, age 65+, with SPMI	4,878.2	\$11,042,653	\$2,263.65	2,410.3	\$3,460,561	\$1,435.71	0.63424
Facility, age 65+, no SPMI	12,137.4	\$26,728,998	\$2,202.20	5,114.0	\$8,024,211	\$1,569.07	0.71250
HCBS, age 65+, with SPMI	1,111.6	\$1,593,577	\$1,433.58	605.2	\$993,411	\$1,641.34	1.14492
HCBS, age 65+, no SPMI	4,599.1	\$7,305,283	\$1,588.42	2,457.8	\$4,658,524	\$1,895.44	1.19328
Community, age 65+, with SPMI	2,510.0	\$3,725,198	\$1,484.15	1,438.7	\$1,597,600	\$1,110.42	0.74818
Community, age 65+, no SPMI	12,485.8	\$16,640,967	\$1,332.79	6,789.0	\$9,266,456	\$1,364.92	1.02411
Facility, age <65, with SPMI	1,125.0	\$3,949,081	\$3,510.30	526.2	\$595,325	\$1,131.44	0.32232
Facility, age <65, no SPMI	1,435.9	\$4,985,720	\$3,472.12	663.2	\$1,046,481	\$1,578.00	0.45448
HCBS, age <65, with SPMI	2,068.1	\$2,424,892	\$1,172.54	1,422.5	\$1,267,933	\$891.37	0.76020
HCBS, age <65, no SPMI	2,938.7	\$3,982,170	\$1,355.08	2,090.2	\$2,764,975	\$1,322.84	0.97621
Community, age <65, with SPMI	10,202.2	\$11,555,501	\$1,132.64	6,316.8	\$6,073,496	\$961.49	0.84889
Community, age <65, no SPMI	10,122.4	\$15,882,259	\$1,569.02	5,882.2	\$9,008,598	\$1,531.51	0.97609

Table 2.C.2 -- MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period,
and the Demonstration Year 5,
by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	65,614.5	\$109,816,298	\$1,673.66	28,777.0	\$43,399,650	\$1,508.14	0.90110
Facility, age 65+, with SPMI	4,878.2	\$11,042,653	\$2,263.65	1,687.4	\$2,761,963	\$1,636.82	0.72309
Facility, age 65+, no SPMI	12,137.4	\$26,728,998	\$2,202.20	3,405.3	\$5,457,882	\$1,602.77	0.72781
HCBS, age 65+, with SPMI	1,111.6	\$1,593,577	\$1,433.58	488.6	\$749,813	\$1,534.66	1.07050
HCBS, age 65+, no SPMI	4,599.1	\$7,305,283	\$1,588.42	1,895.5	\$3,849,938	\$2,031.09	1.27868
Community, age 65+, with SPMI	2,510.0	\$3,725,198	\$1,484.15	1,140.5	\$1,254,696	\$1,100.17	0.74128
Community, age 65+, no SPMI	12,485.8	\$16,640,967	\$1,332.79	5,491.1	\$8,040,190	\$1,464.21	1.09861
Facility, age <65, with SPMI	1,125.0	\$3,949,081	\$3,510.30	422.5	\$771,656	\$1,826.40	0.52030
Facility, age <65, no SPMI	1,435.9	\$4,985,720	\$3,472.12	572.1	\$991,576	\$1,733.25	0.49919
HCBS, age <65, with SPMI	2,068.1	\$2,424,892	\$1,172.54	1,304.5	\$1,357,118	\$1,040.33	0.88725
HCBS, age <65, no SPMI	2,938.7	\$3,982,170	\$1,355.08	1,856.4	\$3,182,318	\$1,714.21	1.26503
Community, age <65, with SPMI	10,202.2	\$11,555,501	\$1,132.64	5,433.5	\$6,170,186	\$1,135.59	1.00260
Community, age <65, no SPMI	10,122.4	\$15,882,259	\$1,569.02	5,079.7	\$8,812,314	\$1,734.82	1.10567

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	74,886.5	\$130,154,124	\$1,738.02	53,855.9	\$80,267,976	\$1,490.42	0.85754
Facility, age 65+, with SPMI	8,799.9	\$23,177,043	\$2,633.77	5,768.8	\$10,790,877	\$1,870.56	0.71022
Facility, age 65+, no SPMI	10,464.5	\$21,506,946	\$2,055.23	6,706.0	\$9,282,114	\$1,384.16	0.67348
HCBS, age 65+, with SPMI	2,013.0	\$3,798,610	\$1,887.04	1,483.9	\$2,606,695	\$1,756.64	0.93090
HCBS, age 65+, no SPMI	4,656.9	\$6,769,043	\$1,453.55	3,215.7	\$5,805,788	\$1,805.48	1.24212
Community, age 65+, with SPMI	3,872.4	\$6,423,922	\$1,658.90	2,903.4	\$3,620,244	\$1,246.90	0.75164
Community, age 65+, no SPMI	13,747.0	\$17,606,796	\$1,280.78	10,378.8	\$14,376,630	\$1,385.20	1.08153
Facility, age <65, with SPMI	2,039.5	\$7,820,424	\$3,834.53	1,418.2	\$3,429,620	\$2,418.31	0.63067
Facility, age <65, no SPMI	1,184.9	\$4,054,838	\$3,422.18	929.5	\$1,987,859	\$2,138.65	0.62494
HCBS, age <65, with SPMI	2,214.7	\$2,946,358	\$1,330.34	1,711.8	\$2,259,062	\$1,319.70	0.99201
HCBS, age <65, no SPMI	2,526.6	\$3,932,951	\$1,556.63	2,018.1	\$3,584,172	\$1,776.04	1.14095
Community, age <65, with SPMI	11,399.1	\$13,242,226	\$1,161.69	8,598.5	\$9,069,565	\$1,054.79	0.90798
Community, age <65, no SPMI	11,968.0	\$18,874,966	\$1,577.12	8,723.4	\$13,455,350	\$1,542.45	0.97802

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

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	74,886.5	\$130,154,124	\$1,738.02	40,067.3	\$61,417,041	\$1,532.85	0.88195
Facility, age 65+, with SPMI	8,799.9	\$23,177,043	\$2,633.77	3,703.7	\$6,590,639	\$1,779.48	0.67564
Facility, age 65+, no SPMI	10,464.5	\$21,506,946	\$2,055.23	4,397.6	\$5,883,459	\$1,337.87	0.65096
HCBS, age 65+, with SPMI	2,013.0	\$3,798,610	\$1,887.04	1,062.9	\$1,886,691	\$1,775.02	0.94064
HCBS, age 65+, no SPMI	4,656.9	\$6,769,043	\$1,453.55	2,303.6	\$5,022,183	\$2,180.19	1.49991
Community, age 65+, with SPMI	3,872.4	\$6,423,922	\$1,658.90	2,296.4	\$3,397,887	\$1,479.66	0.89195
Community, age 65+, no SPMI	13,747.0	\$17,606,796	\$1,280.78	7,863.8	\$11,587,946	\$1,473.59	1.15054
Facility, age <65, with SPMI	2,039.5	\$7,820,424	\$3,834.53	1,025.9	\$2,658,377	\$2,591.24	0.67576
Facility, age <65, no SPMI	1,184.9	\$4,054,838	\$3,422.18	653.9	\$1,549,523	\$2,369.55	0.69241
HCBS, age <65, with SPMI	2,214.7	\$2,946,358	\$1,330.34	1,270.9	\$1,983,989	\$1,561.10	1.17346
HCBS, age <65, no SPMI	2,526.6	\$3,932,951	\$1,556.63	1,570.0	\$2,740,586	\$1,745.65	1.12142
Community, age <65, with SPMI	11,399.1	\$13,242,226	\$1,161.69	6,987.8	\$7,156,042	\$1,024.07	0.88154
Community, age <65, no SPMI	11,968.0	\$18,874,966	\$1,577.12	6,930.9	\$10,959,719	\$1,581.29	1.00265

Table 2.E.1 -- MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period,
and the Demonstration Year 4,
by category of beneficiary: Cohort 5A

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	55,234.5	\$100,113,666	\$1,812.52	56,652.3	\$95,151,563	\$1,679.57	0.92665
Facility, age 65+, with SPMI	9,699.9	\$22,110,254	\$2,279.44	9,955.8	\$19,375,945	\$1,946.20	0.85381
Facility, age 65+, no SPMI	5,768.6	\$12,028,564	\$2,085.19	6,094.0	\$10,748,049	\$1,763.71	0.84583
HCBS, age 65+, with SPMI	1,794.4	\$3,717,937	\$2,071.96	2,130.5	\$4,608,043	\$2,162.92	1.04390
HCBS, age 65+, no SPMI	2,470.4	\$3,972,554	\$1,608.09	2,739.6	\$5,346,985	\$1,951.76	1.21372
Community, age 65+, with SPMI	4,508.5	\$7,350,151	\$1,630.30	4,667.9	\$6,486,032	\$1,389.49	0.85229
Community, age 65+, no SPMI	8,094.0	\$9,210,465	\$1,137.94	7,948.0	\$9,585,366	\$1,206.00	1.05981
Facility, age <65, with SPMI	2,106.1	\$7,470,590	\$3,547.09	2,173.3	\$7,128,367	\$3,279.95	0.92469
Facility, age <65, no SPMI	957.5	\$3,328,035	\$3,475.88	1,020.1	\$2,355,390	\$2,308.94	0.66427
HCBS, age <65, with SPMI	2,203.2	\$3,920,524	\$1,779.45	2,348.5	\$5,178,813	\$2,205.15	1.23923
HCBS, age <65, no SPMI	1,620.6	\$2,444,637	\$1,508.51	1,658.9	\$2,578,916	\$1,554.57	1.03053
Community, age <65, with SPMI	9,316.4	\$12,525,536	\$1,344.46	9,155.3	\$10,839,294	\$1,183.94	0.88061
Community, age <65, no SPMI	6,695.1	\$12,034,419	\$1,797.49	6,760.4	\$10,920,363	\$1,615.34	0.89866

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

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	55,234.5	\$100,113,666	\$1,812.52	37,696.7	\$62,463,494	\$1,657.00	0.91420
Facility, age 65+, with SPMI	9,699.9	\$22,110,254	\$2,279.44	6,140.4	\$11,402,305	\$1,856.93	0.81465
Facility, age 65+, no SPMI	5,768.6	\$12,028,564	\$2,085.19	3,660.4	\$7,100,952	\$1,939.95	0.93035
HCBS, age 65+, with SPMI	1,794.4	\$3,717,937	\$2,071.96	1,491.2	\$3,839,693	\$2,574.92	1.24275
HCBS, age 65+, no SPMI	2,470.4	\$3,972,554	\$1,608.09	1,790.0	\$3,438,646	\$1,921.03	1.19461
Community, age 65+, with SPMI	4,508.5	\$7,350,151	\$1,630.30	3,389.0	\$4,680,560	\$1,381.10	0.84715
Community, age 65+, no SPMI	8,094.0	\$9,210,465	\$1,137.94	5,496.3	\$5,701,194	\$1,037.29	0.91155
Facility, age <65, with SPMI	2,106.1	\$7,470,590	\$3,547.09	1,276.8	\$4,539,516	\$3,555.42	1.00235
Facility, age <65, no SPMI	957.5	\$3,328,035	\$3,475.88	685.8	\$2,205,812	\$3,216.35	0.92534
HCBS, age <65, with SPMI	2,203.2	\$3,920,524	\$1,779.45	1,653.8	\$2,857,618	\$1,727.88	0.97102
HCBS, age <65, no SPMI	1,620.6	\$2,444,637	\$1,508.51	1,281.1	\$2,131,374	\$1,663.68	1.10286
Community, age <65, with SPMI	9,316.4	\$12,525,536	\$1,344.46	6,306.4	\$7,006,802	\$1,111.06	0.82639
Community, age <65, no SPMI	6,695.1	\$12,034,419	\$1,797.49	4,525.5	\$7,559,021	\$1,670.33	0.92925

**Table 2.F.1 -- MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period,
and the Demonstration Year 4,
by category of beneficiary: Cohort 5B**

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	210,281.7	\$332,690,142	\$1,582.12	167,802.9	\$276,232,826	\$1,646.17	1.04049
Facility, age 65+, with SPMI	24,578.5	\$46,576,524	\$1,895.01	19,099.3	\$33,614,932	\$1,760.01	0.92876
Facility, age 65+, no SPMI	10,335.3	\$17,577,714	\$1,700.74	8,087.7	\$12,777,328	\$1,579.84	0.92891
HCBS, age 65+, with SPMI	5,802.8	\$12,529,769	\$2,159.27	5,196.4	\$12,029,708	\$2,315.03	1.07213
HCBS, age 65+, no SPMI	6,670.5	\$11,370,351	\$1,704.57	6,201.3	\$12,723,482	\$2,051.73	1.20366
Community, age 65+, with SPMI	26,146.3	\$42,479,059	\$1,624.67	20,457.8	\$35,160,799	\$1,718.70	1.05788
Community, age 65+, no SPMI	34,850.4	\$41,713,161	\$1,196.92	27,292.9	\$39,220,662	\$1,437.03	1.20060
Facility, age <65, with SPMI	5,902.3	\$15,354,462	\$2,601.42	4,785.9	\$10,191,792	\$2,129.53	0.81860
Facility, age <65, no SPMI	2,785.0	\$4,054,836	\$1,455.96	2,140.9	\$3,680,448	\$1,719.15	1.18077
HCBS, age <65, with SPMI	7,250.9	\$12,543,076	\$1,729.86	6,067.9	\$11,387,406	\$1,876.65	1.08486
HCBS, age <65, no SPMI	4,331.2	\$7,234,071	\$1,670.21	3,713.5	\$7,032,783	\$1,893.84	1.13389
Community, age <65, with SPMI	57,206.1	\$81,825,914	\$1,430.37	45,361.1	\$65,590,188	\$1,445.96	1.01090
Community, age <65, no SPMI	24,422.3	\$39,431,205	\$1,614.56	19,398.1	\$32,823,297	\$1,692.09	1.04802

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

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	210,281.7	\$332,690,142	\$1,582.12	127,888.5	\$209,566,671	\$1,638.67	1.03574
Facility, age 65+, with SPMI	24,578.5	\$46,576,524	\$1,895.01	15,782.6	\$28,151,917	\$1,783.73	0.94128
Facility, age 65+, no SPMI	10,335.3	\$17,577,714	\$1,700.74	6,419.7	\$9,924,272	\$1,545.91	0.90896
HCBS, age 65+, with SPMI	5,802.8	\$12,529,769	\$2,159.27	3,779.8	\$8,741,215	\$2,312.61	1.07101
HCBS, age 65+, no SPMI	6,670.5	\$11,370,351	\$1,704.57	4,299.2	\$10,435,754	\$2,427.39	1.42405
Community, age 65+, with SPMI	26,146.3	\$42,479,059	\$1,624.67	15,610.6	\$27,333,362	\$1,750.95	1.07773
Community, age 65+, no SPMI	34,850.4	\$41,713,161	\$1,196.92	18,721.3	\$27,618,114	\$1,475.22	1.23251
Facility, age <65, with SPMI	5,902.3	\$15,354,462	\$2,601.42	4,264.3	\$9,354,852	\$2,193.75	0.84329
Facility, age <65, no SPMI	2,785.0	\$4,054,836	\$1,455.96	2,045.9	\$2,650,553	\$1,295.56	0.88983
HCBS, age <65, with SPMI	7,250.9	\$12,543,076	\$1,729.86	5,022.7	\$8,584,667	\$1,709.18	0.98805
HCBS, age <65, no SPMI	4,331.2	\$7,234,071	\$1,670.21	3,147.8	\$5,789,857	\$1,839.31	1.10124
Community, age <65, with SPMI	57,206.1	\$81,825,914	\$1,430.37	34,929.9	\$47,487,479	\$1,359.51	0.95046
Community, age <65, no SPMI	24,422.3	\$39,431,205	\$1,614.56	13,864.7	\$23,494,629	\$1,694.56	1.04955

Table 2.G -- MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period,
and the Demonstration Year 5,
by category of beneficiary: Cohort 6A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	48,273.4	\$96,477,514	\$1,998.57	47,509.6	\$89,140,130	\$1,876.26	0.93880
Facility, age 65+, with SPMI	9,786.7	\$23,779,285	\$2,429.75	9,644.0	\$19,587,706	\$2,031.08	0.83592
Facility, age 65+, no SPMI	4,970.5	\$9,791,786	\$1,969.97	5,126.3	\$8,162,953	\$1,592.35	0.80831
HCBS, age 65+, with SPMI	1,691.3	\$3,556,400	\$2,102.77	1,727.8	\$4,413,253	\$2,554.33	1.21474
HCBS, age 65+, no SPMI	1,716.9	\$3,400,100	\$1,980.33	1,750.2	\$3,827,987	\$2,187.12	1.10442
Community, age 65+, with SPMI	4,212.6	\$8,313,724	\$1,973.56	4,083.0	\$7,039,695	\$1,724.16	0.87363
Community, age 65+, no SPMI	7,107.5	\$10,590,841	\$1,490.10	6,829.4	\$10,997,311	\$1,610.29	1.08066
Facility, age <65, with SPMI	2,068.2	\$6,302,993	\$3,047.55	2,190.3	\$6,164,086	\$2,814.24	0.92345
Facility, age <65, no SPMI	634.2	\$1,904,588	\$3,003.17	627.2	\$1,388,780	\$2,214.16	0.73727
HCBS, age <65, with SPMI	1,282.7	\$2,882,661	\$2,247.41	1,346.3	\$3,193,571	\$2,372.09	1.05548
HCBS, age <65, no SPMI	1,274.9	\$1,894,660	\$1,486.07	1,331.2	\$1,937,359	\$1,455.32	0.97930
Community, age <65, with SPMI	7,896.8	\$14,205,132	\$1,798.85	7,380.3	\$11,772,896	\$1,595.17	0.88678
Community, age <65, no SPMI	5,631.1	\$9,855,345	\$1,750.17	5,473.5	\$10,654,534	\$1,946.56	1.11222

Table 2.H -- MEDICARE
Eligible months, incurred claims, and PMPM for the comparison group, baseline period,
and the Demonstration Year 5,
by category of beneficiary: Cohort 6B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Total	54,222.1	\$96,300,647	\$1,776.04	51,939.6	\$83,696,836	\$1,611.43	0.90731
Facility, age 65+, with SPMI	7,421.3	\$17,946,876	\$2,418.29	7,460.7	\$13,716,476	\$1,838.50	0.76025
Facility, age 65+, no SPMI	3,484.1	\$7,523,312	\$2,159.30	3,456.4	\$5,040,508	\$1,458.32	0.67537
HCBS, age 65+, with SPMI	1,526.2	\$3,577,861	\$2,344.34	1,513.4	\$4,134,093	\$2,731.75	1.16525
HCBS, age 65+, no SPMI	1,898.0	\$3,560,605	\$1,875.98	1,789.5	\$3,835,209	\$2,143.16	1.14242
Community, age 65+, with SPMI	6,861.9	\$12,384,086	\$1,804.76	6,586.3	\$11,409,886	\$1,732.38	0.95990
Community, age 65+, no SPMI	9,133.3	\$11,695,686	\$1,280.55	8,322.5	\$10,179,598	\$1,223.15	0.95517
Facility, age <65, with SPMI	1,437.1	\$5,049,052	\$3,513.48	1,484.9	\$3,761,421	\$2,533.03	0.72095
Facility, age <65, no SPMI	717.0	\$1,285,178	\$1,792.44	735.8	\$850,327	\$1,155.67	0.64475
HCBS, age <65, with SPMI	1,514.3	\$2,766,356	\$1,826.87	1,526.8	\$2,713,387	\$1,777.17	0.97279
HCBS, age <65, no SPMI	1,151.1	\$1,445,239	\$1,255.57	1,126.7	\$1,388,573	\$1,232.39	0.98154
Community, age <65, with SPMI	12,945.0	\$19,505,724	\$1,506.82	12,323.1	\$16,992,944	\$1,378.95	0.91514
Community, age <65, no SPMI	6,133.0	\$9,560,672	\$1,558.90	5,613.6	\$9,674,414	\$1,723.40	1.10552

Table 2.I
Comparison Group Summary (All Cohorts)

Cohort	Baseline Period			Demonstration Period 4			Cost Trend (Demonstration Period 4/ Baseline Period)	Demonstration Period 5			Cost Trend (Demonstration Period 5/ Baseline Period)
	Number of Eligible Months	Medicare Incurred Claims	PMPM	Number of Eligible Months	Medicare Incurred Claims	PMPM		Number of Eligible Months	Medicare Incurred Claims	PMPM	
Cohort 1	495,181.0	\$792,439,622	\$1,600.30	97,346.6	\$172,680,140	\$1,773.87	1.10846	77,939.6	\$143,205,706	\$1,837.39	1.14815
Cohort 2	42,008.3	\$67,515,192	\$1,607.19	19,803.1	\$28,716,664	\$1,450.11	0.90227	16,179.8	\$23,380,027	\$1,445.01	0.89909
Cohort 3	65,614.5	\$109,816,298	\$1,673.66	35,716.0	\$48,757,570	\$1,365.15	0.81567	28,777.0	\$43,399,650	\$1,508.14	0.90110
Cohort 4	74,886.5	\$130,154,124	\$1,738.02	53,855.9	\$80,267,976	\$1,490.42	0.85754	40,067.3	\$61,417,041	\$1,532.85	0.88195
Cohort 5A	55,234.5	\$100,113,666	\$1,812.52	56,652.3	\$95,151,563	\$1,679.57	0.92665	37,696.7	\$62,463,494	\$1,657.00	0.91420
Cohort 5B	210,281.7	\$332,690,142	\$1,582.12	167,802.9	\$276,232,826	\$1,646.17	1.04049	127,888.5	\$209,566,671	\$1,638.67	1.03574
Cohort 6A	48,273.4	\$96,477,514	\$1,998.57	0.0	\$0	\$0.00	0.00000	47,509.6	\$89,140,130	\$1,876.26	0.93880
Cohort 6B	54,222.1	\$96,300,647	\$1,776.04	0.0	\$0	\$0.00	0.00000	51,939.6	\$83,696,836	\$1,611.43	0.90731

Tables 3.A-3.N show the development of the trend rates from the baseline period to the Demonstration Year for the re-weighted comparison group and the intervention group by category of beneficiary. The re-weighting was done month by month by cohort and category of beneficiary. Thus, the comparison group PMPMs in Tables 3.A-3.N do not match exactly the PMPMs in Table 2 by category, because the PMPMs in Table 2 are weighted by the member months in the comparison group while the PMPMs in Table 3 are weighted by the member months in the intervention group. For example, in Table 2, the Cohort 1 baseline PMPM for the category “Facility, Age 65+, with SPMI” is \$2,064.80. But in Table 3.G it is \$2,061.64. This is because in Tables 3.A-3.N, 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.A show the results for the entire Cohort 1 for Demonstration Years 4 and 5 separately. Table 3.A.1 shows that, for Demonstration Year 4, the PMPM for the comparison group increased by 19.1 percent from the baseline period, whereas that of the intervention group increased by only 11.1 percent, a difference of 8.0 percentage points. Similarly, Table 3.A.2 shows that, for Demonstration Year 5, the PMPM for the comparison group increased by 22.4 percent from the baseline period, whereas that of the intervention group increased by 19.7 percent, a difference of 2.7 percentage points. Tables 3.B-3.G show the results for sub-cohorts 1A-1F.

Tables 3.H show the results for Cohort 2. From the baseline period to Demonstration Year 4, the PMPM for the comparison group decreased by 14.6 percent and the PMPM for the intervention group also decreased by 14.6 percent. From the baseline period to Demonstration Year 5, the PMPM for the comparison group decreased by 12.3 percent whereas the PMPM for the intervention group decreased by 17.7 percent, a difference of 5.4 percent.

Tables 3.I show the results for Cohort 3. From the baseline period to Demonstration Year 4, the PMPM for the comparison group decreased by 7.2 percent, and the PMPM for the intervention group decreased by 13.8 percent, a difference of 6.6 percentage points. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 3.7 percent and the PMPM for the intervention group decreased by 1.8 percent, a difference of 5.5 percentage points.

Table 3.J shows the results for Cohort 4. From the baseline period to Demonstration Year 4, the PMPM for the comparison group decreased by 2.4 percent, while the PMPM for the intervention group decreased by 14.4 percent, a difference of 12.0 percentage points. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 4.5 percent, while the intervention group decreased by 2.4 percent, a difference of 6.9 percentage points.

Table 3.K shows the results for Cohort 5A. From the baseline period to Demonstration Year 4, the PMPM for the comparison group increased by 0.8 percent, while the PMPM for the intervention group decreased by 10.4 percent, a difference of 11.2 percentage points. From the baseline period to Demonstration Year 5, the PMPM for the comparison group decreased by 0.2

percent, while the PMPM for the intervention group decreased by 12.0 percent, a difference of 11.8 percentage points.

Table 3.L shows the results for Cohort 5B. From the baseline period to Demonstration Year 4, the PMPM for the comparison group increased by 8.5 percent, while the PMPM for the intervention group decreased by 3.1 percent, a difference of 11.6 percentage points. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 11.0 percent, while the PMPM for the intervention group increased by 0.6 percent, a difference of 10.4 percentage points.

Table 3.M shows the results for Cohort 6A. From the baseline period to Demonstration Year 5, the PMPM for the comparison group increased by 0.6 percent, while the PMPM for the intervention group decreased by 17.5 percent, a difference of 18.1 percentage point. Table 3.N shows the results for Cohort 6B. From the baseline period to Demonstration Year 5, the PMPM for the comparison group decreased by 0.2 percent, while the PMPM for the intervention group decreased by 12.6 percent, a difference of 12.4 percentage points.

Tables 4.A and 4.B summarize the results of Tables 3.A–3.N by cohort and demonstration year. For Cohort 1, sub-cohorts 1A (the first cohort) and 1D (the largest cohort) show the greatest difference in trends in the direction of Medicare savings. Cohorts 1B, 1C, 1E, and 1F all show negative Medicare savings. Cohort 2 shows slight Medicare savings, but the small size of the cohort means the savings is less significant. Cohort 3 shows moderate Medicare savings, and Cohorts 4, 5A, 5B, 6A and 6B all show more significant Medicare savings. The wide variation in the trends by cohort highlights the variability of health care costs. The aggregate experience of all cohorts combined should be considered more reliable than that of the individual cohorts or sub-cohorts.

Table 3.A.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	300,541.1	\$478,511,235	\$1,592.17	82,584.2	\$156,546,391	\$1,895.60	1.191
Facility, age 65+, with SPMI	8,034.5	\$16,534,542	\$2,057.93	1,170.2	\$1,985,448	\$1,696.61	0.824
Facility, age 65+, no SPMI	20,695.7	\$35,690,181	\$1,724.52	2,442.6	\$3,892,472	\$1,593.57	0.924
HCBS, age 65+, with SPMI	12,692.4	\$24,055,314	\$1,895.25	3,105.7	\$7,409,730	\$2,385.81	1.259
HCBS, age 65+, no SPMI	57,590.4	\$93,564,252	\$1,624.65	13,414.5	\$32,137,545	\$2,395.74	1.475
Community, age 65+, with SPMI	7,196.4	\$9,442,825	\$1,312.15	1,981.4	\$3,610,858	\$1,822.41	1.389
Community, age 65+, no SPMI	54,777.7	\$64,461,342	\$1,176.78	14,492.9	\$25,464,424	\$1,757.03	1.493
Facility, age <65, with SPMI	2,328.6	\$5,874,283	\$2,522.69	596.8	\$1,179,856	\$1,976.87	0.784
Facility, age <65, no SPMI	2,819.8	\$6,751,321	\$2,394.22	758.3	\$1,434,234	\$1,891.42	0.790
HCBS, age <65, with SPMI	21,022.7	\$35,496,599	\$1,688.49	7,514.7	\$11,169,753	\$1,486.38	0.880
HCBS, age <65, no SPMI	40,606.4	\$78,915,525	\$1,943.43	13,856.7	\$31,306,143	\$2,259.28	1.163
Community, age <65, with SPMI	29,285.3	\$38,589,730	\$1,317.72	9,279.9	\$11,812,408	\$1,272.91	0.966
Community, age <65, no SPMI	43,491.1	\$69,135,320	\$1,589.64	13,970.4	\$25,143,519	\$1,799.78	1.132
Intervention group	300,541.1	\$484,510,829	\$1,612.13	82,584.2	\$147,875,265	\$1,790.60	1.111
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	1,170.2	\$1,884,472	\$1,610.33	0.736
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	2,442.6	\$3,315,560	\$1,357.38	0.718
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	3,105.7	\$6,127,217	\$1,972.87	1.043
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	13,414.5	\$26,801,803	\$1,997.98	1.275
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	1,981.4	\$2,841,354	\$1,434.04	1.043
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	14,492.9	\$25,819,425	\$1,781.52	1.462
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	596.8	\$886,341	\$1,485.08	0.434
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	758.3	\$1,505,305	\$1,985.14	0.469
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	7,514.7	\$10,671,605	\$1,420.09	0.850
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	13,856.7	\$26,644,324	\$1,922.85	1.076
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	9,279.9	\$14,671,359	\$1,580.99	1.229
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	13,970.4	\$26,706,501	\$1,911.66	1.160

Table 3.A.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1 Total

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	300,541.1	\$478,511,235	\$1,592.17	65,757.4	\$128,129,781	\$1,948.52	1.224
Facility, age 65+, with SPMI	8,034.5	\$16,534,542	\$2,057.93	810.9	\$1,512,633	\$1,865.41	0.906
Facility, age 65+, no SPMI	20,695.7	\$35,690,181	\$1,724.52	1,641.4	\$2,359,345	\$1,437.42	0.834
HCBS, age 65+, with SPMI	12,692.4	\$24,055,314	\$1,895.25	2,578.6	\$6,046,940	\$2,345.09	1.237
HCBS, age 65+, no SPMI	57,590.4	\$93,564,252	\$1,624.65	10,039.4	\$23,690,210	\$2,359.72	1.452
Community, age 65+, with SPMI	7,196.4	\$9,442,825	\$1,312.15	1,515.8	\$2,724,821	\$1,797.62	1.370
Community, age 65+, no SPMI	54,777.7	\$64,461,342	\$1,176.78	10,847.4	\$19,573,358	\$1,804.42	1.533
Facility, age <65, with SPMI	2,328.6	\$5,874,283	\$2,522.69	513.0	\$840,155	\$1,637.85	0.649
Facility, age <65, no SPMI	2,819.8	\$6,751,321	\$2,394.22	624.3	\$964,786	\$1,545.31	0.645
HCBS, age <65, with SPMI	21,022.7	\$35,496,599	\$1,688.49	6,529.5	\$10,763,275	\$1,648.42	0.976
HCBS, age <65, no SPMI	40,606.4	\$78,915,525	\$1,943.43	11,783.7	\$25,849,254	\$2,193.65	1.129
Community, age <65, with SPMI	29,285.3	\$38,589,730	\$1,317.72	7,615.0	\$11,012,205	\$1,446.12	1.097
Community, age <65, no SPMI	43,491.1	\$69,135,320	\$1,589.64	11,258.4	\$22,792,799	\$2,024.51	1.274
Intervention group	300,541.1	\$484,510,829	\$1,612.13	65,757.4	\$126,874,536	\$1,929.43	1.197
Facility, age 65+, with SPMI	8,034.5	\$17,576,967	\$2,187.68	810.9	\$751,629	\$926.92	0.424
Facility, age 65+, no SPMI	20,695.7	\$39,145,639	\$1,891.49	1,641.4	\$1,942,063	\$1,183.19	0.626
HCBS, age 65+, with SPMI	12,692.4	\$24,018,817	\$1,892.37	2,578.6	\$4,471,657	\$1,734.17	0.916
HCBS, age 65+, no SPMI	57,590.4	\$90,235,491	\$1,566.85	10,039.4	\$21,065,762	\$2,098.31	1.339
Community, age 65+, with SPMI	7,196.4	\$9,895,987	\$1,375.13	1,515.8	\$2,333,620	\$1,539.54	1.120
Community, age 65+, no SPMI	54,777.7	\$66,727,404	\$1,218.15	10,847.4	\$21,670,474	\$1,997.75	1.640
Facility, age <65, with SPMI	2,328.6	\$7,974,151	\$3,424.47	513.0	\$969,886	\$1,890.75	0.552
Facility, age <65, no SPMI	2,819.8	\$11,926,346	\$4,229.44	624.3	\$1,196,682	\$1,916.75	0.453
HCBS, age <65, with SPMI	21,022.7	\$35,119,181	\$1,670.54	6,529.5	\$10,889,442	\$1,667.74	0.998
HCBS, age <65, no SPMI	40,606.4	\$72,535,248	\$1,786.30	11,783.7	\$25,440,033	\$2,158.92	1.209
Community, age <65, with SPMI	29,285.3	\$37,682,667	\$1,286.74	7,615.0	\$12,469,629	\$1,637.51	1.273
Community, age <65, no SPMI	43,491.1	\$71,672,932	\$1,647.99	11,258.4	\$23,673,659	\$2,102.75	1.276

Table 3.B.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	48,488.0	\$78,754,198	\$1,624.20	12,189.4	\$23,828,595	\$1,954.87	1.204
Facility, age 65+, with SPMI	1,352.5	\$2,783,905	\$2,058.35	174.0	\$295,457	\$1,698.38	0.825
Facility, age 65+, no SPMI	2,903.2	\$4,986,268	\$1,717.53	246.6	\$393,597	\$1,596.22	0.929
HCBS, age 65+, with SPMI	2,269.5	\$4,300,359	\$1,894.85	442.2	\$1,055,917	\$2,387.91	1.260
HCBS, age 65+, no SPMI	10,415.6	\$16,922,467	\$1,624.72	2,174.8	\$5,210,680	\$2,395.90	1.475
Community, age 65+, with SPMI	1,044.6	\$1,366,976	\$1,308.56	278.3	\$506,952	\$1,821.38	1.392
Community, age 65+, no SPMI	8,618.5	\$10,152,870	\$1,178.03	2,015.5	\$3,542,542	\$1,757.66	1.492
Facility, age <65, with SPMI	479.0	\$1,208,097	\$2,521.97	69.0	\$137,011	\$1,985.67	0.787
Facility, age <65, no SPMI	596.9	\$1,420,117	\$2,379.14	174.8	\$329,179	\$1,883.71	0.792
HCBS, age <65, with SPMI	3,601.9	\$6,081,141	\$1,688.33	1,137.4	\$1,691,077	\$1,486.80	0.881
HCBS, age <65, no SPMI	8,245.1	\$16,023,110	\$1,943.35	2,726.6	\$6,160,160	\$2,259.27	1.163
Community, age <65, with SPMI	2,682.4	\$3,530,797	\$1,316.26	835.2	\$1,061,524	\$1,270.91	0.966
Community, age <65, no SPMI	6,278.7	\$9,978,092	\$1,589.20	1,915.0	\$3,444,500	\$1,798.73	1.132
Intervention group	48,488.0	\$128,622,626	\$2,652.67	12,189.4	\$31,130,129	\$2,553.88	0.963
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	174.0	\$401,859	\$2,310.01	0.696
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	246.6	\$348,234	\$1,412.25	0.570
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	442.2	\$1,164,770	\$2,634.07	0.907
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	2,174.8	\$5,640,738	\$2,593.65	1.086
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	278.3	\$455,002	\$1,634.74	0.791
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	2,015.5	\$5,377,622	\$2,668.14	1.256
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	69.0	\$49,920	\$723.48	0.136
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	174.8	\$464,823	\$2,659.92	0.558
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	1,137.4	\$2,081,898	\$1,830.41	0.658
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	2,726.6	\$7,030,123	\$2,578.34	0.958
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	835.2	\$2,805,377	\$3,358.75	1.373
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	1,915.0	\$5,309,761	\$2,772.77	0.835

Table 3.B.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	48,488.0	\$78,754,198	\$1,624.20	9,883.3	\$19,686,600	\$1,991.90	1.226
Facility, age 65+, with SPMI	1,352.5	\$2,783,905	\$2,058.35	107.2	\$199,617	\$1,862.77	0.905
Facility, age 65+, no SPMI	2,903.2	\$4,986,268	\$1,717.53	149.3	\$214,766	\$1,438.71	0.838
HCBS, age 65+, with SPMI	2,269.5	\$4,300,359	\$1,894.85	417.5	\$976,811	\$2,339.94	1.235
HCBS, age 65+, no SPMI	10,415.6	\$16,922,467	\$1,624.72	1,623.0	\$3,831,512	\$2,360.70	1.453
Community, age 65+, with SPMI	1,044.6	\$1,366,976	\$1,308.56	201.2	\$360,352	\$1,790.90	1.369
Community, age 65+, no SPMI	8,618.5	\$10,152,870	\$1,178.03	1,542.0	\$2,781,932	\$1,804.14	1.531
Facility, age <65, with SPMI	479.0	\$1,208,097	\$2,521.97	70.0	\$114,429	\$1,634.71	0.648
Facility, age <65, no SPMI	596.9	\$1,420,117	\$2,379.14	151.0	\$232,668	\$1,540.85	0.648
HCBS, age <65, with SPMI	3,601.9	\$6,081,141	\$1,688.33	989.9	\$1,633,680	\$1,650.38	0.978
HCBS, age <65, no SPMI	8,245.1	\$16,023,110	\$1,943.35	2,282.0	\$5,006,902	\$2,194.10	1.129
Community, age <65, with SPMI	2,682.4	\$3,530,797	\$1,316.26	730.3	\$1,055,291	\$1,445.05	1.098
Community, age <65, no SPMI	6,278.7	\$9,978,092	\$1,589.20	1,620.1	\$3,278,639	\$2,023.76	1.273
Intervention group	48,488.0	\$128,622,626	\$2,652.67	9,883.3	\$26,705,767	\$2,702.10	1.019
Facility, age 65+, with SPMI	1,352.5	\$4,491,706	\$3,321.06	107.2	\$195,928	\$1,828.34	0.551
Facility, age 65+, no SPMI	2,903.2	\$7,189,174	\$2,476.33	149.3	\$170,410	\$1,141.57	0.461
HCBS, age 65+, with SPMI	2,269.5	\$6,589,879	\$2,903.67	417.5	\$1,166,954	\$2,795.42	0.963
HCBS, age 65+, no SPMI	10,415.6	\$24,885,794	\$2,389.27	1,623.0	\$4,235,865	\$2,609.83	1.092
Community, age 65+, with SPMI	1,044.6	\$2,160,270	\$2,067.95	201.2	\$477,871	\$2,374.95	1.148
Community, age 65+, no SPMI	8,618.5	\$18,306,257	\$2,124.06	1,542.0	\$4,137,170	\$2,683.04	1.263
Facility, age <65, with SPMI	479.0	\$2,542,110	\$5,306.80	70.0	\$47,764	\$682.34	0.129
Facility, age <65, no SPMI	596.9	\$2,844,227	\$4,764.97	151.0	\$222,571	\$1,473.98	0.309
HCBS, age <65, with SPMI	3,601.9	\$10,014,768	\$2,780.44	989.9	\$2,168,507	\$2,190.67	0.788
HCBS, age <65, no SPMI	8,245.1	\$22,193,360	\$2,691.70	2,282.0	\$6,639,371	\$2,909.48	1.081
Community, age <65, with SPMI	2,682.4	\$6,561,637	\$2,446.14	730.3	\$2,398,719	\$3,284.66	1.343
Community, age <65, no SPMI	6,278.7	\$20,843,442	\$3,319.71	1,620.1	\$4,844,638	\$2,990.38	0.901

Table 3.C.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	83,567.1	\$131,605,106	\$1,574.84	23,653.9	\$44,520,259	\$1,882.15	1.195
Facility, age 65+, with SPMI	2,625.5	\$5,399,392	\$2,056.49	424.0	\$718,363	\$1,694.42	0.824
Facility, age 65+, no SPMI	5,728.2	\$9,863,362	\$1,721.89	651.8	\$1,040,908	\$1,597.03	0.927
HCBS, age 65+, with SPMI	3,563.5	\$6,749,830	\$1,894.18	963.6	\$2,297,610	\$2,384.46	1.259
HCBS, age 65+, no SPMI	15,666.1	\$25,409,746	\$1,621.96	3,924.7	\$9,401,437	\$2,395.45	1.477
Community, age 65+, with SPMI	2,079.3	\$2,725,280	\$1,310.68	595.9	\$1,086,186	\$1,822.76	1.391
Community, age 65+, no SPMI	16,756.0	\$19,691,126	\$1,175.17	4,628.2	\$8,131,918	\$1,757.02	1.495
Facility, age <65, with SPMI	707.2	\$1,783,893	\$2,522.57	241.6	\$478,572	\$1,981.08	0.785
Facility, age <65, no SPMI	436.0	\$1,056,112	\$2,422.27	130.4	\$246,370	\$1,888.85	0.780
HCBS, age <65, with SPMI	6,710.7	\$11,329,713	\$1,688.31	2,473.5	\$3,676,959	\$1,486.51	0.880
HCBS, age <65, no SPMI	9,528.3	\$18,510,143	\$1,942.64	3,391.1	\$7,658,060	\$2,258.27	1.162
Community, age <65, with SPMI	8,555.1	\$11,262,998	\$1,316.53	2,709.9	\$3,451,926	\$1,273.84	0.968
Community, age <65, no SPMI	11,211.2	\$17,823,513	\$1,589.79	3,519.2	\$6,331,951	\$1,799.25	1.132
Intervention group	83,567.1	\$108,476,913	\$1,298.08	23,653.9	\$37,677,106	\$1,592.85	1.227
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	424.0	\$574,946	\$1,356.14	0.857
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	651.8	\$866,896	\$1,330.05	0.787
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	963.6	\$1,295,456	\$1,344.42	0.952
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	3,924.7	\$6,713,939	\$1,710.68	1.452
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	595.9	\$1,024,962	\$1,720.01	1.509
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	4,628.2	\$7,436,358	\$1,606.73	1.655
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	241.6	\$314,022	\$1,299.91	0.401
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	130.4	\$165,595	\$1,269.57	0.340
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	2,473.5	\$3,054,625	\$1,234.92	0.891
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	3,391.1	\$5,744,289	\$1,693.92	1.138
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	2,709.9	\$3,977,592	\$1,467.82	1.320
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	3,519.2	\$6,508,425	\$1,849.39	1.330

Table 3.C.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	83,567.1	\$131,605,106	\$1,574.84	19,113.5	\$37,075,730	\$1,939.77	1.232
Facility, age 65+, with SPMI	2,625.5	\$5,399,392	\$2,056.49	311.0	\$580,195	\$1,865.51	0.907
Facility, age 65+, no SPMI	5,728.2	\$9,863,362	\$1,721.89	423.2	\$610,500	\$1,442.47	0.838
HCBS, age 65+, with SPMI	3,563.5	\$6,749,830	\$1,894.18	839.1	\$1,964,667	\$2,341.36	1.236
HCBS, age 65+, no SPMI	15,666.1	\$25,409,746	\$1,621.96	3,025.9	\$7,139,887	\$2,359.62	1.455
Community, age 65+, with SPMI	2,079.3	\$2,725,280	\$1,310.68	443.5	\$799,884	\$1,803.44	1.376
Community, age 65+, no SPMI	16,756.0	\$19,691,126	\$1,175.17	3,472.9	\$6,266,802	\$1,804.48	1.536
Facility, age <65, with SPMI	707.2	\$1,783,893	\$2,522.57	224.2	\$366,664	\$1,635.72	0.648
Facility, age <65, no SPMI	436.0	\$1,056,112	\$2,422.27	101.7	\$157,582	\$1,550.20	0.640
HCBS, age <65, with SPMI	6,710.7	\$11,329,713	\$1,688.31	2,233.2	\$3,679,325	\$1,647.59	0.976
HCBS, age <65, no SPMI	9,528.3	\$18,510,143	\$1,942.64	2,996.7	\$6,574,968	\$2,194.07	1.129
Community, age <65, with SPMI	8,555.1	\$11,262,998	\$1,316.53	2,204.2	\$3,188,253	\$1,446.47	1.099
Community, age <65, no SPMI	11,211.2	\$17,823,513	\$1,589.79	2,838.0	\$5,747,003	\$2,025.02	1.274
Intervention group	83,567.1	\$108,476,913	\$1,298.08	19,113.5	\$33,838,096	\$1,770.38	1.364
Facility, age 65+, with SPMI	2,625.5	\$4,153,377	\$1,581.91	311.0	\$249,631	\$802.64	0.507
Facility, age 65+, no SPMI	5,728.2	\$9,679,939	\$1,689.87	423.2	\$604,928	\$1,429.30	0.846
HCBS, age 65+, with SPMI	3,563.5	\$5,032,372	\$1,412.22	839.1	\$1,089,176	\$1,298.01	0.919
HCBS, age 65+, no SPMI	15,666.1	\$18,456,030	\$1,178.09	3,025.9	\$5,429,906	\$1,794.50	1.523
Community, age 65+, with SPMI	2,079.3	\$2,370,627	\$1,140.11	443.5	\$605,561	\$1,365.31	1.198
Community, age 65+, no SPMI	16,756.0	\$16,271,631	\$971.09	3,472.9	\$6,100,977	\$1,756.74	1.809
Facility, age <65, with SPMI	707.2	\$2,294,483	\$3,244.58	224.2	\$431,228	\$1,923.74	0.593
Facility, age <65, no SPMI	436.0	\$1,627,921	\$3,733.76	101.7	\$196,950	\$1,937.48	0.519
HCBS, age <65, with SPMI	6,710.7	\$9,300,631	\$1,385.95	2,233.2	\$3,822,013	\$1,711.48	1.235
HCBS, age <65, no SPMI	9,528.3	\$14,182,694	\$1,488.47	2,996.7	\$6,726,197	\$2,244.54	1.508
Community, age <65, with SPMI	8,555.1	\$9,515,214	\$1,112.23	2,204.2	\$3,005,450	\$1,363.53	1.226
Community, age <65, no SPMI	11,211.2	\$15,591,994	\$1,390.75	2,838.0	\$5,576,077	\$1,964.79	1.413

Table 3.D.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	7,946.8	\$12,115,020	\$1,524.51	2,117.5	\$3,999,792	\$1,888.93	1.239
Facility, age 65+, with SPMI	78.0	\$162,290	\$2,080.64	17.0	\$29,335	\$1,725.61	0.829
Facility, age 65+, no SPMI	509.6	\$883,213	\$1,733.25	41.8	\$66,858	\$1,598.43	0.922
HCBS, age 65+, with SPMI	415.4	\$787,714	\$1,896.19	125.3	\$298,875	\$2,384.52	1.258
HCBS, age 65+, no SPMI	1,567.7	\$2,541,768	\$1,621.34	356.9	\$854,943	\$2,395.28	1.477
Community, age 65+, with SPMI	286.6	\$380,569	\$1,327.67	121.5	\$222,194	\$1,828.03	1.377
Community, age 65+, no SPMI	2,225.3	\$2,627,533	\$1,180.74	467.6	\$822,483	\$1,758.93	1.490
Facility, age <65, with SPMI	55.0	\$139,181	\$2,530.57	12.0	\$23,785	\$1,982.12	0.783
Facility, age <65, no SPMI	21.0	\$55,877	\$2,660.81	24.0	\$45,257	\$1,885.70	0.709
HCBS, age <65, with SPMI	422.7	\$715,949	\$1,693.58	207.4	\$307,861	\$1,484.15	0.876
HCBS, age <65, no SPMI	710.1	\$1,381,750	\$1,945.94	249.2	\$563,211	\$2,260.46	1.162
Community, age <65, with SPMI	731.4	\$963,007	\$1,316.70	239.3	\$304,694	\$1,273.15	0.967
Community, age <65, no SPMI	924.0	\$1,476,169	\$1,597.59	255.3	\$460,295	\$1,802.80	1.128
Intervention group	7,946.8	\$7,898,710	\$993.94	2,117.5	\$2,702,837	\$1,276.44	1.284
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	17.0	\$15,141	\$890.67	0.365
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	41.8	\$26,212	\$626.66	0.388
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	125.3	\$268,703	\$2,143.80	2.192
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	356.9	\$440,578	\$1,234.36	1.363
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	121.5	\$97,274	\$800.29	0.530
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	467.6	\$755,196	\$1,615.03	2.125
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	12.0	\$86,666	\$7,222.17	1.647
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	24.0	\$6,502	\$270.92	0.027
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	207.4	\$130,593	\$629.56	0.851
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	249.2	\$321,271	\$1,289.43	1.464
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	239.3	\$265,243	\$1,108.31	1.331
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	255.3	\$289,457	\$1,133.69	1.118

Table 3.D.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1C

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	7,946.8	\$12,115,020	\$1,524.51	1,567.5	\$3,014,473	\$1,923.10	1.261
Facility, age 65+, with SPMI	78.0	\$162,290	\$2,080.64	12.0	\$22,353	\$1,862.76	0.895
Facility, age 65+, no SPMI	509.6	\$883,213	\$1,733.25	36.0	\$51,466	\$1,429.62	0.825
HCBS, age 65+, with SPMI	415.4	\$787,714	\$1,896.19	95.0	\$222,708	\$2,344.30	1.236
HCBS, age 65+, no SPMI	1,567.7	\$2,541,768	\$1,621.34	248.8	\$586,347	\$2,356.77	1.454
Community, age 65+, with SPMI	286.6	\$380,569	\$1,327.67	98.2	\$176,191	\$1,793.73	1.351
Community, age 65+, no SPMI	2,225.3	\$2,627,533	\$1,180.74	295.1	\$532,359	\$1,803.92	1.528
Facility, age <65, with SPMI	55.0	\$139,181	\$2,530.57	11.0	\$17,916	\$1,628.72	0.644
Facility, age <65, no SPMI	21.0	\$55,877	\$2,660.81	23.0	\$35,525	\$1,544.57	0.580
HCBS, age <65, with SPMI	422.7	\$715,949	\$1,693.58	168.0	\$276,428	\$1,645.40	0.972
HCBS, age <65, no SPMI	710.1	\$1,381,750	\$1,945.94	183.0	\$400,408	\$2,188.02	1.124
Community, age <65, with SPMI	731.4	\$963,007	\$1,316.70	192.7	\$278,196	\$1,443.85	1.097
Community, age <65, no SPMI	924.0	\$1,476,169	\$1,597.59	204.7	\$414,575	\$2,025.28	1.268
Intervention group	7,946.8	\$7,898,710	\$993.94	1,567.5	\$2,776,143	\$1,771.05	1.782
Facility, age 65+, with SPMI	78.0	\$190,149	\$2,437.80	12.0	\$4,964	\$413.69	0.170
Facility, age 65+, no SPMI	509.6	\$823,008	\$1,615.10	36.0	\$62,266	\$1,729.60	1.071
HCBS, age 65+, with SPMI	415.4	\$406,330	\$978.12	95.0	\$95,810	\$1,008.53	1.031
HCBS, age 65+, no SPMI	1,567.7	\$1,419,597	\$905.53	248.8	\$361,839	\$1,454.38	1.606
Community, age 65+, with SPMI	286.6	\$432,595	\$1,509.16	98.2	\$112,550	\$1,145.83	0.759
Community, age 65+, no SPMI	2,225.3	\$1,691,547	\$760.14	295.1	\$536,837	\$1,819.09	2.393
Facility, age <65, with SPMI	55.0	\$241,153	\$4,384.61	11.0	\$43,416	\$3,946.87	0.900
Facility, age <65, no SPMI	21.0	\$210,854	\$10,040.68	23.0	\$46,630	\$2,027.39	0.202
HCBS, age <65, with SPMI	422.7	\$312,759	\$739.84	168.0	\$60,852	\$362.22	0.490
HCBS, age <65, no SPMI	710.1	\$625,225	\$880.51	183.0	\$463,155	\$2,530.90	2.874
Community, age <65, with SPMI	731.4	\$608,832	\$832.44	192.7	\$211,300	\$1,096.65	1.317
Community, age <65, no SPMI	924.0	\$936,659	\$1,013.70	204.7	\$776,524	\$3,793.47	3.742

Table 3.E.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	129,399.2	\$207,882,769	\$1,606.52	35,279.7	\$66,787,614	\$1,893.09	1.178
Facility, age 65+, with SPMI	3,449.1	\$7,099,156	\$2,058.27	479.9	\$814,737	\$1,697.66	0.825
Facility, age 65+, no SPMI	9,573.0	\$16,530,797	\$1,726.81	1,197.6	\$1,906,573	\$1,591.99	0.922
HCBS, age 65+, with SPMI	5,666.9	\$10,738,746	\$1,895.01	1,341.4	\$3,201,932	\$2,386.99	1.260
HCBS, age 65+, no SPMI	24,215.1	\$39,358,354	\$1,625.36	5,717.5	\$13,699,492	\$2,396.05	1.474
Community, age 65+, with SPMI	2,995.7	\$3,929,249	\$1,311.61	772.4	\$1,406,965	\$1,821.53	1.389
Community, age 65+, no SPMI	19,735.0	\$23,217,237	\$1,176.45	5,229.4	\$9,186,904	\$1,756.79	1.493
Facility, age <65, with SPMI	850.9	\$2,145,788	\$2,521.68	179.3	\$353,500	\$1,972.02	0.782
Facility, age <65, no SPMI	1,455.9	\$3,482,455	\$2,391.90	330.1	\$627,545	\$1,901.06	0.795
HCBS, age <65, with SPMI	8,850.4	\$14,942,652	\$1,688.37	3,115.3	\$4,630,423	\$1,486.35	0.880
HCBS, age <65, no SPMI	18,671.7	\$36,297,579	\$1,943.99	6,129.5	\$13,850,334	\$2,259.64	1.162
Community, age <65, with SPMI	13,939.8	\$18,378,011	\$1,318.39	4,374.3	\$5,565,378	\$1,272.29	0.965
Community, age <65, no SPMI	19,995.6	\$31,762,746	\$1,588.48	6,413.0	\$11,543,830	\$1,800.07	1.133
Intervention group	129,399.2	\$219,493,469	\$1,696.25	35,279.7	\$65,170,055	\$1,847.24	1.089
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	479.9	\$852,375	\$1,776.09	0.757
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	1,197.6	\$1,606,780	\$1,341.66	0.658
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	1,341.4	\$2,894,491	\$2,157.80	1.072
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	5,717.5	\$12,211,716	\$2,135.84	1.257
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	772.4	\$1,064,710	\$1,378.43	0.950
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	5,229.4	\$9,490,603	\$1,814.86	1.342
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	179.3	\$260,914	\$1,455.52	0.445
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	330.1	\$798,040	\$2,417.55	0.507
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	3,115.3	\$4,962,548	\$1,592.96	0.969
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	6,129.5	\$12,193,260	\$1,989.29	1.095
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	4,374.3	\$6,433,268	\$1,470.69	1.108
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	6,413.0	\$12,401,351	\$1,933.78	1.225

Table 3.E2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1D

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	129,399.2	\$207,882,769	\$1,606.52	27,968.7	\$54,442,048	\$1,946.54	1.212
Facility, age 65+, with SPMI	3,449.1	\$7,099,156	\$2,058.27	320.5	\$597,553	\$1,864.32	0.906
Facility, age 65+, no SPMI	9,573.0	\$16,530,797	\$1,726.81	843.3	\$1,210,315	\$1,435.23	0.831
HCBS, age 65+, with SPMI	5,666.9	\$10,738,746	\$1,895.01	1,044.9	\$2,450,114	\$2,344.84	1.237
HCBS, age 65+, no SPMI	24,215.1	\$39,358,354	\$1,625.36	4,194.9	\$9,897,892	\$2,359.52	1.452
Community, age 65+, with SPMI	2,995.7	\$3,929,249	\$1,311.61	638.4	\$1,147,247	\$1,797.10	1.370
Community, age 65+, no SPMI	19,735.0	\$23,217,237	\$1,176.45	3,943.4	\$7,116,212	\$1,804.60	1.534
Facility, age <65, with SPMI	850.9	\$2,145,788	\$2,521.68	131.9	\$215,683	\$1,635.62	0.649
Facility, age <65, no SPMI	1,455.9	\$3,482,455	\$2,391.90	276.7	\$426,738	\$1,542.37	0.645
HCBS, age <65, with SPMI	8,850.4	\$14,942,652	\$1,688.37	2,617.7	\$4,315,385	\$1,648.52	0.976
HCBS, age <65, no SPMI	18,671.7	\$36,297,579	\$1,943.99	5,216.0	\$11,441,785	\$2,193.58	1.128
Community, age <65, with SPMI	13,939.8	\$18,378,011	\$1,318.39	3,580.2	\$5,175,616	\$1,445.64	1.097
Community, age <65, no SPMI	19,995.6	\$31,762,746	\$1,588.48	5,160.9	\$10,447,508	\$2,024.36	1.274
Intervention group	129,399.2	\$219,493,469	\$1,696.25	27,968.7	\$54,008,569	\$1,931.04	1.138
Facility, age 65+, with SPMI	3,449.1	\$8,089,951	\$2,345.53	320.5	\$256,407	\$799.97	0.341
Facility, age 65+, no SPMI	9,573.0	\$19,529,844	\$2,040.09	843.3	\$956,884	\$1,134.70	0.556
HCBS, age 65+, with SPMI	5,666.9	\$11,401,735	\$2,012.00	1,044.9	\$1,669,529	\$1,597.79	0.794
HCBS, age 65+, no SPMI	24,215.1	\$41,155,717	\$1,699.59	4,194.9	\$9,172,569	\$2,186.61	1.287
Community, age 65+, with SPMI	2,995.7	\$4,345,812	\$1,450.66	638.4	\$864,650	\$1,354.43	0.934
Community, age 65+, no SPMI	19,735.0	\$26,698,339	\$1,352.84	3,943.4	\$8,558,402	\$2,170.33	1.604
Facility, age <65, with SPMI	850.9	\$2,783,711	\$3,271.35	131.9	\$347,886	\$2,638.16	0.806
Facility, age <65, no SPMI	1,455.9	\$6,939,015	\$4,766.02	276.7	\$667,302	\$2,411.84	0.506
HCBS, age <65, with SPMI	8,850.4	\$14,556,363	\$1,644.72	2,617.7	\$4,459,675	\$1,703.64	1.036
HCBS, age <65, no SPMI	18,671.7	\$33,932,964	\$1,817.35	5,216.0	\$10,392,576	\$1,992.43	1.096
Community, age <65, with SPMI	13,939.8	\$18,504,005	\$1,327.43	3,580.2	\$5,959,053	\$1,664.47	1.254
Community, age <65, no SPMI	19,995.6	\$31,556,013	\$1,578.14	5,160.9	\$10,703,637	\$2,073.99	1.314

Table 3.F.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	15,153.3	\$23,465,894	\$1,548.56	4,432.5	\$8,185,912	\$1,846.80	1.193
Facility, age 65+, with SPMI	279.0	\$573,525	\$2,055.64	39.4	\$66,687	\$1,692.56	0.823
Facility, age 65+, no SPMI	1,143.7	\$1,980,257	\$1,731.43	156.4	\$248,817	\$1,590.81	0.919
HCBS, age 65+, with SPMI	297.0	\$563,184	\$1,896.24	50.6	\$120,085	\$2,374.13	1.252
HCBS, age 65+, no SPMI	3,090.8	\$5,031,005	\$1,627.75	678.9	\$1,626,435	\$2,395.78	1.472
Community, age 65+, with SPMI	352.0	\$462,917	\$1,315.11	83.2	\$151,587	\$1,822.69	1.386
Community, age 65+, no SPMI	3,588.7	\$4,220,750	\$1,176.13	1,000.9	\$1,757,910	\$1,756.26	1.493
Facility, age <65, with SPMI	137.2	\$347,384	\$2,531.06	48.0	\$95,142	\$1,982.12	0.783
Facility, age <65, no SPMI	211.0	\$502,282	\$2,380.48	63.0	\$117,999	\$1,873.00	0.787
HCBS, age <65, with SPMI	755.0	\$1,273,188	\$1,686.34	317.8	\$472,261	\$1,485.85	0.881
HCBS, age <65, no SPMI	1,481.9	\$2,878,416	\$1,942.35	589.8	\$1,333,639	\$2,261.27	1.164
Community, age <65, with SPMI	1,654.5	\$2,183,008	\$1,319.43	638.1	\$814,460	\$1,276.33	0.967
Community, age <65, no SPMI	2,162.5	\$3,449,978	\$1,595.37	766.4	\$1,380,891	\$1,801.84	1.129
Intervention group	15,153.3	\$10,288,068	\$678.93	4,432.5	\$5,428,414	\$1,224.69	1.804
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	39.4	\$24,732	\$627.72	0.514
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	156.4	\$294,146	\$1,880.63	2.187
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	50.6	\$67,024	\$1,325.09	1.940
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	678.9	\$1,136,933	\$1,674.73	2.072
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	83.2	\$111,057	\$1,335.36	1.731
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	1,000.9	\$1,094,771	\$1,093.74	2.046
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	48.0	\$93,879	\$1,955.82	4.628
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	63.0	\$62,204	\$987.36	0.799
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	317.8	\$328,096	\$1,032.27	1.773
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	589.8	\$712,030	\$1,207.29	2.106
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	638.1	\$557,363	\$873.43	1.257
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	766.4	\$946,180	\$1,234.61	2.030

Table 3.F.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1E

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	15,153.3	\$23,465,894	\$1,548.56	3,341.5	\$6,366,886	\$1,905.39	1.230
Facility, age 65+, with SPMI	279.0	\$573,525	\$2,055.64	29.0	\$54,444	\$1,877.37	0.913
Facility, age 65+, no SPMI	1,143.7	\$1,980,257	\$1,731.43	102.7	\$147,399	\$1,435.84	0.829
HCBS, age 65+, with SPMI	297.0	\$563,184	\$1,896.24	36.2	\$87,778	\$2,423.08	1.278
HCBS, age 65+, no SPMI	3,090.8	\$5,031,005	\$1,627.75	508.4	\$1,199,585	\$2,359.68	1.450
Community, age 65+, with SPMI	352.0	\$462,917	\$1,315.11	52.5	\$94,352	\$1,795.53	1.365
Community, age 65+, no SPMI	3,588.7	\$4,220,750	\$1,176.13	697.7	\$1,258,650	\$1,804.09	1.534
Facility, age <65, with SPMI	137.2	\$347,384	\$2,531.06	39.9	\$66,426	\$1,663.33	0.657
Facility, age <65, no SPMI	211.0	\$502,282	\$2,380.48	44.0	\$68,392	\$1,554.37	0.653
HCBS, age <65, with SPMI	755.0	\$1,273,188	\$1,686.34	297.0	\$489,392	\$1,647.78	0.977
HCBS, age <65, no SPMI	1,481.9	\$2,878,416	\$1,942.35	484.3	\$1,062,301	\$2,193.59	1.129
Community, age <65, with SPMI	1,654.5	\$2,183,008	\$1,319.43	498.7	\$723,069	\$1,449.79	1.099
Community, age <65, no SPMI	2,162.5	\$3,449,978	\$1,595.37	551.1	\$1,115,099	\$2,023.42	1.268
Intervention group	15,153.3	\$10,288,068	\$678.93	3,341.5	\$4,804,471	\$1,437.81	2.118
Facility, age 65+, with SPMI	279.0	\$340,940	\$1,222.01	29.0	\$20,355	\$701.89	0.574
Facility, age 65+, no SPMI	1,143.7	\$983,611	\$860.02	102.7	\$52,228	\$508.76	0.592
HCBS, age 65+, with SPMI	297.0	\$202,815	\$682.88	36.2	\$37,431	\$1,033.26	1.513
HCBS, age 65+, no SPMI	3,090.8	\$2,497,709	\$808.12	508.4	\$924,333	\$1,818.24	2.250
Community, age 65+, with SPMI	352.0	\$271,496	\$771.30	52.5	\$148,593	\$2,827.74	3.666
Community, age 65+, no SPMI	3,588.7	\$1,918,612	\$534.63	697.7	\$1,030,537	\$1,477.12	2.763
Facility, age <65, with SPMI	137.2	\$57,996	\$422.56	39.9	\$77,084	\$1,930.21	4.568
Facility, age <65, no SPMI	211.0	\$260,623	\$1,235.18	44.0	\$61,442	\$1,396.40	1.131
HCBS, age <65, with SPMI	755.0	\$439,693	\$582.37	297.0	\$206,738	\$696.09	1.195
HCBS, age <65, no SPMI	1,481.9	\$849,446	\$573.21	484.3	\$740,368	\$1,528.82	2.667
Community, age <65, with SPMI	1,654.5	\$1,149,973	\$695.05	498.7	\$485,759	\$973.98	1.401
Community, age <65, no SPMI	2,162.5	\$1,315,153	\$608.17	551.1	\$1,019,605	\$1,850.14	3.042

Table 3.G.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	15,986.6	\$24,688,247	\$1,544.31	4,911.2	\$9,224,219	\$1,878.20	1.216
Facility, age 65+, with SPMI	250.4	\$516,275	\$2,061.64	36.0	\$60,868	\$1,690.78	0.820
Facility, age 65+, no SPMI	838.0	\$1,446,285	\$1,725.88	148.4	\$235,720	\$1,588.20	0.920
HCBS, age 65+, with SPMI	480.2	\$915,481	\$1,906.48	182.6	\$435,311	\$2,383.37	1.250
HCBS, age 65+, no SPMI	2,635.0	\$4,300,912	\$1,632.22	561.6	\$1,344,558	\$2,394.18	1.467
Community, age 65+, with SPMI	438.1	\$577,833	\$1,318.94	130.0	\$236,975	\$1,822.88	1.382
Community, age 65+, no SPMI	3,854.1	\$4,551,826	\$1,181.02	1,151.3	\$2,022,668	\$1,756.92	1.488
Facility, age <65, with SPMI	99.2	\$249,940	\$2,519.72	47.0	\$91,846	\$1,954.17	0.776
Facility, age <65, no SPMI	99.0	\$234,480	\$2,368.48	36.0	\$67,885	\$1,885.70	0.796
HCBS, age <65, with SPMI	682.0	\$1,153,956	\$1,691.97	263.2	\$391,172	\$1,486.07	0.878
HCBS, age <65, no SPMI	1,969.2	\$3,824,528	\$1,942.14	770.6	\$1,740,738	\$2,258.94	1.163
Community, age <65, with SPMI	1,722.2	\$2,271,910	\$1,319.22	483.0	\$614,426	\$1,272.10	0.964
Community, age <65, no SPMI	2,919.1	\$4,644,822	\$1,591.19	1,101.5	\$1,982,052	\$1,799.48	1.131
Intervention group	15,986.6	\$9,731,043	\$608.70	4,911.2	\$5,766,723	\$1,174.20	1.929
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	36.0	\$15,418	\$428.27	0.345
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	148.4	\$173,292	\$1,167.58	1.041
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	182.6	\$436,772	\$2,391.37	2.977
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	561.6	\$657,899	\$1,171.48	1.695
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	130.0	\$88,348	\$679.60	0.945
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	1,151.3	\$1,664,875	\$1,446.14	3.027
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	47.0	\$80,939	\$1,722.11	3.123
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	36.0	\$8,142	\$226.17	0.512
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	263.2	\$113,847	\$432.51	0.596
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	770.6	\$643,351	\$834.87	2.188
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	483.0	\$632,515	\$1,309.56	1.679
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	1,101.5	\$1,251,327	\$1,136.06	2.320

Table 3.G.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 1F

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	15,986.6	\$24,688,247	\$1,544.31	3,882.8	\$7,544,043	\$1,942.92	1.258
Facility, age 65+, with SPMI	250.4	\$516,275	\$2,061.64	31.2	\$58,472	\$1,874.49	0.909
Facility, age 65+, no SPMI	838.0	\$1,446,285	\$1,725.88	86.9	\$124,898	\$1,436.89	0.833
HCBS, age 65+, with SPMI	480.2	\$915,481	\$1,906.48	145.9	\$344,862	\$2,364.22	1.240
HCBS, age 65+, no SPMI	2,635.0	\$4,300,912	\$1,632.22	438.5	\$1,034,987	\$2,360.44	1.446
Community, age 65+, with SPMI	438.1	\$577,833	\$1,318.94	81.9	\$146,795	\$1,792.69	1.359
Community, age 65+, no SPMI	3,854.1	\$4,551,826	\$1,181.02	896.4	\$1,617,403	\$1,804.28	1.528
Facility, age <65, with SPMI	99.2	\$249,940	\$2,519.72	36.0	\$59,036	\$1,639.90	0.651
Facility, age <65, no SPMI	99.0	\$234,480	\$2,368.48	28.0	\$43,880	\$1,567.13	0.662
HCBS, age <65, with SPMI	682.0	\$1,153,956	\$1,691.97	223.7	\$369,066	\$1,649.99	0.975
HCBS, age <65, no SPMI	1,969.2	\$3,824,528	\$1,942.14	621.7	\$1,362,889	\$2,192.19	1.129
Community, age <65, with SPMI	1,722.2	\$2,271,910	\$1,319.22	409.0	\$591,780	\$1,446.89	1.097
Community, age <65, no SPMI	2,919.1	\$4,644,822	\$1,591.19	883.7	\$1,789,975	\$2,025.56	1.273
Intervention group	15,986.6	\$9,731,043	\$608.70	3,882.8	\$4,741,490	\$1,221.14	2.006
Facility, age 65+, with SPMI	250.4	\$310,844	\$1,241.30	31.2	\$24,345	\$780.44	0.629
Facility, age 65+, no SPMI	838.0	\$940,063	\$1,121.79	86.9	\$95,347	\$1,096.92	0.978
HCBS, age 65+, with SPMI	480.2	\$385,684	\$803.19	145.9	\$412,757	\$2,829.69	3.523
HCBS, age 65+, no SPMI	2,635.0	\$1,820,644	\$690.94	438.5	\$941,250	\$2,146.66	3.107
Community, age 65+, with SPMI	438.1	\$315,186	\$719.43	81.9	\$124,395	\$1,519.12	2.112
Community, age 65+, no SPMI	3,854.1	\$1,841,018	\$477.67	896.4	\$1,306,552	\$1,457.51	3.051
Facility, age <65, with SPMI	99.2	\$54,697	\$551.42	36.0	\$22,508	\$625.24	1.134
Facility, age <65, no SPMI	99.0	\$43,706	\$441.48	28.0	\$1,788	\$63.85	0.145
HCBS, age <65, with SPMI	682.0	\$494,966	\$725.74	223.7	\$171,656	\$767.43	1.057
HCBS, age <65, no SPMI	1,969.2	\$751,558	\$381.65	621.7	\$478,366	\$769.44	2.016
Community, age <65, with SPMI	1,722.2	\$1,343,004	\$779.84	409.0	\$409,348	\$1,000.85	1.283
Community, age <65, no SPMI	2,919.1	\$1,429,671	\$489.77	883.7	\$753,179	\$852.31	1.740

Table 3.H.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	4,220.4	\$7,342,975	\$1,739.88	3,500.8	\$5,201,447	\$1,485.78	0.854
Facility, age 65+, with SPMI	69.3	\$194,922	\$2,811.37	36.0	\$48,714	\$1,353.16	0.481
Facility, age 65+, no SPMI	224.1	\$559,070	\$2,494.36	125.4	\$191,419	\$1,527.02	0.612
HCBS, age 65+, with SPMI	143.3	\$268,777	\$1,875.10	105.0	\$228,606	\$2,177.20	1.161
HCBS, age 65+, no SPMI	667.3	\$1,128,010	\$1,690.47	492.2	\$861,116	\$1,749.37	1.035
Community, age 65+, with SPMI	112.9	\$181,213	\$1,605.69	98.5	\$173,875	\$1,765.23	1.099
Community, age 65+, no SPMI	715.1	\$1,136,725	\$1,589.61	632.5	\$1,027,859	\$1,625.20	1.022
Facility, age <65, with SPMI	48.6	\$188,821	\$3,883.32	50.0	\$63,104	\$1,262.98	0.325
Facility, age <65, no SPMI	49.0	\$186,028	\$3,796.49	23.9	\$37,431	\$1,563.82	0.412
HCBS, age <65, with SPMI	258.8	\$412,435	\$1,593.54	261.0	\$302,468	\$1,158.88	0.727
HCBS, age <65, no SPMI	572.9	\$962,097	\$1,679.28	583.3	\$908,603	\$1,557.56	0.928
Community, age <65, with SPMI	329.2	\$441,888	\$1,342.48	268.3	\$311,843	\$1,162.43	0.866
Community, age <65, no SPMI	1,029.8	\$1,682,991	\$1,634.24	824.8	\$1,046,408	\$1,268.75	0.776
Intervention group	4,220.4	\$9,945,769	\$2,356.60	3,500.8	\$7,047,097	\$2,012.98	0.854
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	36.0	\$42,134	\$1,170.39	0.185
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	125.4	\$83,847	\$668.88	0.125
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	105.0	\$139,091	\$1,324.68	0.739
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	492.2	\$1,442,298	\$2,930.04	1.265
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	98.5	\$255,473	\$2,593.63	1.011
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	632.5	\$904,200	\$1,429.67	0.705
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	50.0	\$30,282	\$606.08	0.268
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	23.9	\$179,740	\$7,509.35	0.817
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	261.0	\$541,586	\$2,075.04	0.717
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	583.3	\$1,002,972	\$1,719.34	0.758
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	268.3	\$256,988	\$957.95	0.468
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	824.8	\$2,168,486	\$2,629.25	1.824

Table 3.H.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 2

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	4,220.4	\$7,342,975	\$1,739.88	2,802.7	\$4,276,722	\$1,525.92	0.877
Facility, age 65+, with SPMI	69.3	\$194,922	\$2,811.37	29.2	\$51,119	\$1,752.97	0.624
Facility, age 65+, no SPMI	224.1	\$559,070	\$2,494.36	106.7	\$150,300	\$1,409.09	0.565
HCBS, age 65+, with SPMI	143.3	\$268,777	\$1,875.10	110.0	\$211,033	\$1,918.48	1.023
HCBS, age 65+, no SPMI	667.3	\$1,128,010	\$1,690.47	380.6	\$791,386	\$2,079.27	1.230
Community, age 65+, with SPMI	112.9	\$181,213	\$1,605.69	69.2	\$114,362	\$1,651.49	1.029
Community, age 65+, no SPMI	715.1	\$1,136,725	\$1,589.61	512.5	\$687,593	\$1,341.65	0.844
Facility, age <65, with SPMI	48.6	\$188,821	\$3,883.32	36.0	\$56,217	\$1,561.59	0.402
Facility, age <65, no SPMI	49.0	\$186,028	\$3,796.49	12.0	\$24,735	\$2,061.28	0.543
HCBS, age <65, with SPMI	258.8	\$412,435	\$1,593.54	195.1	\$203,944	\$1,045.17	0.656
HCBS, age <65, no SPMI	572.9	\$962,097	\$1,679.28	474.8	\$789,515	\$1,662.83	0.990
Community, age <65, with SPMI	329.2	\$441,888	\$1,342.48	243.4	\$249,989	\$1,027.07	0.765
Community, age <65, no SPMI	1,029.8	\$1,682,991	\$1,634.24	633.2	\$946,529	\$1,494.84	0.915
Intervention group	4,220.4	\$9,945,769	\$2,356.60	2,802.7	\$5,435,599	\$1,939.41	0.823
Facility, age 65+, with SPMI	69.3	\$438,707	\$6,327.51	29.2	\$42,654	\$1,462.69	0.231
Facility, age 65+, no SPMI	224.1	\$1,196,636	\$5,338.95	106.7	\$193,624	\$1,815.26	0.340
HCBS, age 65+, with SPMI	143.3	\$256,776	\$1,791.38	110.0	\$87,162	\$792.38	0.442
HCBS, age 65+, no SPMI	667.3	\$1,545,012	\$2,315.40	380.6	\$906,715	\$2,382.28	1.029
Community, age 65+, with SPMI	112.9	\$289,402	\$2,564.32	69.2	\$189,597	\$2,737.96	1.068
Community, age 65+, no SPMI	715.1	\$1,450,968	\$2,029.05	512.5	\$710,391	\$1,386.14	0.683
Facility, age <65, with SPMI	48.6	\$110,141	\$2,265.17	36.0	\$8,272	\$229.78	0.101
Facility, age <65, no SPMI	49.0	\$450,522	\$9,194.32	12.0	\$6,011	\$500.91	0.054
HCBS, age <65, with SPMI	258.8	\$748,549	\$2,892.19	195.1	\$398,101	\$2,040.20	0.705
HCBS, age <65, no SPMI	572.9	\$1,300,020	\$2,269.10	474.8	\$1,053,374	\$2,218.55	0.978
Community, age <65, with SPMI	329.2	\$674,242	\$2,048.38	243.4	\$197,329	\$810.71	0.396
Community, age <65, no SPMI	1,029.8	\$1,484,795	\$1,441.79	633.2	\$1,642,368	\$2,593.77	1.799

Table 3.I.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	61,200.6	\$93,045,998	\$1,520.35	37,705.6	\$53,210,371	\$1,411.20	0.928
Facility, age 65+, with SPMI	1,249.3	\$2,839,727	\$2,273.12	585.9	\$841,682	\$1,436.57	0.632
Facility, age 65+, no SPMI	4,252.8	\$9,447,994	\$2,221.61	1,329.2	\$2,079,428	\$1,564.41	0.704
HCBS, age 65+, with SPMI	2,628.5	\$3,772,984	\$1,435.39	1,648.4	\$2,721,821	\$1,651.24	1.150
HCBS, age 65+, no SPMI	11,866.5	\$18,638,532	\$1,570.68	6,576.3	\$12,451,542	\$1,893.39	1.205
Community, age 65+, with SPMI	1,951.3	\$2,888,862	\$1,480.46	1,336.1	\$1,489,594	\$1,114.87	0.753
Community, age 65+, no SPMI	11,506.7	\$15,358,114	\$1,334.72	7,508.2	\$10,210,705	\$1,359.93	1.019
Facility, age <65, with SPMI	423.5	\$1,488,014	\$3,513.99	288.2	\$320,785	\$1,113.20	0.317
Facility, age <65, no SPMI	696.3	\$2,415,969	\$3,469.81	474.7	\$747,826	\$1,575.44	0.454
HCBS, age <65, with SPMI	3,460.0	\$4,039,095	\$1,167.38	2,710.2	\$2,405,354	\$887.53	0.760
HCBS, age <65, no SPMI	6,699.9	\$9,106,677	\$1,359.22	5,105.9	\$6,720,905	\$1,316.31	0.968
Community, age <65, with SPMI	6,565.4	\$7,436,908	\$1,132.75	3,993.9	\$3,836,328	\$960.55	0.848
Community, age <65, no SPMI	9,900.5	\$15,613,122	\$1,577.00	6,148.7	\$9,384,400	\$1,526.23	0.968
Intervention group	61,200.6	\$103,440,434	\$1,690.19	37,705.6	\$54,930,045	\$1,456.81	0.862
Facility, age 65+, with SPMI	1,249.3	\$3,181,407	\$2,546.62	585.9	\$883,903	\$1,508.63	0.592
Facility, age 65+, no SPMI	4,252.8	\$9,034,621	\$2,124.41	1,329.2	\$1,651,772	\$1,242.67	0.585
HCBS, age 65+, with SPMI	2,628.5	\$5,191,095	\$1,974.89	1,648.4	\$2,858,367	\$1,734.07	0.878
HCBS, age 65+, no SPMI	11,866.5	\$21,031,541	\$1,772.34	6,576.3	\$10,950,493	\$1,665.14	0.940
Community, age 65+, with SPMI	1,951.3	\$2,712,797	\$1,390.23	1,336.1	\$1,504,659	\$1,126.15	0.810
Community, age 65+, no SPMI	11,506.7	\$14,881,472	\$1,293.29	7,508.2	\$9,190,377	\$1,224.04	0.946
Facility, age <65, with SPMI	423.5	\$1,956,037	\$4,619.24	288.2	\$689,993	\$2,394.44	0.518
Facility, age <65, no SPMI	696.3	\$3,042,252	\$4,369.28	474.7	\$1,123,456	\$2,366.78	0.542
HCBS, age <65, with SPMI	3,460.0	\$6,775,101	\$1,958.15	2,710.2	\$3,958,807	\$1,460.73	0.746
HCBS, age <65, no SPMI	6,699.9	\$12,516,956	\$1,868.23	5,105.9	\$8,630,941	\$1,690.39	0.905
Community, age <65, with SPMI	6,565.4	\$8,598,440	\$1,309.66	3,993.9	\$5,025,122	\$1,258.20	0.961
Community, age <65, no SPMI	9,900.5	\$14,518,716	\$1,466.46	6,148.7	\$8,462,155	\$1,376.24	0.938

Table 3.I.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 3

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	61,200.6	\$93,045,998	\$1,520.35	29,320.0	\$46,225,528	\$1,576.58	1.037
Facility, age 65+, with SPMI	1,249.3	\$2,839,727	\$2,273.12	425.0	\$696,336	\$1,638.32	0.721
Facility, age 65+, no SPMI	4,252.8	\$9,447,994	\$2,221.61	960.5	\$1,537,079	\$1,600.37	0.720
HCBS, age 65+, with SPMI	2,628.5	\$3,772,984	\$1,435.39	1,265.9	\$1,942,079	\$1,534.17	1.069
HCBS, age 65+, no SPMI	11,866.5	\$18,638,532	\$1,570.68	4,918.5	\$10,021,530	\$2,037.52	1.297
Community, age 65+, with SPMI	1,951.3	\$2,888,862	\$1,480.46	1,078.0	\$1,184,861	\$1,099.18	0.742
Community, age 65+, no SPMI	11,506.7	\$15,358,114	\$1,334.72	5,739.7	\$8,404,099	\$1,464.19	1.097
Facility, age <65, with SPMI	423.5	\$1,488,014	\$3,513.99	233.3	\$425,537	\$1,823.87	0.519
Facility, age <65, no SPMI	696.3	\$2,415,969	\$3,469.81	440.5	\$759,655	\$1,724.47	0.497
HCBS, age <65, with SPMI	3,460.0	\$4,039,095	\$1,167.38	2,255.5	\$2,346,978	\$1,040.54	0.891
HCBS, age <65, no SPMI	6,699.9	\$9,106,677	\$1,359.22	4,262.8	\$7,298,596	\$1,712.16	1.260
Community, age <65, with SPMI	6,565.4	\$7,436,908	\$1,132.75	3,026.8	\$3,435,431	\$1,134.99	1.002
Community, age <65, no SPMI	9,900.5	\$15,613,122	\$1,577.00	4,713.5	\$8,173,345	\$1,734.03	1.100
Intervention group	61,200.6	\$103,440,434	\$1,690.19	29,320.0	\$48,640,963	\$1,658.97	0.982
Facility, age 65+, with SPMI	1,249.3	\$3,181,407	\$2,546.62	425.0	\$683,261	\$1,607.56	0.631
Facility, age 65+, no SPMI	4,252.8	\$9,034,621	\$2,124.41	960.5	\$1,384,639	\$1,441.65	0.679
HCBS, age 65+, with SPMI	2,628.5	\$5,191,095	\$1,974.89	1,265.9	\$2,150,970	\$1,699.19	0.860
HCBS, age 65+, no SPMI	11,866.5	\$21,031,541	\$1,772.34	4,918.5	\$8,866,977	\$1,802.79	1.017
Community, age 65+, with SPMI	1,951.3	\$2,712,797	\$1,390.23	1,078.0	\$1,663,468	\$1,543.17	1.110
Community, age 65+, no SPMI	11,506.7	\$14,881,472	\$1,293.29	5,739.7	\$8,472,861	\$1,476.17	1.141
Facility, age <65, with SPMI	423.5	\$1,956,037	\$4,619.24	233.3	\$534,526	\$2,290.99	0.496
Facility, age <65, no SPMI	696.3	\$3,042,252	\$4,369.28	440.5	\$807,498	\$1,833.07	0.420
HCBS, age <65, with SPMI	3,460.0	\$6,775,101	\$1,958.15	2,255.5	\$4,116,790	\$1,825.19	0.932
HCBS, age <65, no SPMI	6,699.9	\$12,516,956	\$1,868.23	4,262.8	\$8,341,947	\$1,956.91	1.047
Community, age <65, with SPMI	6,565.4	\$8,598,440	\$1,309.66	3,026.8	\$4,228,957	\$1,397.16	1.067
Community, age <65, no SPMI	9,900.5	\$14,518,716	\$1,466.46	4,713.5	\$7,389,070	\$1,567.64	1.069

Table 3.J.1 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 4, by category of beneficiary: Cohort 4

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	62,395.6	\$96,865,182	\$1,552.44	46,007.8	\$69,677,750	\$1,514.48	0.976
Facility, age 65+, with SPMI	2,453.0	\$6,453,449	\$2,630.84	1,450.9	\$2,712,607	\$1,869.57	0.711
Facility, age 65+, no SPMI	2,527.9	\$5,282,819	\$2,089.78	1,411.5	\$1,952,891	\$1,383.57	0.662
HCBS, age 65+, with SPMI	4,306.6	\$8,037,334	\$1,866.30	3,194.4	\$5,616,637	\$1,758.28	0.942
HCBS, age 65+, no SPMI	9,921.7	\$14,424,152	\$1,453.79	6,946.6	\$12,528,091	\$1,803.49	1.241
Community, age 65+, with SPMI	2,937.0	\$4,882,376	\$1,662.39	2,244.3	\$2,792,326	\$1,244.17	0.748
Community, age 65+, no SPMI	13,051.3	\$16,756,974	\$1,283.93	9,825.5	\$13,567,119	\$1,380.80	1.075
Facility, age <65, with SPMI	701.0	\$2,687,764	\$3,834.18	417.2	\$1,010,869	\$2,422.98	0.632
Facility, age <65, no SPMI	435.0	\$1,496,911	\$3,441.17	252.1	\$539,794	\$2,141.49	0.622
HCBS, age <65, with SPMI	4,420.2	\$5,880,332	\$1,330.34	3,751.4	\$4,950,718	\$1,319.70	0.992
HCBS, age <65, no SPMI	5,763.7	\$9,009,151	\$1,563.09	5,025.5	\$8,913,655	\$1,773.70	1.135
Community, age <65, with SPMI	7,698.0	\$8,968,160	\$1,165.00	5,396.1	\$5,690,665	\$1,054.58	0.905
Community, age <65, no SPMI	8,180.2	\$12,985,760	\$1,587.47	6,092.2	\$9,402,377	\$1,543.34	0.972
Intervention group	62,395.6	\$108,719,430	\$1,742.42	46,007.8	\$68,596,143	\$1,490.97	0.856
Facility, age 65+, with SPMI	2,453.0	\$8,183,909	\$3,336.29	1,450.9	\$1,901,152	\$1,310.30	0.393
Facility, age 65+, no SPMI	2,527.9	\$5,640,529	\$2,231.28	1,411.5	\$1,408,242	\$997.70	0.447
HCBS, age 65+, with SPMI	4,306.6	\$10,380,911	\$2,410.48	3,194.4	\$6,006,131	\$1,880.21	0.780
HCBS, age 65+, no SPMI	9,921.7	\$16,659,970	\$1,679.14	6,946.6	\$11,934,200	\$1,718.00	1.023
Community, age 65+, with SPMI	2,937.0	\$5,604,559	\$1,908.28	2,244.3	\$3,454,768	\$1,539.33	0.807
Community, age 65+, no SPMI	13,051.3	\$15,923,824	\$1,220.09	9,825.5	\$12,188,934	\$1,240.54	1.017
Facility, age <65, with SPMI	701.0	\$3,135,378	\$4,472.72	417.2	\$1,039,316	\$2,491.16	0.557
Facility, age <65, no SPMI	435.0	\$1,415,092	\$3,253.09	252.1	\$410,563	\$1,628.80	0.501
HCBS, age <65, with SPMI	4,420.2	\$7,918,350	\$1,791.41	3,751.4	\$6,433,499	\$1,714.96	0.957
HCBS, age <65, no SPMI	5,763.7	\$10,787,145	\$1,871.58	5,025.5	\$8,215,979	\$1,634.87	0.874
Community, age <65, with SPMI	7,698.0	\$11,310,650	\$1,469.29	5,396.1	\$6,259,603	\$1,160.02	0.790
Community, age <65, no SPMI	8,180.2	\$11,759,112	\$1,437.51	6,092.2	\$9,343,757	\$1,533.72	1.067

Table 3.J.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 4

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	62,395.6	\$96,865,182	\$1,552.44	33,933.1	\$55,046,975	\$1,622.22	1.045
Facility, age 65+, with SPMI	2,453.0	\$6,453,449	\$2,630.84	1,064.6	\$1,893,008	\$1,778.20	0.676
Facility, age 65+, no SPMI	2,527.9	\$5,282,819	\$2,089.78	897.6	\$1,200,153	\$1,337.02	0.640
HCBS, age 65+, with SPMI	4,306.6	\$8,037,334	\$1,866.30	2,464.7	\$4,359,860	\$1,768.92	0.948
HCBS, age 65+, no SPMI	9,921.7	\$14,424,152	\$1,453.79	5,058.5	\$11,039,376	\$2,182.35	1.501
Community, age 65+, with SPMI	2,937.0	\$4,882,376	\$1,662.39	1,701.5	\$2,520,175	\$1,481.15	0.891
Community, age 65+, no SPMI	13,051.3	\$16,756,974	\$1,283.93	6,774.7	\$9,986,023	\$1,474.01	1.148
Facility, age <65, with SPMI	701.0	\$2,687,764	\$3,834.18	265.8	\$691,045	\$2,599.84	0.678
Facility, age <65, no SPMI	435.0	\$1,496,911	\$3,441.17	219.2	\$518,338	\$2,365.22	0.687
HCBS, age <65, with SPMI	4,420.2	\$5,880,332	\$1,330.34	3,005.2	\$4,680,280	\$1,557.40	1.171
HCBS, age <65, no SPMI	5,763.7	\$9,009,151	\$1,563.09	4,023.4	\$7,021,973	\$1,745.27	1.117
Community, age <65, with SPMI	7,698.0	\$8,968,160	\$1,165.00	4,007.8	\$4,104,495	\$1,024.14	0.879
Community, age <65, no SPMI	8,180.2	\$12,985,760	\$1,587.47	4,450.1	\$7,032,248	\$1,580.23	0.995
Intervention group	62,395.6	\$108,719,430	\$1,742.42	33,933.1	\$57,684,332	\$1,699.94	0.976
Facility, age 65+, with SPMI	2,453.0	\$8,183,909	\$3,336.29	1,064.6	\$1,437,899	\$1,350.69	0.405
Facility, age 65+, no SPMI	2,527.9	\$5,640,529	\$2,231.28	897.6	\$1,223,046	\$1,362.52	0.611
HCBS, age 65+, with SPMI	4,306.6	\$10,380,911	\$2,410.48	2,464.7	\$4,647,262	\$1,885.53	0.782
HCBS, age 65+, no SPMI	9,921.7	\$16,659,970	\$1,679.14	5,058.5	\$9,178,168	\$1,814.41	1.081
Community, age 65+, with SPMI	2,937.0	\$5,604,559	\$1,908.28	1,701.5	\$3,456,741	\$2,031.58	1.065
Community, age 65+, no SPMI	13,051.3	\$15,923,824	\$1,220.09	6,774.7	\$9,856,748	\$1,454.93	1.192
Facility, age <65, with SPMI	701.0	\$3,135,378	\$4,472.72	265.8	\$772,010	\$2,904.44	0.649
Facility, age <65, no SPMI	435.0	\$1,415,092	\$3,253.09	219.2	\$366,363	\$1,671.74	0.514
HCBS, age <65, with SPMI	4,420.2	\$7,918,350	\$1,791.41	3,005.2	\$5,501,663	\$1,830.72	1.022
HCBS, age <65, no SPMI	5,763.7	\$10,787,145	\$1,871.58	4,023.4	\$7,889,595	\$1,960.91	1.048
Community, age <65, with SPMI	7,698.0	\$11,310,650	\$1,469.29	4,007.8	\$4,868,589	\$1,214.79	0.827
Community, age <65, no SPMI	8,180.2	\$11,759,112	\$1,437.51	4,450.1	\$8,486,248	\$1,906.96	1.327

Table 3.K.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	65,796.4	\$107,612,835	\$1,635.54	63,406.2	\$104,547,999	\$1,648.86	1.008
Facility, age 65+, with SPMI	2,862.0	\$6,538,294	\$2,284.49	2,545.2	\$4,951,300	\$1,945.33	0.852
Facility, age 65+, no SPMI	2,190.1	\$4,588,613	\$2,095.20	1,872.9	\$3,314,747	\$1,769.86	0.845
HCBS, age 65+, with SPMI	6,603.4	\$13,633,279	\$2,064.59	6,275.1	\$13,555,853	\$2,160.27	1.046
HCBS, age 65+, no SPMI	8,400.5	\$13,349,568	\$1,589.14	8,243.0	\$16,072,926	\$1,949.89	1.227
Community, age 65+, with SPMI	5,113.6	\$8,331,575	\$1,629.28	4,801.2	\$6,677,967	\$1,390.89	0.854
Community, age 65+, no SPMI	11,806.2	\$13,441,078	\$1,138.48	11,384.8	\$13,731,628	\$1,206.13	1.059
Facility, age <65, with SPMI	768.5	\$2,724,718	\$3,545.43	755.7	\$2,476,595	\$3,277.32	0.924
Facility, age <65, no SPMI	321.0	\$1,106,626	\$3,447.43	328.5	\$758,448	\$2,308.56	0.670
HCBS, age <65, with SPMI	5,810.6	\$10,301,608	\$1,772.91	5,889.4	\$12,969,988	\$2,202.25	1.242
HCBS, age <65, no SPMI	4,143.8	\$6,256,237	\$1,509.79	4,422.6	\$6,869,429	\$1,553.27	1.029
Community, age <65, with SPMI	10,167.6	\$13,655,351	\$1,343.02	9,596.5	\$11,368,084	\$1,184.61	0.882
Community, age <65, no SPMI	7,609.1	\$13,685,889	\$1,798.62	7,291.4	\$11,801,033	\$1,618.49	0.900
Intervention group	65,796.4	\$110,831,462	\$1,684.46	63,406.2	\$95,677,845	\$1,508.97	0.896
Facility, age 65+, with SPMI	2,862.0	\$9,052,081	\$3,162.82	2,545.2	\$4,387,873	\$1,723.96	0.545
Facility, age 65+, no SPMI	2,190.1	\$4,385,773	\$2,002.58	1,872.9	\$2,091,693	\$1,116.83	0.558
HCBS, age 65+, with SPMI	6,603.4	\$15,018,129	\$2,274.31	6,275.1	\$13,353,947	\$2,128.10	0.936
HCBS, age 65+, no SPMI	8,400.5	\$14,823,067	\$1,764.55	8,243.0	\$13,945,413	\$1,691.79	0.959
Community, age 65+, with SPMI	5,113.6	\$8,819,180	\$1,724.64	4,801.2	\$7,247,892	\$1,509.59	0.875
Community, age 65+, no SPMI	11,806.2	\$12,552,136	\$1,063.18	11,384.8	\$14,023,093	\$1,231.73	1.159
Facility, age <65, with SPMI	768.5	\$4,002,047	\$5,207.50	755.7	\$2,006,064	\$2,654.65	0.510
Facility, age <65, no SPMI	321.0	\$1,146,659	\$3,572.15	328.5	\$669,670	\$2,038.33	0.571
HCBS, age <65, with SPMI	5,810.6	\$12,307,623	\$2,118.15	5,889.4	\$10,568,730	\$1,794.53	0.847
HCBS, age <65, no SPMI	4,143.8	\$5,751,726	\$1,388.04	4,422.6	\$6,784,579	\$1,534.08	1.105
Community, age <65, with SPMI	10,167.6	\$13,782,730	\$1,355.55	9,596.5	\$11,502,435	\$1,198.61	0.884
Community, age <65, no SPMI	7,609.1	\$9,190,309	\$1,207.80	7,291.4	\$9,096,458	\$1,247.56	1.033

Table 3.K.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 5A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	65,796.4	\$107,612,835	\$1,635.54	46,039.0	\$75,129,782	\$1,631.87	0.998
Facility, age 65+, with SPMI	2,862.0	\$6,538,294	\$2,284.49	1,648.5	\$3,065,897	\$1,859.79	0.814
Facility, age 65+, no SPMI	2,190.1	\$4,588,613	\$2,095.20	1,129.4	\$2,191,627	\$1,940.48	0.926
HCBS, age 65+, with SPMI	6,603.4	\$13,633,279	\$2,064.59	4,687.1	\$12,091,068	\$2,579.66	1.249
HCBS, age 65+, no SPMI	8,400.5	\$13,349,568	\$1,589.14	6,004.6	\$11,496,729	\$1,914.66	1.205
Community, age 65+, with SPMI	5,113.6	\$8,331,575	\$1,629.28	3,424.0	\$4,729,777	\$1,381.36	0.848
Community, age 65+, no SPMI	11,806.2	\$13,441,078	\$1,138.48	7,914.7	\$8,208,574	\$1,037.13	0.911
Facility, age <65, with SPMI	768.5	\$2,724,718	\$3,545.43	587.3	\$2,078,267	\$3,538.89	0.998
Facility, age <65, no SPMI	321.0	\$1,106,626	\$3,447.43	270.7	\$875,602	\$3,234.19	0.938
HCBS, age <65, with SPMI	5,810.6	\$10,301,608	\$1,772.91	4,720.4	\$8,151,366	\$1,726.83	0.974
HCBS, age <65, no SPMI	4,143.8	\$6,256,237	\$1,509.79	3,700.3	\$6,158,318	\$1,664.26	1.102
Community, age <65, with SPMI	10,167.6	\$13,655,351	\$1,343.02	6,928.6	\$7,704,186	\$1,111.94	0.828
Community, age <65, no SPMI	7,609.1	\$13,685,889	\$1,798.62	5,023.3	\$8,378,371	\$1,667.90	0.927
Intervention group	65,796.4	\$110,831,462	\$1,684.46	46,039.0	\$68,227,214	\$1,481.94	0.880
Facility, age 65+, with SPMI	2,862.0	\$9,052,081	\$3,162.82	1,648.5	\$2,124,952	\$1,289.01	0.408
Facility, age 65+, no SPMI	2,190.1	\$4,385,773	\$2,002.58	1,129.4	\$863,104	\$764.20	0.382
HCBS, age 65+, with SPMI	6,603.4	\$15,018,129	\$2,274.31	4,687.1	\$9,839,346	\$2,099.25	0.923
HCBS, age 65+, no SPMI	8,400.5	\$14,823,067	\$1,764.55	6,004.6	\$10,803,666	\$1,799.23	1.020
Community, age 65+, with SPMI	5,113.6	\$8,819,180	\$1,724.64	3,424.0	\$4,397,245	\$1,284.24	0.745
Community, age 65+, no SPMI	11,806.2	\$12,552,136	\$1,063.18	7,914.7	\$9,367,834	\$1,183.60	1.113
Facility, age <65, with SPMI	768.5	\$4,002,047	\$5,207.50	587.3	\$1,312,695	\$2,235.27	0.429
Facility, age <65, no SPMI	321.0	\$1,146,659	\$3,572.15	270.7	\$384,370	\$1,419.74	0.397
HCBS, age <65, with SPMI	5,810.6	\$12,307,623	\$2,118.15	4,720.4	\$8,181,352	\$1,733.18	0.818
HCBS, age <65, no SPMI	4,143.8	\$5,751,726	\$1,388.04	3,700.3	\$5,637,044	\$1,523.39	1.098
Community, age <65, with SPMI	10,167.6	\$13,782,730	\$1,355.55	6,928.6	\$7,930,669	\$1,144.63	0.844
Community, age <65, no SPMI	7,609.1	\$9,190,309	\$1,207.80	5,023.3	\$7,384,937	\$1,470.14	1.217

Table 3.L.1 -- MEDICARE

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

Category of beneficiary	Baseline period			Demonstration Year 4			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	65,414.5	\$107,080,977	\$1,636.96	48,127.8	\$85,471,004	\$1,775.92	1.085
Facility, age 65+, with SPMI	4,136.0	\$7,818,931	\$1,890.46	3,041.1	\$5,353,647	\$1,760.41	0.931
Facility, age 65+, no SPMI	2,322.6	\$3,940,959	\$1,696.81	1,720.1	\$2,718,218	\$1,580.24	0.931
HCBS, age 65+, with SPMI	8,071.3	\$17,537,844	\$2,172.88	5,905.3	\$13,653,623	\$2,312.10	1.064
HCBS, age 65+, no SPMI	9,022.6	\$15,430,790	\$1,710.23	6,523.5	\$13,363,408	\$2,048.51	1.198
Community, age 65+, with SPMI	6,083.6	\$9,863,360	\$1,621.31	4,393.1	\$7,550,830	\$1,718.78	1.060
Community, age 65+, no SPMI	14,579.5	\$17,434,468	\$1,195.82	10,565.1	\$15,188,811	\$1,437.63	1.202
Facility, age <65, with SPMI	1,284.5	\$3,347,273	\$2,605.80	973.6	\$2,073,218	\$2,129.36	0.817
Facility, age <65, no SPMI	579.0	\$843,478	\$1,456.78	455.5	\$784,745	\$1,722.74	1.183
HCBS, age <65, with SPMI	5,481.1	\$9,483,022	\$1,730.13	4,206.3	\$7,890,933	\$1,875.97	1.084
HCBS, age <65, no SPMI	3,758.0	\$6,270,810	\$1,668.64	2,831.0	\$5,359,466	\$1,893.14	1.135
Community, age <65, with SPMI	6,450.3	\$9,221,719	\$1,429.66	4,799.9	\$6,943,499	\$1,446.61	1.012
Community, age <65, no SPMI	3,646.1	\$5,888,326	\$1,614.98	2,713.2	\$4,590,605	\$1,691.95	1.048
Intervention group	65,414.5	\$113,207,213	\$1,730.61	48,127.8	\$80,685,264	\$1,676.48	0.969
Facility, age 65+, with SPMI	4,136.0	\$11,235,848	\$2,716.60	3,041.1	\$6,008,193	\$1,975.64	0.727
Facility, age 65+, no SPMI	2,322.6	\$4,959,944	\$2,135.54	1,720.1	\$2,807,348	\$1,632.06	0.764
HCBS, age 65+, with SPMI	8,071.3	\$15,592,008	\$1,931.80	5,905.3	\$10,935,208	\$1,851.77	0.959
HCBS, age 65+, no SPMI	9,022.6	\$12,101,533	\$1,341.24	6,523.5	\$9,608,181	\$1,472.86	1.098
Community, age 65+, with SPMI	6,083.6	\$10,289,715	\$1,691.40	4,393.1	\$6,865,789	\$1,562.85	0.924
Community, age 65+, no SPMI	14,579.5	\$17,589,282	\$1,206.44	10,565.1	\$13,135,837	\$1,243.32	1.031
Facility, age <65, with SPMI	1,284.5	\$5,382,129	\$4,189.90	973.6	\$2,747,144	\$2,821.54	0.673
Facility, age <65, no SPMI	579.0	\$1,328,071	\$2,293.73	455.5	\$840,500	\$1,845.13	0.804
HCBS, age <65, with SPMI	5,481.1	\$11,153,684	\$2,034.93	4,206.3	\$8,895,614	\$2,114.82	1.039
HCBS, age <65, no SPMI	3,758.0	\$5,231,307	\$1,392.03	2,831.0	\$4,907,862	\$1,733.62	1.245
Community, age <65, with SPMI	6,450.3	\$11,304,842	\$1,752.61	4,799.9	\$8,385,466	\$1,747.02	0.997
Community, age <65, no SPMI	3,646.1	\$7,038,850	\$1,930.53	2,713.2	\$5,548,120	\$2,044.86	1.059

Table 3.L.2 -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 5B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	65,414.5	\$107,080,977	\$1,636.96	49,128.6	\$89,233,863	\$1,816.33	1.110
Facility, age 65+, with SPMI	4,136.0	\$7,818,931	\$1,890.46	2,743.7	\$4,896,787	\$1,784.76	0.944
Facility, age 65+, no SPMI	2,322.6	\$3,940,959	\$1,696.81	1,583.9	\$2,445,027	\$1,543.66	0.910
HCBS, age 65+, with SPMI	8,071.3	\$17,537,844	\$2,172.88	6,163.1	\$14,269,295	\$2,315.28	1.066
HCBS, age 65+, no SPMI	9,022.6	\$15,430,790	\$1,710.23	6,781.5	\$16,507,912	\$2,434.27	1.423
Community, age 65+, with SPMI	6,083.6	\$9,863,360	\$1,621.31	4,450.9	\$7,796,522	\$1,751.67	1.080
Community, age 65+, no SPMI	14,579.5	\$17,434,468	\$1,195.82	10,484.0	\$15,477,429	\$1,476.30	1.235
Facility, age <65, with SPMI	1,284.5	\$3,347,273	\$2,605.80	943.8	\$2,070,792	\$2,194.00	0.842
Facility, age <65, no SPMI	579.0	\$843,478	\$1,456.78	503.4	\$651,535	\$1,294.32	0.888
HCBS, age <65, with SPMI	5,481.1	\$9,483,022	\$1,730.13	4,637.9	\$7,925,871	\$1,708.93	0.988
HCBS, age <65, no SPMI	3,758.0	\$6,270,810	\$1,668.64	3,182.6	\$5,850,609	\$1,838.28	1.102
Community, age <65, with SPMI	6,450.3	\$9,221,719	\$1,429.66	4,870.3	\$6,625,646	\$1,360.41	0.952
Community, age <65, no SPMI	3,646.1	\$5,888,326	\$1,614.98	2,783.5	\$4,716,437	\$1,694.45	1.049
Intervention group	65,414.5	\$113,207,213	\$1,730.61	49,128.6	\$85,543,478	\$1,741.22	1.006
Facility, age 65+, with SPMI	4,136.0	\$11,235,848	\$2,716.60	2,743.7	\$4,847,721	\$1,766.88	0.650
Facility, age 65+, no SPMI	2,322.6	\$4,959,944	\$2,135.54	1,583.9	\$2,931,954	\$1,851.09	0.867
HCBS, age 65+, with SPMI	8,071.3	\$15,592,008	\$1,931.80	6,163.1	\$11,670,872	\$1,893.67	0.980
HCBS, age 65+, no SPMI	9,022.6	\$12,101,533	\$1,341.24	6,781.5	\$13,787,113	\$2,033.06	1.516
Community, age 65+, with SPMI	6,083.6	\$10,289,715	\$1,691.40	4,450.9	\$7,215,182	\$1,621.06	0.958
Community, age 65+, no SPMI	14,579.5	\$17,589,282	\$1,206.44	10,484.0	\$12,921,139	\$1,232.47	1.022
Facility, age <65, with SPMI	1,284.5	\$5,382,129	\$4,189.90	943.8	\$2,427,934	\$2,572.39	0.614
Facility, age <65, no SPMI	579.0	\$1,328,071	\$2,293.73	503.4	\$1,198,035	\$2,379.98	1.038
HCBS, age <65, with SPMI	5,481.1	\$11,153,684	\$2,034.93	4,637.9	\$8,546,560	\$1,842.76	0.906
HCBS, age <65, no SPMI	3,758.0	\$5,231,307	\$1,392.03	3,182.6	\$6,584,845	\$2,068.98	1.486
Community, age <65, with SPMI	6,450.3	\$11,304,842	\$1,752.61	4,870.3	\$7,587,534	\$1,557.91	0.889
Community, age <65, no SPMI	3,646.1	\$7,038,850	\$1,930.53	2,783.5	\$5,824,589	\$2,092.56	1.084

Table 3.M -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 6A

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	51,270.4	\$99,946,824	\$1,949.40	49,745.9	\$97,549,365	\$1,960.95	1.006
Facility, age 65+, with SPMI	2,983.4	\$7,281,628	\$2,440.75	2,698.0	\$5,481,495	\$2,031.69	0.832
Facility, age 65+, no SPMI	1,780.9	\$3,506,848	\$1,969.12	1,540.3	\$2,449,862	\$1,590.51	0.808
HCBS, age 65+, with SPMI	5,912.9	\$12,352,401	\$2,089.06	5,644.2	\$14,399,659	\$2,551.22	1.221
HCBS, age 65+, no SPMI	6,259.3	\$12,411,772	\$1,982.93	5,922.9	\$12,936,190	\$2,184.11	1.101
Community, age 65+, with SPMI	3,526.9	\$6,999,595	\$1,984.60	3,473.9	\$5,982,250	\$1,722.04	0.868
Community, age 65+, no SPMI	7,586.6	\$11,317,000	\$1,491.71	7,646.9	\$12,317,696	\$1,610.80	1.080
Facility, age <65, with SPMI	1,453.7	\$4,432,124	\$3,048.86	1,391.3	\$3,915,433	\$2,814.26	0.923
Facility, age <65, no SPMI	1,110.7	\$3,372,046	\$3,036.02	1,093.9	\$2,405,094	\$2,198.66	0.724
HCBS, age <65, with SPMI	5,158.3	\$11,630,281	\$2,254.68	5,165.8	\$12,223,593	\$2,366.28	1.049
HCBS, age <65, no SPMI	3,228.3	\$4,804,078	\$1,488.10	3,475.8	\$5,056,932	\$1,454.90	0.978
Community, age <65, with SPMI	7,293.3	\$13,096,677	\$1,795.72	6,749.8	\$10,763,785	\$1,594.68	0.888
Community, age <65, no SPMI	4,976.2	\$8,742,374	\$1,756.85	4,943.1	\$9,617,377	\$1,945.60	1.107
Intervention group	51,270.4	\$102,270,623	\$1,994.73	49,745.9	\$81,842,433	\$1,645.21	0.825
Facility, age 65+, with SPMI	2,983.4	\$10,028,144	\$3,361.36	2,698.0	\$4,497,913	\$1,667.13	0.496
Facility, age 65+, no SPMI	1,780.9	\$4,091,617	\$2,297.47	1,540.3	\$2,043,020	\$1,326.37	0.577
HCBS, age 65+, with SPMI	5,912.9	\$15,089,599	\$2,551.98	5,644.2	\$11,177,101	\$1,980.27	0.776
HCBS, age 65+, no SPMI	6,259.3	\$11,412,930	\$1,823.35	5,922.9	\$10,323,961	\$1,743.07	0.956
Community, age 65+, with SPMI	3,526.9	\$7,141,490	\$2,024.84	3,473.9	\$5,471,013	\$1,574.88	0.778
Community, age 65+, no SPMI	7,586.6	\$10,538,910	\$1,389.15	7,646.9	\$9,570,776	\$1,251.59	0.901
Facility, age <65, with SPMI	1,453.7	\$4,150,763	\$2,855.31	1,391.3	\$2,439,994	\$1,753.77	0.614
Facility, age <65, no SPMI	1,110.7	\$1,264,106	\$1,138.14	1,093.9	\$1,106,735	\$1,011.74	0.889
HCBS, age <65, with SPMI	5,158.3	\$12,540,339	\$2,431.10	5,165.8	\$11,410,178	\$2,208.81	0.909
HCBS, age <65, no SPMI	3,228.3	\$4,856,177	\$1,504.24	3,475.8	\$5,309,783	\$1,527.65	1.016
Community, age <65, with SPMI	7,293.3	\$13,999,073	\$1,919.45	6,749.8	\$10,476,367	\$1,552.10	0.809
Community, age <65, no SPMI	4,976.2	\$7,157,474	\$1,438.35	4,943.1	\$8,015,591	\$1,621.56	1.127

Table 3.N -- MEDICARE

Eligible months, incurred claims, and PMPM for the re-weighted comparison group and the intervention group, baseline period, and the Demonstration Year 5, by category of beneficiary: Cohort 6B

Category of beneficiary	Baseline period			Demonstration Year 5			Trend
	Number of eligible months	Incurred claims	PMPM	Number of eligible months	Incurred claims	PMPM	(D/B)
Re-weighted comparison group	36,877.7	\$64,225,331	\$1,741.58	34,481.2	\$59,918,961	\$1,737.73	0.998
Facility, age 65+, with SPMI	1,661.3	\$4,009,366	\$2,413.40	1,441.7	\$2,657,964	\$1,843.62	0.764
Facility, age 65+, no SPMI	1,114.5	\$2,382,051	\$2,137.33	917.3	\$1,342,869	\$1,463.91	0.685
HCBS, age 65+, with SPMI	4,611.1	\$10,765,961	\$2,334.79	4,362.5	\$11,973,763	\$2,744.73	1.176
HCBS, age 65+, no SPMI	5,063.5	\$9,468,581	\$1,869.97	4,670.5	\$10,069,477	\$2,155.96	1.153
Community, age 65+, with SPMI	3,980.4	\$7,093,927	\$1,782.23	3,768.4	\$6,528,748	\$1,732.51	0.972
Community, age 65+, no SPMI	8,799.7	\$11,235,080	\$1,276.75	8,214.8	\$10,076,690	\$1,226.65	0.961
Facility, age <65, with SPMI	618.0	\$2,135,696	\$3,455.66	590.3	\$1,495,906	\$2,534.28	0.733
Facility, age <65, no SPMI	497.5	\$883,628	\$1,776.19	481.3	\$558,155	\$1,159.63	0.653
HCBS, age <65, with SPMI	2,782.0	\$5,075,023	\$1,824.23	2,649.1	\$4,678,841	\$1,766.18	0.968
HCBS, age <65, no SPMI	2,234.3	\$2,795,824	\$1,251.33	2,211.5	\$2,717,819	\$1,228.96	0.982
Community, age <65, with SPMI	3,464.6	\$5,186,060	\$1,496.89	3,198.1	\$4,413,475	\$1,380.05	0.922
Community, age <65, no SPMI	2,050.9	\$3,194,133	\$1,557.46	1,975.7	\$3,405,254	\$1,723.57	1.107
Intervention group	36,877.7	\$69,358,377	\$1,880.77	34,481.2	\$56,671,433	\$1,643.55	0.874
Facility, age 65+, with SPMI	1,661.3	\$5,048,721	\$3,039.04	1,441.7	\$2,644,365	\$1,834.19	0.604
Facility, age 65+, no SPMI	1,114.5	\$3,548,559	\$3,184.00	917.3	\$1,688,247	\$1,840.42	0.578
HCBS, age 65+, with SPMI	4,611.1	\$9,718,195	\$2,107.56	4,362.5	\$6,871,248	\$1,575.09	0.747
HCBS, age 65+, no SPMI	5,063.5	\$7,949,602	\$1,569.98	4,670.5	\$7,562,436	\$1,619.18	1.031
Community, age 65+, with SPMI	3,980.4	\$6,761,283	\$1,698.66	3,768.4	\$5,167,938	\$1,371.40	0.807
Community, age 65+, no SPMI	8,799.7	\$10,654,828	\$1,210.81	8,214.8	\$10,315,939	\$1,255.77	1.037
Facility, age <65, with SPMI	618.0	\$3,152,460	\$5,100.83	590.3	\$1,202,108	\$2,036.55	0.399
Facility, age <65, no SPMI	497.5	\$526,891	\$1,059.11	481.3	\$706,708	\$1,468.27	1.386
HCBS, age <65, with SPMI	2,782.0	\$6,822,176	\$2,452.25	2,649.1	\$5,741,514	\$2,167.32	0.884
HCBS, age <65, no SPMI	2,234.3	\$3,967,972	\$1,775.94	2,211.5	\$4,512,122	\$2,040.31	1.149
Community, age <65, with SPMI	3,464.6	\$6,661,390	\$1,922.72	3,198.1	\$6,842,385	\$2,139.54	1.113
Community, age <65, no SPMI	2,050.9	\$4,546,301	\$2,216.78	1,975.7	\$3,416,422	\$1,729.22	0.780

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

Cohort	Group (Comparison/ Intervention)	Baseline period			Demonstration Year 4			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1A	C	48,488.0	\$78,754,198	\$1,624.20	12,189.4	\$23,828,595	\$1,954.87	1.204
	I	48,488.0	\$128,622,626	\$2,652.67	12,189.4	\$31,130,129	\$2,553.88	0.963
1B	C	83,567.1	\$131,605,106	\$1,574.84	23,653.9	\$44,520,259	\$1,882.15	1.195
	I	83,567.1	\$108,476,913	\$1,298.08	23,653.9	\$37,677,106	\$1,592.85	1.227
1C	C	7,946.8	\$12,115,020	\$1,524.51	2,117.5	\$3,999,792	\$1,888.93	1.239
	I	7,946.8	\$7,898,710	\$993.94	2,117.5	\$2,702,837	\$1,276.44	1.284
1D	C	129,399.2	\$207,882,769	\$1,606.52	35,279.7	\$66,787,614	\$1,893.09	1.178
	I	129,399.2	\$219,493,469	\$1,696.25	35,279.7	\$65,170,055	\$1,847.24	1.089
1E	C	15,153.3	\$23,465,894	\$1,548.56	4,432.5	\$8,185,912	\$1,846.80	1.193
	I	15,153.3	\$10,288,068	\$678.93	4,432.5	\$5,428,414	\$1,224.69	1.804
1F	C	15,986.6	\$24,688,247	\$1,544.31	4,911.2	\$9,224,219	\$1,878.20	1.216
	I	15,986.6	\$9,731,043	\$608.70	4,911.2	\$5,766,723	\$1,174.20	1.929
1 total	C	300,541.1	\$478,511,235	\$1,592.17	82,584.2	\$156,546,391	\$1,895.60	1.191
	I	300,541.1	\$484,510,829	\$1,612.13	82,584.2	\$147,875,265	\$1,790.60	1.111
2	C	4,220.4	\$7,342,975	\$1,739.88	3,500.8	\$5,201,447	\$1,485.78	0.854
	I	4,220.4	\$9,945,769	\$2,356.60	3,500.8	\$7,047,097	\$2,012.98	0.854
3	C	61,200.6	\$93,045,998	\$1,520.35	37,705.6	\$53,210,371	\$1,411.20	0.928
	I	61,200.6	\$103,440,434	\$1,690.19	37,705.6	\$54,930,045	\$1,456.81	0.862
4	C	62,395.6	\$96,865,182	\$1,552.44	46,007.8	\$69,677,750	\$1,514.48	0.976
	I	62,395.6	\$108,719,430	\$1,742.42	46,007.8	\$68,596,143	\$1,490.97	0.856
5A	C	65,796.4	\$107,612,835	\$1,635.54	63,406.2	\$104,547,999	\$1,648.86	1.008
	I	65,796.4	\$110,831,462	\$1,684.46	63,406.2	\$95,677,845	\$1,508.97	0.896

Cohort	Group (Comparison/ Intervention)	Baseline period			Demonstration Year 4			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
5B	C	65,414.5	\$107,080,977	\$1,636.96	48,127.8	\$85,471,004	\$1,775.92	1.085
	I	65,414.5	\$113,207,213	\$1,730.61	48,127.8	\$80,685,264	\$1,676.48	0.969

Table 4.B
Summary by cohort of per member per month (PMPM), baseline versus Demonstration Year 5

Cohort	Group	Baseline period			Demonstration Year 5			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
1A	C	48,488.0	\$78,754,198	\$1,624.20	9,883.3	\$19,686,600	\$1,991.90	1.226
	I	48,488.0	\$128,622,626	\$2,652.67	9,883.3	\$26,705,767	\$2,702.10	1.019
1B	C	83,567.1	\$131,605,106	\$1,574.84	19,113.5	\$37,075,730	\$1,939.77	1.232
	I	83,567.1	\$108,476,913	\$1,298.08	19,113.5	\$33,838,096	\$1,770.38	1.364
1C	C	7,946.8	\$12,115,020	\$1,524.51	1,567.5	\$3,014,473	\$1,923.10	1.261
	I	7,946.8	\$7,898,710	\$993.94	1,567.5	\$2,776,143	\$1,771.05	1.782
1D	C	129,399.2	\$207,882,769	\$1,606.52	27,968.7	\$54,442,048	\$1,946.54	1.212
	I	129,399.2	\$219,493,469	\$1,696.25	27,968.7	\$54,008,569	\$1,931.04	1.138
1E	C	15,153.3	\$23,465,894	\$1,548.56	3,341.5	\$6,366,886	\$1,905.39	1.230
	I	15,153.3	\$10,288,068	\$678.93	3,341.5	\$4,804,471	\$1,437.81	2.118
1F	C	15,986.6	\$24,688,247	\$1,544.31	3,882.8	\$7,544,043	\$1,942.92	1.258
	I	15,986.6	\$9,731,043	\$608.70	3,882.8	\$4,741,490	\$1,221.14	2.006
1 total	C	300,541.1	\$478,511,235	\$1,592.17	65,757.4	\$128,129,781	\$1,948.52	1.224
	I	300,541.1	\$484,510,829	\$1,612.13	65,757.4	\$126,874,536	\$1,929.43	1.197
2	C	4,220.4	\$7,342,975	\$1,739.88	2,802.7	\$4,276,722	\$1,525.92	0.877
	I	4,220.4	\$9,945,769	\$2,356.60	2,802.7	\$5,435,599	\$1,939.41	0.823
3	C	61,200.6	\$93,045,998	\$1,520.35	29,320.0	\$46,225,528	\$1,576.58	1.037
	I	61,200.6	\$103,440,434	\$1,690.19	29,320.0	\$48,640,963	\$1,658.97	0.982
4	C	62,395.6	\$96,865,182	\$1,552.44	33,933.1	\$55,046,975	\$1,622.22	1.045
	I	62,395.6	\$108,719,430	\$1,742.42	33,933.1	\$57,684,332	\$1,699.94	0.976
5A	C	65,796.4	\$107,612,835	\$1,635.54	46,039.0	\$75,129,782	\$1,631.87	0.998
	I	65,796.4	\$110,831,462	\$1,684.46	46,039.0	\$68,227,214	\$1,481.94	0.880

Cohort	Group	Baseline period			Demonstration Year 5			Cost trend (Demonstration Year/baseline period)
		Number of eligible months (intervention group)	Medicare incurred claims	PMPM	Number of eligible months (intervention group)	Medicare incurred claims	PMPM	
5B	C	65,414.5	\$107,080,977	\$1,636.96	49,128.6	\$89,233,863	\$1,816.33	1.110
	I	65,414.5	\$113,207,213	\$1,730.61	49,128.6	\$85,543,478	\$1,741.22	1.006
6A	C	51,270.4	\$99,946,824	\$1,949.40	49,745.9	\$97,549,365	\$1,960.95	1.006
	I	51,270.4	\$102,270,623	\$1,994.73	49,745.9	\$81,842,433	\$1,645.21	0.825
6B	C	36,877.7	\$64,225,331	\$1,741.58	34,481.2	\$59,918,961	\$1,737.73	0.998
	I	36,877.7	\$69,358,377	\$1,880.77	34,481.2	\$56,671,433	\$1,643.55	0.874

5.2 Medicare AGA Adjustments

The trend in health care costs is not uniform across the United States; it varies by geographic area. The purpose of this adjustment is to control for geographic variation in secular cost trends. CMS measures these variations for each calendar year by county with the calculation of the Average Geographic Adjustment (AGA) factors. The factors measure the difference in average Medicare costs in each county from the national average. The factors are used to vary payment rates to Medicare Advantage plans by county. Hospice expenditures are excluded in the calculation of the AGA factors. We calculated the average AGA factor across all beneficiaries in the intervention group and the comparison group for the baseline period and the Demonstration Year separately. To determine the average AGA factor, the non-hospice expenditures for each beneficiary were grouped by calendar year and county of residence, and the weighted average AGA factor was calculated for each cohort and for each period (baseline period vs. Demonstration Year).¹⁰ Tables 5.A and 5.B show the results of the calculations for Demonstration Years 4 and 5, respectively.

For each cohort and Demonstration Year, the AGA adjustment factor was determined by comparing the trend from the baseline period to the Demonstration Year for the intervention group versus that of the comparison group. For Cohort 1, from the baseline period to Demonstration Year 4, the AGA factor increased by 0.41 percent (a factor of 1.0041) for the comparison group and increased by 5.45 percent (a factor of 1.0545) for the intervention group. If the AGA had increased by the same 5.45 percent in the comparison area as it did in the intervention area, instead of increasing by 0.41 percent, then the trend of the comparison group would have increased by an additional 5.02 percent ($1.0545/1.0041 = 1.0502$), which is the AGA adjustment factor that we apply to the comparison group trend. For Cohort 2, the corresponding AGA adjustment factor is 1.0443, for Cohort 3 it is 1.0140, for Cohort 4 it is 1.0076, for Cohort 5A it is 0.9931 and for Cohort 5B it is 0.9967.

Table 5.A
Average AGA factor by group for baseline period and Demonstration Year 4

Cohort	Group Comparison Intervention	Baseline period	Demonstration Year 4	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.89646	0.90013	1.00409	1.05017
	I	0.88374	0.93187	1.05446	
2	C	0.89647	0.90199	1.00617	1.04432
	I	0.89107	0.93630	1.05076	
3	C	0.88723	0.89883	1.01307	1.01402
	I	0.90748	0.93223	1.02727	
4	C	0.88806	0.89845	1.01170	1.00760
	I	0.90803	0.92563	1.01938	

¹⁰ The non-hospice expenditures of each beneficiary were divided by the AGA factor for their county and year and the sum of the results of this division was divided into the total non-hospice expenditures of the cohort.

Cohort	Group Comparison Intervention	Baseline period	Demonstration Year 4	Trend in AGA factor	Adjustment to comparison group trend
5A	C	0.89184	0.90308	1.01261	0.99311
	I	0.92374	0.92894	1.00563	
5B	C	0.90563	0.90586	1.00026	0.99665
	I	0.89981	0.89702	0.99690	

For Demonstration Year 5, the corresponding calculations produced AGA adjustment factors of 1.04376 for Cohort 1, 1.03103 for Cohort 2, 1.00880 for Cohort 3, 1.00581 for Cohort 4, 0.99945 for Cohort 5A, 0.99297 for Cohort 5B, 0.99470 for Cohort 6A and 0.99392 for Cohort 6B.

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

Cohort	Group Comparison Intervention	Baseline period	Demonstration Year 5	Trend in AGA factor	Adjustment to comparison group trend
1 total	C	0.89646	0.89859	1.00237	1.04376
	I	0.88374	0.92460	1.04624	
2	C	0.89647	0.90670	1.01142	1.03103
	I	0.89107	0.92921	1.04280	
3	C	0.88723	0.89641	1.01035	1.00880
	I	0.90748	0.92494	1.01924	
4	C	0.88806	0.89936	1.01273	1.00581
	I	0.90803	0.92493	1.01861	
5A	C	0.89184	0.89718	1.00600	0.99945
	I	0.92374	0.92877	1.00544	
5B	C	0.90563	0.90397	0.99817	0.99297
	I	0.89981	0.89184	0.99115	
6A	C	0.90412	0.90583	1.00190	0.99470
	I	0.93237	0.92919	0.99659	
6B	C	0.90525	0.90474	0.99944	0.99392
	I	0.89746	0.89151	0.99337	

Tables 6.A–6.N show the Medicare savings calculations for each cohort and Demonstration Year, taking into account the AGA adjustment factors (but still excluding the outlier adjustment). Column (a) displays the number of member months during the Demonstration Year for the intervention group for each category of beneficiary. Column (b) displays the PMPM during the baseline period for the intervention group beneficiaries. This is

the starting PMPM to which the trend factor will be applied to determine the target PMPM. Column (c) is the trend factor obtained by multiplying the PMPM trend from the comparison group by the AGA adjustment factor. Column (d) is the target PMPM, which is the baseline PMPM in column (b) times the trends factor in column (c). Column (e) is the actual PMPM for the intervention group in the Demonstration Year. Column (f) shows the PMPM savings, which is the difference between the actual PMPM in column (e) and the target PMPM in column (d). Multiplying the number of eligible months in column (a) by the PMPM savings gives the total dollar savings of column (g). Finally, column (h) shows the corresponding percentage savings, which is the PMPM savings divided by the target PMPM.

Tables 6.G1-2 displays the Medicare savings calculation for Cohort 1 in total. The baseline PMPM was \$1,612.13. For Demonstration Year 4, the AGA adjusted trend from the comparison group was 1.212, resulting in a target PMPM of \$1,953.25. The actual PMPM for the intervention group was \$1,790.60, an increase of 11.1 percent over the \$1,612.13 baseline PMPM. Because the intervention group PMPM costs increased at a slower rate than the comparison group costs, we estimate a PMPM Medicare savings of \$162.65, a savings rate of 8.3 percent. The total calculated Medicare savings dollar amount was \$13,431,913. For Demonstration Year 5, we estimate a PMPM Medicare savings of \$70.42, or 3.5 percent, with total calculated dollar savings of \$4,630,772.

For Demonstration Year 4, the same calculations for Cohort 2 (as shown in Table 6.H.1) result in a PMPM Medicare savings of \$15.65, or 0.8 percent, and a savings dollar amount of \$54,804. For Demonstration Year 5 (as shown in Table 6.H.2,) the savings is \$92.08 on a PMPM basis, 4.5 percent, and \$258,085 total dollars.

For Cohort 3, Demonstration Year 4 savings (as shown in Table 6.I.1) is \$149.78 PMPM, or 9.3 percent, and \$5,647,567 in total dollars. Demonstration Year 5 savings (as shown in Table 6.I.2) is \$146.84 PMPM, or 8.1 percent, and \$4,305,283 in total dollars.

For Cohort 4, Demonstration Year 4 savings (as shown in Table 6.J.1) is \$216.32 PMPM, or 12.7 percent, and \$9,952,258 in total dollars. Demonstration Year 5 savings (as shown in Table 6.J.2) is \$135.24 PMPM, or 7.4 percent, and \$4,589,080 in total dollars.

For Cohort 5A, Demonstration Year 4 savings (as shown in Table 6.K.1) is \$186.56 PMPM, or 11.0 percent, and \$11,829,028 in total dollars. Demonstration Year 5 savings (as shown in Table 6.K.2) is \$205.76, or 12.2%, and \$9,473,022 in total dollars.

For Cohort 5B, Demonstration Year 4 savings (as shown in Table 6.L.1) is \$172.29 PMPM, or 9.3 percent, and \$8,291,995 in total dollars. Demonstration Year 5 savings (as shown in Table 6.K.2) is \$115.72, or 6.2%, and \$5,684,964 in total dollars.

For Cohort 6A, Demonstration Year 5 savings (as shown in Table 6.M) is \$347.69, or 17.4%, and \$17,295,995 in total dollars. For Cohort 6B, Demonstration Year 5 savings (as shown in Table 6.N) is \$190.16, or 10.4%, and \$6,557,023 in total dollars.

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	12,189.4	\$2,652.67	1.263	\$3,350.82	\$2,553.88	\$796.95	\$9,714,268	23.8%
Facility, age 65+, with SPMI	174.0	\$3,321.06	0.863	\$2,864.99	\$2,310.01	\$554.98	\$96,547	19.4%
Facility, age 65+, no SPMI	246.6	\$2,476.33	0.970	\$2,402.09	\$1,412.25	\$989.84	\$244,074	41.2%
HCBS, age 65+, with SPMI	442.2	\$2,903.67	1.321	\$3,836.27	\$2,634.07	\$1,202.20	\$531,604	31.3%
HCBS, age 65+, no SPMI	2,174.8	\$2,389.27	1.545	\$3,690.99	\$2,593.65	\$1,097.34	\$2,386,532	29.7%
Community, age 65+, with SPMI	278.3	\$2,067.95	1.459	\$3,017.64	\$1,634.74	\$1,382.90	\$384,907	45.8%
Community, age 65+, no SPMI	2,015.5	\$2,124.06	1.565	\$3,323.90	\$2,668.14	\$655.75	\$1,321,667	19.7%
Facility, age <65, with SPMI	69.0	\$5,306.80	0.825	\$4,377.65	\$723.48	\$3,654.16	\$252,137	83.5%
Facility, age <65, no SPMI	174.8	\$4,764.97	0.831	\$3,958.71	\$2,659.92	\$1,298.79	\$226,964	32.8%
HCBS, age <65, with SPMI	1,137.4	\$2,780.44	0.924	\$2,569.44	\$1,830.41	\$739.03	\$840,568	28.8%
HCBS, age <65, no SPMI	2,726.6	\$2,691.70	1.220	\$3,282.72	\$2,578.34	\$704.38	\$1,920,579	21.5%
Community, age <65, with SPMI	835.2	\$2,446.14	1.014	\$2,479.52	\$3,358.75	-\$879.23	-\$734,376	-35.5%
Community, age <65, no SPMI	1,915.0	\$3,319.71	1.188	\$3,944.11	\$2,772.77	\$1,171.33	\$2,243,064	29.7%

Table 6.A.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	9,883.3	\$2,652.67	1.292	\$3,427.67	\$2,702.10	\$725.57	\$7,171,007	21.2%
Facility, age 65+, with SPMI	107.2	\$3,321.06	0.940	\$3,121.58	\$1,828.34	\$1,293.24	\$138,585	41.4%
Facility, age 65+, no SPMI	149.3	\$2,476.33	0.870	\$2,154.69	\$1,141.57	\$1,013.12	\$151,235	47.0%
HCBS, age 65+, with SPMI	417.5	\$2,903.67	1.285	\$3,732.41	\$2,795.42	\$936.99	\$391,148	25.1%
HCBS, age 65+, no SPMI	1,623.0	\$2,389.27	1.514	\$3,616.72	\$2,609.83	\$1,006.89	\$1,634,230	27.8%
Community, age 65+, with SPMI	201.2	\$2,067.95	1.427	\$2,951.61	\$2,374.95	\$576.66	\$116,031	19.5%
Community, age 65+, no SPMI	1,542.0	\$2,124.06	1.596	\$3,390.75	\$2,683.04	\$707.71	\$1,091,274	20.9%
Facility, age <65, with SPMI	70.0	\$5,306.80	0.676	\$3,585.07	\$682.34	\$2,902.72	\$203,191	81.0%
Facility, age <65, no SPMI	151.0	\$4,764.97	0.675	\$3,217.28	\$1,473.98	\$1,743.30	\$263,238	54.2%
HCBS, age <65, with SPMI	989.9	\$2,780.44	1.019	\$2,834.60	\$2,190.67	\$643.93	\$637,409	22.7%
HCBS, age <65, no SPMI	2,282.0	\$2,691.70	1.178	\$3,169.96	\$2,909.48	\$260.49	\$594,428	8.2%
Community, age <65, with SPMI	730.3	\$2,446.14	1.146	\$2,802.66	\$3,284.66	-\$482.00	-\$351,993	-17.2%
Community, age <65, no SPMI	1,620.1	\$3,319.71	1.329	\$4,411.44	\$2,990.38	\$1,421.06	\$2,302,230	32.2%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	23,653.9	\$1,298.08	1.233	\$1,601.17	\$1,592.85	\$8.32	\$196,849	0.5%
Facility, age 65+, with SPMI	424.0	\$1,581.91	0.861	\$1,362.69	\$1,356.14	\$6.56	\$2,780	0.5%
Facility, age 65+, no SPMI	651.8	\$1,689.87	0.968	\$1,635.88	\$1,330.05	\$305.83	\$199,333	18.7%
HCBS, age 65+, with SPMI	963.6	\$1,412.22	1.320	\$1,863.76	\$1,344.42	\$519.33	\$500,417	27.9%
HCBS, age 65+, no SPMI	3,924.7	\$1,178.09	1.547	\$1,822.68	\$1,710.68	\$112.00	\$439,570	6.1%
Community, age 65+, with SPMI	595.9	\$1,140.11	1.458	\$1,662.25	\$1,720.01	-\$57.76	-\$34,422	-3.5%
Community, age 65+, no SPMI	4,628.2	\$971.09	1.568	\$1,522.79	\$1,606.73	-\$83.94	-\$388,497	-5.5%
Facility, age <65, with SPMI	241.6	\$3,244.58	0.823	\$2,669.66	\$1,299.91	\$1,369.75	\$330,891	51.3%
Facility, age <65, no SPMI	130.4	\$3,733.76	0.818	\$3,055.08	\$1,269.57	\$1,785.50	\$232,889	58.4%
HCBS, age <65, with SPMI	2,473.5	\$1,385.95	0.924	\$1,280.54	\$1,234.92	\$45.62	\$112,845	3.6%
HCBS, age <65, no SPMI	3,391.1	\$1,488.47	1.219	\$1,815.15	\$1,693.92	\$121.23	\$411,104	6.7%
Community, age <65, with SPMI	2,709.9	\$1,112.23	1.016	\$1,129.77	\$1,467.82	-\$338.05	-\$916,063	-29.9%
Community, age <65, no SPMI	3,519.2	\$1,390.75	1.188	\$1,652.19	\$1,849.39	-\$197.20	-\$693,998	-11.9%

Table 6.B.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	19,113.5	\$1,298.08	1.263	\$1,639.88	\$1,770.38	-\$130.50	-\$2,494,288	-8.0%
Facility, age 65+, with SPMI	311.0	\$1,581.91	0.942	\$1,490.43	\$802.64	\$687.79	\$213,910	46.1%
Facility, age 65+, no SPMI	423.2	\$1,689.87	0.870	\$1,470.49	\$1,429.30	\$41.19	\$17,433	2.8%
HCBS, age 65+, with SPMI	839.1	\$1,412.22	1.287	\$1,817.03	\$1,298.01	\$519.02	\$435,514	28.6%
HCBS, age 65+, no SPMI	3,025.9	\$1,178.09	1.516	\$1,785.53	\$1,794.50	-\$8.97	-\$27,147	-0.5%
Community, age 65+, with SPMI	443.5	\$1,140.11	1.435	\$1,636.04	\$1,365.31	\$270.73	\$120,079	16.5%
Community, age 65+, no SPMI	3,472.9	\$971.09	1.601	\$1,554.28	\$1,756.74	-\$202.46	-\$703,111	-13.0%
Facility, age <65, with SPMI	224.2	\$3,244.58	0.676	\$2,192.73	\$1,923.74	\$268.99	\$60,296	12.3%
Facility, age <65, no SPMI	101.7	\$3,733.76	0.667	\$2,491.16	\$1,937.48	\$553.68	\$56,283	22.2%
HCBS, age <65, with SPMI	2,233.2	\$1,385.95	1.018	\$1,410.56	\$1,711.48	-\$300.92	-\$672,008	-21.3%
HCBS, age <65, no SPMI	2,996.7	\$1,488.47	1.178	\$1,753.56	\$2,244.54	-\$490.97	-\$1,471,301	-28.0%
Community, age <65, with SPMI	2,204.2	\$1,112.23	1.147	\$1,275.33	\$1,363.53	-\$88.21	-\$194,422	-6.9%
Community, age <65, no SPMI	2,838.0	\$1,390.75	1.329	\$1,848.58	\$1,964.79	-\$116.21	-\$329,815	-6.3%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	2,117.5	\$993.94	1.294	\$1,285.77	\$1,276.44	\$9.33	\$19,756	0.7%
Facility, age 65+, with SPMI	17.0	\$2,437.80	0.867	\$2,114.17	\$890.67	\$1,223.50	\$20,799	57.9%
Facility, age 65+, no SPMI	41.8	\$1,615.10	0.963	\$1,554.63	\$626.66	\$927.96	\$38,814	59.7%
HCBS, age 65+, with SPMI	125.3	\$978.12	1.318	\$1,289.52	\$2,143.80	-\$854.28	-\$107,076	-66.2%
HCBS, age 65+, no SPMI	356.9	\$905.53	1.548	\$1,401.41	\$1,234.36	\$167.06	\$59,627	11.9%
Community, age 65+, with SPMI	121.5	\$1,509.16	1.443	\$2,178.44	\$800.29	\$1,378.15	\$167,511	63.3%
Community, age 65+, no SPMI	467.6	\$760.14	1.562	\$1,187.66	\$1,615.03	-\$427.37	-\$199,842	-36.0%
Facility, age <65, with SPMI	12.0	\$4,384.61	0.821	\$3,598.16	\$7,222.17	-\$3,624.02	-\$43,488	-100.7%
Facility, age <65, no SPMI	24.0	\$10,040.68	0.744	\$7,466.53	\$270.92	\$7,195.61	\$172,695	96.4%
HCBS, age <65, with SPMI	207.4	\$739.84	0.920	\$680.36	\$629.56	\$50.79	\$10,536	7.5%
HCBS, age <65, no SPMI	249.2	\$880.51	1.219	\$1,072.98	\$1,289.43	-\$216.45	-\$53,929	-20.2%
Community, age <65, with SPMI	239.3	\$832.44	1.015	\$845.01	\$1,108.31	-\$263.30	-\$63,014	-31.2%
Community, age <65, no SPMI	255.3	\$1,013.70	1.185	\$1,200.75	\$1,133.69	\$67.06	\$17,122	5.6%

Table 6.C.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1C

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	1,567.5	\$993.94	1.315	\$1,307.15	\$1,771.05	-\$463.91	-\$727,177	-35.5%
Facility, age 65+, with SPMI	12.0	\$2,437.80	0.930	\$2,266.67	\$413.69	\$1,852.98	\$22,236	81.7%
Facility, age 65+, no SPMI	36.0	\$1,615.10	0.857	\$1,383.85	\$1,729.60	-\$345.75	-\$12,447	-25.0%
HCBS, age 65+, with SPMI	95.0	\$978.12	1.287	\$1,258.70	\$1,008.53	\$250.17	\$23,766	19.9%
HCBS, age 65+, no SPMI	248.8	\$905.53	1.514	\$1,371.30	\$1,454.38	-\$83.08	-\$20,669	-6.1%
Community, age 65+, with SPMI	98.2	\$1,509.16	1.409	\$2,126.42	\$1,145.83	\$980.59	\$96,319	46.1%
Community, age 65+, no SPMI	295.1	\$760.14	1.592	\$1,210.50	\$1,819.09	-\$608.59	-\$179,602	-50.3%
Facility, age <65, with SPMI	11.0	\$4,384.61	0.671	\$2,941.18	\$3,946.87	-\$1,005.69	-\$11,063	-34.2%
Facility, age <65, no SPMI	23.0	\$10,040.68	0.605	\$6,076.47	\$2,027.39	\$4,049.07	\$93,129	66.6%
HCBS, age <65, with SPMI	168.0	\$739.84	1.013	\$749.64	\$362.22	\$387.42	\$65,087	51.7%
HCBS, age <65, no SPMI	183.0	\$880.51	1.173	\$1,032.71	\$2,530.90	-\$1,498.19	-\$274,169	-145.1%
Community, age <65, with SPMI	192.7	\$832.44	1.144	\$952.66	\$1,096.65	-\$143.99	-\$27,745	-15.1%
Community, age <65, no SPMI	204.7	\$1,013.70	1.323	\$1,341.01	\$3,793.47	-\$2,452.47	-\$502,020	-182.9%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	35,279.7	\$1,696.25	1.214	\$2,058.81	\$1,847.24	\$211.57	\$7,464,102	10.3%
Facility, age 65+, with SPMI	479.9	\$2,345.53	0.862	\$2,022.73	\$1,776.09	\$246.65	\$118,371	12.2%
Facility, age 65+, no SPMI	1,197.6	\$2,040.09	0.962	\$1,963.04	\$1,341.66	\$621.38	\$744,163	31.7%
HCBS, age 65+, with SPMI	1,341.4	\$2,012.00	1.321	\$2,657.01	\$2,157.80	\$499.21	\$669,639	18.8%
HCBS, age 65+, no SPMI	5,717.5	\$1,699.59	1.544	\$2,624.68	\$2,135.84	\$488.84	\$2,794,938	18.6%
Community, age 65+, with SPMI	772.4	\$1,450.66	1.456	\$2,112.09	\$1,378.43	\$733.67	\$566,691	34.7%
Community, age 65+, no SPMI	5,229.4	\$1,352.84	1.566	\$2,118.83	\$1,814.86	\$303.97	\$1,589,582	14.3%
Facility, age <65, with SPMI	179.3	\$3,271.35	0.819	\$2,680.16	\$1,455.52	\$1,224.64	\$219,526	45.7%
Facility, age <65, no SPMI	330.1	\$4,766.02	0.834	\$3,974.72	\$2,417.55	\$1,557.17	\$514,027	39.2%
HCBS, age <65, with SPMI	3,115.3	\$1,644.72	0.924	\$1,519.41	\$1,592.96	-\$73.54	-\$229,110	-4.8%
HCBS, age <65, no SPMI	6,129.5	\$1,817.35	1.219	\$2,216.01	\$1,989.29	\$226.72	\$1,389,666	10.2%
Community, age <65, with SPMI	4,374.3	\$1,327.43	1.013	\$1,344.82	\$1,470.69	-\$125.87	-\$550,613	-9.4%
Community, age <65, no SPMI	6,413.0	\$1,578.14	1.190	\$1,877.21	\$1,933.78	-\$56.57	-\$362,778	-3.0%

Table 6.D.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1D

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	27,968.7	\$1,696.25	1.234	\$2,092.53	\$1,931.04	\$161.49	\$4,516,751	7.7%
Facility, age 65+, with SPMI	320.5	\$2,345.53	0.941	\$2,206.53	\$799.97	\$1,406.56	\$450,831	63.7%
Facility, age 65+, no SPMI	843.3	\$2,040.09	0.863	\$1,761.34	\$1,134.70	\$626.64	\$528,440	35.6%
HCBS, age 65+, with SPMI	1,044.9	\$2,012.00	1.288	\$2,591.45	\$1,597.79	\$993.66	\$1,038,269	38.3%
HCBS, age 65+, no SPMI	4,194.9	\$1,699.59	1.512	\$2,570.41	\$2,186.61	\$383.80	\$1,609,979	14.9%
Community, age 65+, with SPMI	638.4	\$1,450.66	1.429	\$2,072.89	\$1,354.43	\$718.46	\$458,659	34.7%
Community, age 65+, no SPMI	3,943.4	\$1,352.84	1.599	\$2,163.07	\$2,170.33	-\$7.26	-\$28,624	-0.3%
Facility, age <65, with SPMI	131.9	\$3,271.35	0.676	\$2,211.46	\$2,638.16	-\$426.71	-\$56,269	-19.3%
Facility, age <65, no SPMI	276.7	\$4,766.02	0.672	\$3,203.96	\$2,411.84	\$792.12	\$219,163	24.7%
HCBS, age <65, with SPMI	2,617.7	\$1,644.72	1.018	\$1,674.82	\$1,703.64	-\$28.81	-\$75,426	-1.7%
HCBS, age <65, no SPMI	5,216.0	\$1,817.35	1.177	\$2,139.04	\$1,992.43	\$146.61	\$764,733	6.9%
Community, age <65, with SPMI	3,580.2	\$1,327.43	1.144	\$1,519.06	\$1,664.47	-\$145.41	-\$520,580	-9.6%
Community, age <65, no SPMI	5,160.9	\$1,578.14	1.330	\$2,098.71	\$2,073.99	\$24.72	\$127,576	1.2%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	4,432.5	\$678.93	1.216	\$825.91	\$1,224.69	-\$398.77	-\$1,767,557	-48.3%
Facility, age 65+, with SPMI	39.4	\$1,222.01	0.861	\$1,051.98	\$627.72	\$424.26	\$16,716	40.3%
Facility, age 65+, no SPMI	156.4	\$860.02	0.959	\$824.73	\$1,880.63	-\$1,055.90	-\$165,152	-128.0%
HCBS, age 65+, with SPMI	50.6	\$682.88	1.313	\$896.34	\$1,325.09	-\$428.76	-\$21,687	-47.8%
HCBS, age 65+, no SPMI	678.9	\$808.12	1.542	\$1,245.99	\$1,674.73	-\$428.73	-\$291,058	-34.4%
Community, age 65+, with SPMI	83.2	\$771.30	1.453	\$1,120.73	\$1,335.36	-\$214.63	-\$17,850	-19.2%
Community, age 65+, no SPMI	1,000.9	\$534.63	1.566	\$837.33	\$1,093.74	-\$256.42	-\$256,658	-30.6%
Facility, age <65, with SPMI	48.0	\$422.56	0.820	\$346.70	\$1,955.82	-\$1,609.12	-\$77,238	-464.1%
Facility, age <65, no SPMI	63.0	\$1,235.18	0.826	\$1,019.80	\$987.36	\$32.44	\$2,044	3.2%
HCBS, age <65, with SPMI	317.8	\$582.37	0.925	\$538.47	\$1,032.27	-\$493.80	-\$156,949	-91.7%
HCBS, age <65, no SPMI	589.8	\$573.21	1.221	\$700.04	\$1,207.29	-\$507.25	-\$299,163	-72.5%
Community, age <65, with SPMI	638.1	\$695.05	1.016	\$705.84	\$873.43	-\$167.59	-\$106,945	-23.7%
Community, age <65, no SPMI	766.4	\$608.17	1.186	\$721.00	\$1,234.61	-\$513.61	-\$393,618	-71.2%

Table 6.E.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1E

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,341.5	\$678.93	1.239	\$840.94	\$1,437.81	-\$596.87	-\$1,994,448	-71.0%
Facility, age 65+, with SPMI	29.0	\$1,222.01	0.949	\$1,159.20	\$701.89	\$457.31	\$13,262	39.5%
Facility, age 65+, no SPMI	102.7	\$860.02	0.861	\$740.83	\$508.76	\$232.08	\$23,824	31.3%
HCBS, age 65+, with SPMI	36.2	\$682.88	1.330	\$908.31	\$1,033.26	-\$124.95	-\$4,526	-13.8%
HCBS, age 65+, no SPMI	508.4	\$808.12	1.510	\$1,220.47	\$1,818.24	-\$597.77	-\$303,886	-49.0%
Community, age 65+, with SPMI	52.5	\$771.30	1.424	\$1,098.22	\$2,827.74	-\$1,729.52	-\$90,883	-157.5%
Community, age 65+, no SPMI	697.7	\$534.63	1.599	\$854.81	\$1,477.12	-\$622.31	-\$434,166	-72.8%
Facility, age <65, with SPMI	39.9	\$422.56	0.685	\$289.43	\$1,930.21	-\$1,640.78	-\$65,525	-566.9%
Facility, age <65, no SPMI	44.0	\$1,235.18	0.681	\$840.83	\$1,396.40	-\$555.58	-\$24,445	-66.1%
HCBS, age <65, with SPMI	297.0	\$582.37	1.019	\$593.48	\$696.09	-\$102.60	-\$30,473	-17.3%
HCBS, age <65, no SPMI	484.3	\$573.21	1.178	\$675.24	\$1,528.82	-\$853.58	-\$413,366	-126.4%
Community, age <65, with SPMI	498.7	\$695.05	1.147	\$797.05	\$973.98	-\$176.92	-\$88,237	-22.2%
Community, age <65, no SPMI	551.1	\$608.17	1.323	\$804.91	\$1,850.14	-\$1,045.23	-\$576,024	-129.9%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	4,911.2	\$608.70	1.195	\$727.16	\$1,174.20	-\$447.04	-\$2,195,504	-61.5%
Facility, age 65+, with SPMI	36.0	\$1,241.30	0.857	\$1,064.28	\$428.27	\$636.01	\$22,896	59.8%
Facility, age 65+, no SPMI	148.4	\$1,121.79	0.960	\$1,077.42	\$1,167.58	-\$90.17	-\$13,382	-8.4%
HCBS, age 65+, with SPMI	182.6	\$803.19	1.311	\$1,052.67	\$2,391.37	-\$1,338.70	-\$244,506	-127.2%
HCBS, age 65+, no SPMI	561.6	\$690.94	1.537	\$1,061.70	\$1,171.48	-\$109.78	-\$61,650	-10.3%
Community, age 65+, with SPMI	130.0	\$719.43	1.449	\$1,042.43	\$679.60	\$362.84	\$47,169	34.8%
Community, age 65+, no SPMI	1,151.3	\$477.67	1.560	\$745.30	\$1,446.14	-\$700.84	-\$806,847	-94.0%
Facility, age <65, with SPMI	47.0	\$551.42	0.812	\$448.01	\$1,722.11	-\$1,274.10	-\$59,883	-284.4%
Facility, age <65, no SPMI	36.0	\$441.48	0.835	\$368.81	\$226.17	\$142.64	\$5,135	38.7%
HCBS, age <65, with SPMI	263.2	\$725.74	0.922	\$668.89	\$432.51	\$236.39	\$62,223	35.3%
HCBS, age <65, no SPMI	770.6	\$381.65	1.220	\$465.67	\$834.87	-\$369.20	-\$284,505	-79.3%
Community, age <65, with SPMI	483.0	\$779.84	1.012	\$789.44	\$1,309.56	-\$520.11	-\$251,215	-65.9%
Community, age <65, no SPMI	1,101.5	\$489.77	1.187	\$581.40	\$1,136.06	-\$554.66	-\$610,939	-95.4%

Table 6.F.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1F

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,882.8	\$608.70	1.227	\$746.98	\$1,221.14	-\$474.16	-\$1,841,073	-63.5%
Facility, age 65+, with SPMI	31.2	\$1,241.30	0.944	\$1,172.23	\$780.44	\$391.79	\$12,221	33.4%
Facility, age 65+, no SPMI	86.9	\$1,121.79	0.865	\$970.17	\$1,096.92	-\$126.75	-\$11,017	-13.1%
HCBS, age 65+, with SPMI	145.9	\$803.19	1.291	\$1,036.77	\$2,829.69	-\$1,792.92	-\$261,527	-172.9%
HCBS, age 65+, no SPMI	438.5	\$690.94	1.507	\$1,040.99	\$2,146.66	-\$1,105.67	-\$484,807	-106.2%
Community, age 65+, with SPMI	81.9	\$719.43	1.417	\$1,019.78	\$1,519.12	-\$499.35	-\$40,889	-49.0%
Community, age 65+, no SPMI	896.4	\$477.67	1.592	\$760.66	\$1,457.51	-\$696.85	-\$624,676	-91.6%
Facility, age <65, with SPMI	36.0	\$551.42	0.678	\$374.04	\$625.24	-\$251.20	-\$9,043	-67.2%
Facility, age <65, no SPMI	28.0	\$441.48	0.690	\$304.53	\$63.85	\$240.68	\$6,739	79.0%
HCBS, age <65, with SPMI	223.7	\$725.74	1.017	\$738.11	\$767.43	-\$29.32	-\$6,559	-4.0%
HCBS, age <65, no SPMI	621.7	\$381.65	1.177	\$449.35	\$769.44	-\$320.10	-\$199,004	-71.2%
Community, age <65, with SPMI	409.0	\$779.84	1.145	\$892.63	\$1,000.85	-\$108.22	-\$44,262	-12.1%
Community, age <65, no SPMI	883.7	\$489.77	1.328	\$650.60	\$852.31	-\$201.71	-\$178,249	-31.0%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	82,584.2	\$1,612.13	1.212	\$1,953.25	\$1,790.60	\$162.65	\$13,431,913	8.3%
Facility, age 65+, with SPMI	1,170.2	\$2,187.68	0.845	\$1,847.98	\$1,610.33	\$237.65	\$278,109	12.9%
Facility, age 65+, no SPMI	2,442.6	\$1,891.49	0.944	\$1,786.37	\$1,357.38	\$428.99	\$1,047,850	24.0%
HCBS, age 65+, with SPMI	3,105.7	\$1,892.37	1.269	\$2,400.59	\$1,972.87	\$427.72	\$1,328,391	17.8%
HCBS, age 65+, no SPMI	13,414.5	\$1,566.85	1.529	\$2,395.16	\$1,997.98	\$397.18	\$5,327,960	16.6%
Community, age 65+, with SPMI	1,981.4	\$1,375.13	1.452	\$1,996.28	\$1,434.04	\$562.24	\$1,114,007	28.2%
Community, age 65+, no SPMI	14,492.9	\$1,218.15	1.534	\$1,868.42	\$1,781.52	\$86.90	\$1,259,405	4.7%
Facility, age <65, with SPMI	596.8	\$3,424.47	0.738	\$2,527.17	\$1,485.08	\$1,042.08	\$621,946	41.2%
Facility, age <65, no SPMI	758.3	\$4,229.44	0.829	\$3,506.67	\$1,985.14	\$1,521.53	\$1,153,753	43.4%
HCBS, age <65, with SPMI	7,514.7	\$1,670.54	0.901	\$1,505.27	\$1,420.09	\$85.18	\$640,113	5.7%
HCBS, age <65, no SPMI	13,856.7	\$1,786.30	1.201	\$2,145.39	\$1,922.85	\$222.55	\$3,083,752	10.4%
Community, age <65, with SPMI	9,279.9	\$1,286.74	1.009	\$1,298.42	\$1,580.99	-\$282.57	-\$2,622,226	-21.8%
Community, age <65, no SPMI	13,970.4	\$1,647.99	1.169	\$1,925.89	\$1,911.66	\$14.23	\$198,854	0.7%

Table 6.G.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 1 total

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	65,757.4	\$1,612.13	1.241	\$1,999.86	\$1,929.43	\$70.42	\$4,630,772	3.5%
Facility, age 65+, with SPMI	810.9	\$2,187.68	0.903	\$1,976.45	\$926.92	\$1,049.52	\$851,046	53.1%
Facility, age 65+, no SPMI	1,641.4	\$1,891.49	0.850	\$1,608.12	\$1,183.19	\$424.93	\$697,469	26.4%
HCBS, age 65+, with SPMI	2,578.6	\$1,892.37	1.249	\$2,363.46	\$1,734.17	\$629.28	\$1,622,644	26.6%
HCBS, age 65+, no SPMI	10,039.4	\$1,566.85	1.492	\$2,338.13	\$2,098.31	\$239.82	\$2,407,700	10.3%
Community, age 65+, with SPMI	1,515.8	\$1,375.13	1.436	\$1,974.50	\$1,539.54	\$434.96	\$659,315	22.0%
Community, age 65+, no SPMI	10,847.4	\$1,218.15	1.573	\$1,916.72	\$1,997.75	-\$81.02	-\$878,905	-4.2%
Facility, age <65, with SPMI	513.0	\$3,424.47	0.621	\$2,127.78	\$1,890.75	\$237.03	\$121,587	11.1%
Facility, age <65, no SPMI	624.3	\$4,229.44	0.686	\$2,900.37	\$1,916.75	\$983.62	\$614,106	33.9%
HCBS, age <65, with SPMI	6,529.5	\$1,670.54	0.991	\$1,655.19	\$1,667.74	-\$12.55	-\$81,969	-0.8%
HCBS, age <65, no SPMI	11,783.7	\$1,786.30	1.161	\$2,074.17	\$2,158.92	-\$84.75	-\$998,680	-4.1%
Community, age <65, with SPMI	7,615.0	\$1,286.74	1.147	\$1,476.35	\$1,637.51	-\$161.16	-\$1,227,240	-10.9%
Community, age <65, no SPMI	11,258.4	\$1,647.99	1.321	\$2,177.69	\$2,102.75	\$74.94	\$843,698	3.4%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	3,500.8	\$2,356.60	0.861	\$2,028.64	\$2,012.98	\$15.65	\$54,804	0.8%
Facility, age 65+, with SPMI	36.0	\$6,327.51	0.501	\$3,168.76	\$1,170.39	\$1,998.38	\$71,942	63.1%
Facility, age 65+, no SPMI	125.4	\$5,338.95	0.635	\$3,392.21	\$668.88	\$2,723.33	\$341,383	80.3%
HCBS, age 65+, with SPMI	105.0	\$1,791.38	1.212	\$2,171.22	\$1,324.68	\$846.53	\$88,886	39.0%
HCBS, age 65+, no SPMI	492.2	\$2,315.40	1.078	\$2,497.01	\$2,930.04	-\$433.04	-\$213,161	-17.3%
Community, age 65+, with SPMI	98.5	\$2,564.32	1.148	\$2,943.47	\$2,593.63	\$349.84	\$34,459	11.9%
Community, age 65+, no SPMI	632.5	\$2,029.05	1.067	\$2,165.14	\$1,429.67	\$735.46	\$465,144	34.0%
Facility, age <65, with SPMI	50.0	\$2,265.17	0.338	\$765.89	\$606.08	\$159.82	\$7,985	20.9%
Facility, age <65, no SPMI	23.9	\$9,194.32	0.430	\$3,954.80	\$7,509.35	-\$3,554.55	-\$85,080	-89.9%
HCBS, age <65, with SPMI	261.0	\$2,892.19	0.759	\$2,196.53	\$2,075.04	\$121.49	\$31,708	5.5%
HCBS, age <65, no SPMI	583.3	\$2,269.10	0.967	\$2,193.85	\$1,719.34	\$474.52	\$276,809	21.6%
Community, age <65, with SPMI	268.3	\$2,048.38	0.904	\$1,851.75	\$957.95	\$893.80	\$239,779	48.3%
Community, age <65, no SPMI	824.8	\$1,441.79	0.810	\$1,168.15	\$2,629.25	-\$1,461.10	-\$1,205,050	-125.1%

Table 6.H.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 2

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	2,802.7	\$2,356.60	0.862	\$2,031.49	\$1,939.41	\$92.08	\$258,085	4.5%
Facility, age 65+, with SPMI	29.2	\$6,327.51	0.641	\$4,057.79	\$1,462.69	\$2,595.10	\$75,676	64.0%
Facility, age 65+, no SPMI	106.7	\$5,338.95	0.580	\$3,096.08	\$1,815.26	\$1,280.82	\$136,618	41.4%
HCBS, age 65+, with SPMI	110.0	\$1,791.38	1.055	\$1,889.69	\$792.38	\$1,097.31	\$120,704	58.1%
HCBS, age 65+, no SPMI	380.6	\$2,315.40	1.266	\$2,930.40	\$2,382.28	\$548.13	\$208,621	18.7%
Community, age 65+, with SPMI	69.2	\$2,564.32	1.057	\$2,711.09	\$2,737.96	-\$26.87	-\$1,861	-1.0%
Community, age 65+, no SPMI	512.5	\$2,029.05	0.870	\$1,764.27	\$1,386.14	\$378.14	\$193,794	21.4%
Facility, age <65, with SPMI	36.0	\$2,265.17	0.413	\$935.37	\$229.78	\$705.59	\$25,401	75.4%
Facility, age <65, no SPMI	12.0	\$9,194.32	0.560	\$5,146.90	\$500.91	\$4,645.99	\$55,752	90.3%
HCBS, age <65, with SPMI	195.1	\$2,892.19	0.676	\$1,955.80	\$2,040.20	-\$84.40	-\$16,468	-4.3%
HCBS, age <65, no SPMI	474.8	\$2,269.10	1.020	\$2,314.95	\$2,218.55	\$96.40	\$45,772	4.2%
Community, age <65, with SPMI	243.4	\$2,048.38	0.789	\$1,615.33	\$810.71	\$804.62	\$195,845	49.8%
Community, age <65, no SPMI	633.2	\$1,441.79	0.943	\$1,359.13	\$2,593.77	-\$1,234.64	-\$781,770	-90.8%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	37,705.6	\$1,690.19	0.951	\$1,606.59	\$1,456.81	\$149.78	\$5,647,567	9.3%
Facility, age 65+, with SPMI	585.9	\$2,546.62	0.638	\$1,624.10	\$1,508.63	\$115.47	\$67,651	7.1%
Facility, age 65+, no SPMI	1,329.2	\$2,124.41	0.710	\$1,509.22	\$1,242.67	\$266.54	\$354,291	17.7%
HCBS, age 65+, with SPMI	1,648.4	\$1,974.89	1.165	\$2,300.77	\$1,734.07	\$566.69	\$934,109	24.6%
HCBS, age 65+, no SPMI	6,576.3	\$1,772.34	1.220	\$2,162.08	\$1,665.14	\$496.94	\$3,268,070	23.0%
Community, age 65+, with SPMI	1,336.1	\$1,390.23	0.763	\$1,060.93	\$1,126.15	-\$65.22	-\$87,140	-6.1%
Community, age 65+, no SPMI	7,508.2	\$1,293.29	1.032	\$1,334.65	\$1,224.04	\$110.61	\$830,489	8.3%
Facility, age <65, with SPMI	288.2	\$4,619.24	0.321	\$1,484.09	\$2,394.44	-\$910.35	-\$262,332	-61.3%
Facility, age <65, no SPMI	474.7	\$4,369.28	0.457	\$1,998.93	\$2,366.78	-\$367.85	-\$174,610	-18.4%
HCBS, age <65, with SPMI	2,710.2	\$1,958.15	0.770	\$1,507.75	\$1,460.73	\$47.02	\$127,419	3.1%
HCBS, age <65, no SPMI	5,105.9	\$1,868.23	0.982	\$1,834.38	\$1,690.39	\$143.99	\$735,171	7.8%
Community, age <65, with SPMI	3,993.9	\$1,309.66	0.860	\$1,125.88	\$1,258.20	-\$132.32	-\$528,469	-11.8%
Community, age <65, no SPMI	6,148.7	\$1,466.46	0.981	\$1,438.52	\$1,376.24	\$62.28	\$382,917	4.3%

Table 6.I.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 3

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	29,320.0	\$1,690.19	1.068	\$1,805.80	\$1,658.97	\$146.84	\$4,305,283	8.1%
Facility, age 65+, with SPMI	425.0	\$2,546.62	0.724	\$1,843.81	\$1,607.56	\$236.25	\$100,414	12.8%
Facility, age 65+, no SPMI	960.5	\$2,124.41	0.722	\$1,532.95	\$1,441.65	\$91.30	\$87,687	6.0%
HCBS, age 65+, with SPMI	1,265.9	\$1,974.89	1.075	\$2,123.26	\$1,699.19	\$424.07	\$536,817	20.0%
HCBS, age 65+, no SPMI	4,918.5	\$1,772.34	1.307	\$2,316.38	\$1,802.79	\$513.60	\$2,526,117	22.2%
Community, age 65+, with SPMI	1,078.0	\$1,390.23	0.748	\$1,040.12	\$1,543.17	-\$503.05	-\$542,261	-48.4%
Community, age 65+, no SPMI	5,739.7	\$1,293.29	1.105	\$1,429.65	\$1,476.17	-\$46.52	-\$267,010	-3.3%
Facility, age <65, with SPMI	233.3	\$4,619.24	0.524	\$2,419.00	\$2,290.99	\$128.01	\$29,866	5.3%
Facility, age <65, no SPMI	440.5	\$4,369.28	0.499	\$2,181.96	\$1,833.07	\$348.89	\$153,690	16.0%
HCBS, age <65, with SPMI	2,255.5	\$1,958.15	0.898	\$1,758.34	\$1,825.19	-\$66.86	-\$150,794	-3.8%
HCBS, age <65, no SPMI	4,262.8	\$1,868.23	1.271	\$2,374.27	\$1,956.91	\$417.36	\$1,779,122	17.6%
Community, age <65, with SPMI	3,026.8	\$1,309.66	1.010	\$1,323.41	\$1,397.16	-\$73.75	-\$223,220	-5.6%
Community, age <65, no SPMI	4,713.5	\$1,466.46	1.109	\$1,625.96	\$1,567.64	\$58.31	\$274,854	3.6%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	46,007.8	\$1,742.42	0.980	\$1,707.29	\$1,490.97	\$216.32	\$9,952,258	12.7%
Facility, age 65+, with SPMI	1,450.9	\$3,336.29	0.713	\$2,379.00	\$1,310.30	\$1,068.70	\$1,550,605	44.9%
Facility, age 65+, no SPMI	1,411.5	\$2,231.28	0.664	\$1,482.62	\$997.70	\$484.91	\$684,446	32.7%
HCBS, age 65+, with SPMI	3,194.4	\$2,410.48	0.946	\$2,281.49	\$1,880.21	\$401.28	\$1,281,863	17.6%
HCBS, age 65+, no SPMI	6,946.6	\$1,679.14	1.248	\$2,094.74	\$1,718.00	\$376.74	\$2,617,066	18.0%
Community, age 65+, with SPMI	2,244.3	\$1,908.28	0.754	\$1,438.18	\$1,539.33	-\$101.15	-\$227,004	-7.0%
Community, age 65+, no SPMI	9,825.5	\$1,220.09	1.083	\$1,320.79	\$1,240.54	\$80.26	\$788,576	6.1%
Facility, age <65, with SPMI	417.2	\$4,472.72	0.636	\$2,846.10	\$2,491.16	\$354.94	\$148,080	12.5%
Facility, age <65, no SPMI	252.1	\$3,253.09	0.626	\$2,036.03	\$1,628.80	\$407.23	\$102,649	20.0%
HCBS, age <65, with SPMI	3,751.4	\$1,791.41	0.999	\$1,789.06	\$1,714.96	\$74.10	\$277,979	4.1%
HCBS, age <65, no SPMI	5,025.5	\$1,871.58	1.142	\$2,137.07	\$1,634.87	\$502.20	\$2,523,782	23.5%
Community, age <65, with SPMI	5,396.1	\$1,469.29	0.912	\$1,339.93	\$1,160.02	\$179.92	\$970,866	13.4%
Community, age <65, no SPMI	6,092.2	\$1,437.51	0.979	\$1,407.88	\$1,533.72	-\$125.84	-\$766,650	-8.9%

Table 6.J.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 4

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	33,933.1	\$1,742.42	1.053	\$1,835.18	\$1,699.94	\$135.24	\$4,589,080	7.4%
Facility, age 65+, with SPMI	1,064.6	\$3,336.29	0.676	\$2,256.12	\$1,350.69	\$905.43	\$963,895	40.1%
Facility, age 65+, no SPMI	897.6	\$2,231.28	0.641	\$1,430.47	\$1,362.52	\$67.95	\$60,993	4.8%
HCBS, age 65+, with SPMI	2,464.7	\$2,410.48	0.951	\$2,291.81	\$1,885.53	\$406.28	\$1,001,367	17.7%
HCBS, age 65+, no SPMI	5,058.5	\$1,679.14	1.507	\$2,530.92	\$1,814.41	\$716.51	\$3,624,449	28.3%
Community, age 65+, with SPMI	1,701.5	\$1,908.28	0.895	\$1,708.41	\$2,031.58	-\$323.17	-\$549,880	-18.9%
Community, age 65+, no SPMI	6,774.7	\$1,220.09	1.154	\$1,407.50	\$1,454.93	-\$47.43	-\$321,328	-3.4%
Facility, age <65, with SPMI	265.8	\$4,472.72	0.682	\$3,048.51	\$2,904.44	\$144.07	\$38,294	4.7%
Facility, age <65, no SPMI	219.2	\$3,253.09	0.690	\$2,244.81	\$1,671.74	\$573.07	\$125,588	25.5%
HCBS, age <65, with SPMI	3,005.2	\$1,791.41	1.177	\$2,107.80	\$1,830.72	\$277.08	\$832,672	13.1%
HCBS, age <65, no SPMI	4,023.4	\$1,871.58	1.122	\$2,099.77	\$1,960.91	\$138.86	\$558,678	6.6%
Community, age <65, with SPMI	4,007.8	\$1,469.29	0.884	\$1,298.68	\$1,214.79	\$83.89	\$336,212	6.5%
Community, age <65, no SPMI	4,450.1	\$1,437.51	1.001	\$1,439.14	\$1,906.96	-\$467.82	-\$2,081,860	-32.5%

Table 6.K.1 -- MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 5A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	63,406.2	\$1,684.46	1.007	\$1,695.53	\$1,508.97	\$186.56	\$11,829,028	11.0%
Facility, age 65+, with SPMI	2,545.2	\$3,162.82	0.844	\$2,670.63	\$1,723.96	\$946.67	\$2,409,481	35.4%
Facility, age 65+, no SPMI	1,872.9	\$2,002.58	0.838	\$1,677.46	\$1,116.83	\$560.63	\$1,049,993	33.4%
HCBS, age 65+, with SPMI	6,275.1	\$2,274.31	1.038	\$2,361.44	\$2,128.10	\$233.34	\$1,464,255	9.9%
HCBS, age 65+, no SPMI	8,243.0	\$1,764.55	1.217	\$2,146.99	\$1,691.79	\$455.20	\$3,752,198	21.2%
Community, age 65+, with SPMI	4,801.2	\$1,724.64	0.847	\$1,461.60	\$1,509.59	-\$47.99	-\$230,420	-3.3%
Community, age 65+, no SPMI	11,384.8	\$1,063.18	1.052	\$1,118.06	\$1,231.73	-\$113.67	-\$1,294,138	-10.2%
Facility, age <65, with SPMI	755.7	\$5,207.50	0.918	\$4,779.58	\$2,654.65	\$2,124.93	\$1,605,760	44.5%
Facility, age <65, no SPMI	328.5	\$3,572.15	0.665	\$2,374.07	\$2,038.33	\$335.74	\$110,304	14.1%
HCBS, age <65, with SPMI	5,889.4	\$2,118.15	1.233	\$2,611.83	\$1,794.53	\$817.30	\$4,813,414	31.3%
HCBS, age <65, no SPMI	4,422.6	\$1,388.04	1.021	\$1,417.67	\$1,534.08	-\$116.41	-\$514,840	-8.2%
Community, age <65, with SPMI	9,596.5	\$1,355.55	0.876	\$1,187.30	\$1,198.61	-\$11.31	-\$108,516	-1.0%
Community, age <65, no SPMI	7,291.4	\$1,207.80	0.893	\$1,079.08	\$1,247.56	-\$168.48	-\$1,228,463	-15.6%

Table 6.K.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 5A

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	46,039.0	\$1,684.46	1.002	\$1,687.71	\$1,481.94	\$205.76	\$9,473,022	12.2%
Facility, age 65+, with SPMI	1,648.5	\$3,162.82	0.811	\$2,563.51	\$1,289.01	\$1,274.51	\$2,101,046	49.7%
Facility, age 65+, no SPMI	1,129.4	\$2,002.58	0.922	\$1,846.52	\$764.20	\$1,082.32	\$1,222,400	58.6%
HCBS, age 65+, with SPMI	4,687.1	\$2,274.31	1.246	\$2,833.89	\$2,099.25	\$734.64	\$3,443,329	25.9%
HCBS, age 65+, no SPMI	6,004.6	\$1,764.55	1.202	\$2,120.47	\$1,799.23	\$321.24	\$1,928,901	15.1%
Community, age 65+, with SPMI	3,424.0	\$1,724.64	0.846	\$1,459.64	\$1,284.24	\$175.39	\$600,544	12.0%
Community, age 65+, no SPMI	7,914.7	\$1,063.18	0.909	\$966.32	\$1,183.60	-\$217.27	-\$1,719,647	-22.5%
Facility, age <65, with SPMI	587.3	\$5,207.50	0.997	\$5,194.13	\$2,235.27	\$2,958.86	\$1,737,631	57.0%
Facility, age <65, no SPMI	270.7	\$3,572.15	0.938	\$3,349.92	\$1,419.74	\$1,930.18	\$522,565	57.6%
HCBS, age <65, with SPMI	4,720.4	\$2,118.15	0.973	\$2,060.67	\$1,733.18	\$327.49	\$1,545,877	15.9%
HCBS, age <65, no SPMI	3,700.3	\$1,388.04	1.100	\$1,527.46	\$1,523.39	\$4.07	\$15,054	0.3%
Community, age <65, with SPMI	6,928.6	\$1,355.55	0.827	\$1,121.45	\$1,144.63	-\$23.17	-\$160,538	-2.1%
Community, age <65, no SPMI	5,023.3	\$1,207.80	0.926	\$1,118.95	\$1,470.14	-\$351.19	-\$1,764,140	-31.4%

Table 6.L.1 -- MEDICARE Demonstration Year 4
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 5B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	48,127.8	\$1,730.61	1.068	\$1,848.77	\$1,676.48	\$172.29	\$8,291,995	9.3%
Facility, age 65+, with SPMI	3,041.1	\$2,716.60	0.929	\$2,522.56	\$1,975.64	\$546.92	\$1,663,271	21.7%
Facility, age 65+, no SPMI	1,720.1	\$2,135.54	0.929	\$1,983.34	\$1,632.06	\$351.29	\$604,255	17.7%
HCBS, age 65+, with SPMI	5,905.3	\$1,931.80	1.061	\$2,049.20	\$1,851.77	\$197.43	\$1,165,894	9.6%
HCBS, age 65+, no SPMI	6,523.5	\$1,341.24	1.194	\$1,601.63	\$1,472.86	\$128.77	\$840,019	8.0%
Community, age 65+, with SPMI	4,393.1	\$1,691.40	1.057	\$1,787.54	\$1,562.85	\$224.69	\$987,099	12.6%
Community, age 65+, no SPMI	10,565.1	\$1,206.44	1.199	\$1,445.99	\$1,243.32	\$202.67	\$2,141,262	14.0%
Facility, age <65, with SPMI	973.6	\$4,189.90	0.815	\$3,413.22	\$2,821.54	\$591.68	\$576,079	17.3%
Facility, age <65, no SPMI	455.5	\$2,293.73	1.179	\$2,704.19	\$1,845.13	\$859.05	\$391,319	31.8%
HCBS, age <65, with SPMI	4,206.3	\$2,034.93	1.081	\$2,199.12	\$2,114.82	\$84.31	\$354,621	3.8%
HCBS, age <65, no SPMI	2,831.0	\$1,392.03	1.131	\$1,574.14	\$1,733.62	-\$159.48	-\$451,484	-10.1%
Community, age <65, with SPMI	4,799.9	\$1,752.61	1.009	\$1,767.53	\$1,747.02	\$20.51	\$98,427	1.2%
Community, age <65, no SPMI	2,713.2	\$1,930.53	1.044	\$2,015.83	\$2,044.86	-\$29.03	-\$78,766	-1.4%

Table 6.L.2 -- MEDICARE Demonstration Year 5
Savings calculation: Intervention and target PMPM, by category of beneficiary: Cohort 5B

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	49,128.6	\$1,730.61	1.073	\$1,856.93	\$1,741.22	\$115.72	\$5,684,964	6.2%
Facility, age 65+, with SPMI	2,743.7	\$2,716.60	0.939	\$2,550.34	\$1,766.88	\$783.46	\$2,149,555	30.7%
Facility, age 65+, no SPMI	1,583.9	\$2,135.54	0.905	\$1,932.01	\$1,851.09	\$80.93	\$128,182	4.2%
HCBS, age 65+, with SPMI	6,163.1	\$1,931.80	1.059	\$2,045.79	\$1,893.67	\$152.13	\$937,565	7.4%
HCBS, age 65+, no SPMI	6,781.5	\$1,341.24	1.414	\$1,896.81	\$2,033.06	-\$136.25	-\$924,005	-7.2%
Community, age 65+, with SPMI	4,450.9	\$1,691.40	1.074	\$1,815.92	\$1,621.06	\$194.86	\$867,322	10.7%
Community, age 65+, no SPMI	10,484.0	\$1,206.44	1.227	\$1,480.35	\$1,232.47	\$247.88	\$2,598,750	16.7%
Facility, age <65, with SPMI	943.8	\$4,189.90	0.837	\$3,504.96	\$2,572.39	\$932.58	\$880,209	26.6%
Facility, age <65, no SPMI	503.4	\$2,293.73	0.883	\$2,024.79	\$2,379.98	-\$355.19	-\$178,795	-17.5%
HCBS, age <65, with SPMI	4,637.9	\$2,034.93	0.981	\$1,996.08	\$1,842.76	\$153.31	\$711,054	7.7%
HCBS, age <65, no SPMI	3,182.6	\$1,392.03	1.094	\$1,522.96	\$2,068.98	-\$546.02	-\$1,737,799	-35.9%
Community, age <65, with SPMI	4,870.3	\$1,752.61	0.945	\$1,656.19	\$1,557.91	\$98.29	\$478,685	5.9%
Community, age <65, no SPMI	2,783.5	\$1,930.53	1.042	\$2,011.46	\$2,092.56	-\$81.11	-\$225,760	-4.0%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	49,745.9	\$1,994.73	0.999	\$1,992.90	\$1,645.21	\$347.69	\$17,295,995	17.4%
Facility, age 65+, with SPMI	2,698.0	\$3,361.36	0.827	\$2,780.46	\$1,667.13	\$1,113.33	\$3,003,768	40.0%
Facility, age 65+, no SPMI	1,540.3	\$2,297.47	0.803	\$1,844.13	\$1,326.37	\$517.75	\$797,498	28.1%
HCBS, age 65+, with SPMI	5,644.2	\$2,551.98	1.215	\$3,099.91	\$1,980.27	\$1,119.63	\$6,319,451	36.1%
HCBS, age 65+, no SPMI	5,922.9	\$1,823.35	1.094	\$1,994.62	\$1,743.07	\$251.55	\$1,489,890	12.6%
Community, age 65+, with SPMI	3,473.9	\$2,024.84	0.863	\$1,747.00	\$1,574.88	\$172.12	\$597,934	9.9%
Community, age 65+, no SPMI	7,646.9	\$1,389.15	1.073	\$1,491.13	\$1,251.59	\$239.55	\$1,831,805	16.1%
Facility, age <65, with SPMI	1,391.3	\$2,855.31	0.918	\$2,621.25	\$1,753.77	\$867.48	\$1,206,907	33.1%
Facility, age <65, no SPMI	1,093.9	\$1,138.14	0.720	\$819.31	\$1,011.74	-\$192.43	-\$210,499	-23.5%
HCBS, age <65, with SPMI	5,165.8	\$2,431.10	1.044	\$2,538.14	\$2,208.81	\$329.33	\$1,701,232	13.0%
HCBS, age <65, no SPMI	3,475.8	\$1,504.24	0.973	\$1,463.01	\$1,527.65	-\$64.63	-\$224,653	-4.4%
Community, age <65, with SPMI	6,749.8	\$1,919.45	0.883	\$1,695.28	\$1,552.10	\$143.18	\$966,472	8.4%
Community, age <65, no SPMI	4,943.1	\$1,438.35	1.102	\$1,584.37	\$1,621.56	-\$37.18	-\$183,810	-2.3%

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

Category of beneficiary	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Percent savings
Total	34,481.2	\$1,880.77	0.975	\$1,833.71	\$1,643.55	\$190.16	\$6,557,023	10.4%
Facility, age 65+, with SPMI	1,441.7	\$3,039.04	0.760	\$2,310.11	\$1,834.19	\$475.92	\$686,138	20.6%
Facility, age 65+, no SPMI	917.3	\$3,184.00	0.682	\$2,170.00	\$1,840.42	\$329.58	\$302,327	15.2%
HCBS, age 65+, with SPMI	4,362.5	\$2,107.56	1.169	\$2,463.22	\$1,575.09	\$888.14	\$3,874,460	36.1%
HCBS, age 65+, no SPMI	4,670.5	\$1,569.98	1.146	\$1,799.51	\$1,619.18	\$180.33	\$842,213	10.0%
Community, age 65+, with SPMI	3,768.4	\$1,698.66	0.967	\$1,642.48	\$1,371.40	\$271.08	\$1,021,518	16.5%
Community, age 65+, no SPMI	8,214.8	\$1,210.81	0.955	\$1,156.91	\$1,255.77	-\$98.86	-\$812,135	-8.5%
Facility, age <65, with SPMI	590.3	\$5,100.83	0.729	\$3,719.04	\$2,036.55	\$1,682.50	\$993,124	45.2%
Facility, age <65, no SPMI	481.3	\$1,059.11	0.649	\$687.20	\$1,468.27	-\$781.07	-\$375,944	-113.7%
HCBS, age <65, with SPMI	2,649.1	\$2,452.25	0.962	\$2,359.79	\$2,167.32	\$192.48	\$509,893	8.2%
HCBS, age <65, no SPMI	2,211.5	\$1,775.94	0.976	\$1,733.27	\$2,040.31	-\$307.04	-\$679,024	-17.7%
Community, age <65, with SPMI	3,198.1	\$1,922.72	0.917	\$1,762.20	\$2,139.54	-\$377.35	-\$1,206,775	-21.4%
Community, age <65, no SPMI	1,975.7	\$2,216.78	1.100	\$2,438.45	\$1,729.22	\$709.23	\$1,401,228	29.1%

Tables 7.A – 7.C summarize the savings calculation (before the attributed savings and the outlier adjustment) by cohort for the entire Demonstration (1, 2, 3, 4 and 5 combined) and Demonstration Years 4 and 5 separately. Table 7. A shows that for all five Demonstration Years so far combined, the total savings before the outlier adjustment is \$210.8 million or 9.7 percent.

Table 7.B shows that for Demonstration Year 4, the total savings was \$13.4 million for Cohort 1, with the largest contributions to savings coming from Cohorts 1A and 1D. Two sub-cohorts (1E, and 1F) produced negative savings (additional costs). For Cohort 2, the savings was \$55 thousand; for Cohort 3, the savings was \$5.6 million; for Cohort 4, the savings was \$10.0 million; for Cohort 5A, the savings was \$11.8 million and for Cohort 5B, the savings was \$8.3 million. The total savings before the outlier adjustment for Demonstration Year 4 was \$49.2 million.

Table 7.C indicates that for Demonstration Year 5, the total savings before the outlier adjustment by cohort was \$4.6 million (Cohort 1), \$258 thousand (Cohort 2), \$4.3 million (Cohort 3), \$4.6 million (Cohort 4), \$9.5 million (Cohort 5A), \$5.7 million (Cohort 5B), \$17.3 million (Cohort 6A) and \$6.6 million (Cohort 6B), for a total of \$52.8 million. Per the previous Washington Medicare Savings reports¹¹, total Demonstration Year 1 savings was \$35.4 million, total Demonstration Year 2 savings was \$30.4 million and total Demonstration Year 3 savings was \$43.0 million.

¹¹ Prior reports available on the CMS website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Washington>

Table 7.A -- MEDICARE

Summary of Demonstration Years 1, 2, 3, 4 and 5 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	87,263.3	\$2,652.67	1.218	\$3,230.55	\$2,576.73	\$653.83	\$57,055,065	20.2%
1B	160,607.6	\$1,298.08	1.196	\$1,552.17	\$1,484.39	\$67.77	\$10,884,592	4.4%
1C	14,858.6	\$993.94	1.236	\$1,228.68	\$1,332.24	-\$103.56	-\$1,538,691	-8.4%
1D	233,199.0	\$1,696.25	1.188	\$2,015.99	\$1,766.86	\$249.12	\$58,095,646	12.4%
1E	28,602.2	\$678.93	1.191	\$808.41	\$1,149.87	-\$341.46	-\$9,766,489	-42.2%
1F	30,508.7	\$608.70	1.176	\$715.70	\$1,102.05	-\$386.34	-\$11,786,850	-54.0%
1 total	555,039.3	\$1,612.13	1.190	\$1,917.95	\$1,732.48	\$185.47	\$102,941,854	9.7%
2	22,662.5	\$2,356.60	0.845	\$1,990.52	\$1,936.62	\$53.90	\$1,221,545	2.7%
3	173,668.6	\$1,690.19	0.941	\$1,590.99	\$1,495.33	\$95.66	\$16,613,954	6.0%
4	140,409.3	\$1,742.42	1.015	\$1,767.94	\$1,548.16	\$219.78	\$30,858,947	12.4%
5A	109,445.2	\$1,684.46	1.005	\$1,692.24	\$1,497.60	\$194.64	\$21,302,050	11.5%
5B	97,256.4	\$1,730.61	1.071	\$1,852.89	\$1,709.18	\$143.71	\$13,976,959	7.8%
6A	49,745.9	\$1,994.73	0.999	\$1,992.90	\$1,645.21	\$347.69	\$17,295,995	17.4%
6B	34,481.2	\$1,880.77	0.975	\$1,833.71	\$1,643.55	\$190.16	\$6,557,023	10.4%
Total 1,2,3,4,5A/B &6A/B	1,182,708.41			\$1,827.98	\$1,649.77	\$178.21	\$210,771,206	9.7%

Table 7.B -- MEDICARE

Summary of Demonstration Year 4 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	12,189.4	\$2,652.67	1.263	\$3,350.82	\$2,553.88	\$796.95	\$9,714,268	23.8%
1B	23,653.9	\$1,298.08	1.233	\$1,601.17	\$1,592.85	\$8.32	\$196,849	0.5%
1C	2,117.5	\$993.94	1.294	\$1,285.77	\$1,276.44	\$9.33	\$19,756	0.7%
1D	35,279.7	\$1,696.25	1.214	\$2,058.81	\$1,847.24	\$211.57	\$7,464,102	10.3%
1E	4,432.5	\$678.93	1.216	\$825.91	\$1,224.69	-\$398.77	-\$1,767,557	-48.3%
1F	4,911.2	\$608.70	1.195	\$727.16	\$1,174.20	-\$447.04	-\$2,195,504	-61.5%
1 total	82,584.2	\$1,612.13	1.212	\$1,953.25	\$1,790.60	\$162.65	\$13,431,913	8.3%
2	3,500.8	\$2,356.60	0.861	\$2,028.64	\$2,012.98	\$15.65	\$54,804	0.8%
3	37,705.6	\$1,690.19	0.951	\$1,606.59	\$1,456.81	\$149.78	\$5,647,567	9.3%
4	46,007.8	\$1,742.42	0.980	\$1,707.29	\$1,490.97	\$216.32	\$9,952,258	12.7%
5A	63,406.2	\$1,684.46	1.007	\$1,695.53	\$1,508.97	\$186.56	\$11,829,028	11.0%
5B	48,127.8	\$1,730.61	1.068	\$1,848.77	\$1,676.48	\$172.29	\$8,291,995	9.3%
Total 1,2,3,4&5A/B	281,332.5			\$1,791.54	\$1,616.63	\$174.91	\$49,207,566	9.8%

Table 7.C -- MEDICARE

Summary of Demonstration Year 5 savings by cohort not including attributed savings and outlier adjustment

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
1A	9,883.3	\$2,652.67	1.292	\$3,427.67	\$2,702.10	\$725.57	\$7,171,007	21.2%
1B	19,113.5	\$1,298.08	1.263	\$1,639.88	\$1,770.38	-\$130.50	-\$2,494,288	-8.0%
1C	1,567.5	\$993.94	1.315	\$1,307.15	\$1,771.05	-\$463.91	-\$727,177	-35.5%
1D	27,968.7	\$1,696.25	1.234	\$2,092.53	\$1,931.04	\$161.49	\$4,516,751	7.7%
1E	3,341.5	\$678.93	1.239	\$840.94	\$1,437.81	-\$596.87	-\$1,994,448	-71.0%
1F	3,882.8	\$608.70	1.227	\$746.98	\$1,221.14	-\$474.16	-\$1,841,073	-63.5%
1 total	65,757.4	\$1,612.13	1.241	\$1,999.86	\$1,929.43	\$70.42	\$4,630,772	3.5%
2	2,802.7	\$2,356.60	0.862	\$2,031.49	\$1,939.41	\$92.08	\$258,085	4.5%
3	29,320.0	\$1,690.19	1.068	\$1,805.80	\$1,658.97	\$146.84	\$4,305,283	8.1%
4	33,933.1	\$1,742.42	1.053	\$1,835.18	\$1,699.94	\$135.24	\$4,589,080	7.4%
5A	46,039.0	\$1,684.46	1.002	\$1,687.71	\$1,481.94	\$205.76	\$9,473,022	12.2%
5B	49,128.6	\$1,730.61	1.073	\$1,856.93	\$1,741.22	\$115.72	\$5,684,964	6.2%
6A	49,745.9	\$1,994.73	0.999	\$1,992.90	\$1,645.21	\$347.69	\$17,295,995	17.4%
6B	34,481.2	\$1,880.77	0.975	\$1,833.71	\$1,643.55	\$190.16	\$6,557,023	10.4%
Total 1,2,3,4,5A/B &6A/B	311,207.8			\$1,875.64	\$1,706.00	\$169.64	\$52,794,224	9.0%

5.3 Outlier Adjustment

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

As shown below in Table 8, the comparison group trend is modified by a factor that is derived from the ratio of the trend for the truncated PMPMs to that of the untruncated PMPMs.

- For Cohort 1, the trend factor calculated from the comparison group from the baseline period to Demonstration Year 4 is 1.1085 ($= \$1,773.87 / \$1,600.30$) for the untruncated PMPMs, and it is 1.0784 ($= \$1,688.96 / \$1,566.21$) for the truncated PMPMs. The ratio of these trend factors is the outlier adjustment factor 0.9729 ($= 1.0784 / 1.1085$) that is to be applied to the comparison group trend. For Demonstration Year 5, the resulting outlier adjustment factor is 0.9553.
- For Cohort 2, the corresponding outlier adjustment factor for the comparison group trend is 0.9645 for Demonstration Year 4 and 0.9438 for Demonstration Year 5.
- For Cohort 3, the outlier adjustment factor is 0.9719 for Demonstration Year 4 and 0.9510 for Demonstration Year 5.
- For Cohort 4, the outlier adjustment factor is 0.9874 for Demonstration Year 4 and 0.9836 for Demonstration Year 5.
- For Cohort 5A, the outlier adjustment factor is 0.9983 for Demonstration Year 4 and 0.9790 for Demonstration Year 5.
- For Cohort 5B, the outlier adjustment factor is 1.0022 for Demonstration Year 4 and 1.0001 for Demonstration Year 5.
- For Cohort 6A, the outlier adjustment factor is 0.9965 for Demonstration Year 5 and for Cohort 6B, the outlier adjustment is 0.9997 for Demonstration Year 5.

**Table 8 -- MEDICARE
Outlier adjustment data**

Group / Year	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99th percentile	Truncated PMPM/ total PMPM
Cohort 1					
Intervention – Baseline	13,975	153	\$1,612.13	\$1,570.53	97.42%
Comparison – Baseline	23,233	219	\$1,600.30	\$1,566.21	97.87%
Intervention – Demo Year 4	13,975	184	\$1,790.60	\$1,689.80	94.37%
Comparison – Demo Year 4	23,233	188	\$1,773.87	\$1,688.96	95.21%
Comparison group trend factor DP4			1.1085	1.0784	0.9729
Intervention – Demo Year 5	13,975	191	\$1,929.43	\$1,793.53	92.96%
Comparison – Demo Year 5	23,233	181	\$1,837.39	\$1,717.80	93.49%
Comparison group trend factor DP5			1.1482	1.0968	0.9553
Cohort 2					
Intervention – Baseline	690	10	\$2,356.60	\$2,280.88	96.79%
Comparison – Baseline	4,331	41	\$1,607.19	\$1,565.31	97.39%
Intervention – Demo Year 4	690	16	\$2,012.98	\$1,785.95	88.72%
Comparison – Demo Year 4	4,331	35	\$1,450.11	\$1,362.17	93.94%
Comparison group trend factor DP4			0.9023	0.8702	0.9645
Intervention – Demo Year 5	690	6	\$1,939.41	\$1,813.27	93.50%
Comparison – Demo Year 5	4,331	45	\$1,445.01	\$1,328.24	91.92%
Comparison group trend factor DP5			0.8991	0.8485	0.9438
Cohort 3					
Intervention – Baseline	5,645	75	\$1,690.19	\$1,628.93	96.38%
Comparison – Baseline	6,444	46	\$1,673.66	\$1,643.68	98.21%
Intervention – Demo Year 4	5,645	70	\$1,456.81	\$1,395.19	95.77%
Comparison – Demo Year 4	6,444	51	\$1,365.15	\$1,303.06	95.45%
Comparison group trend factor DP4			0.8157	0.7928	0.9719
Intervention – Demo Year 5	5,645	68	\$1,658.97	\$1,566.09	94.40%
Comparison – Demo Year 5	6,444	53	\$1,508.14	\$1,408.48	93.39%
Comparison group trend factor DP5			0.9011	0.8569	0.9510
Cohort 4					
Intervention – Baseline	5,823	65	\$1,742.42	\$1,688.50	96.91%
Comparison – Baseline	7,219	66	\$1,738.02	\$1,696.19	97.59%
Intervention – Demo Year 4	5,823	63	\$1,490.97	\$1,432.34	96.07%
Comparison – Demo Year 4	7,219	68	\$1,490.42	\$1,436.19	96.36%
Comparison group trend factor DP4			0.8575	0.8467	0.9874

Group / Year	Total number of beneficiaries	Number of beneficiaries in the top 1 percentile	Total PMPM	PMPM after truncating costs to the 99th percentile	Truncated PMPM/ total PMPM
Intervention – Demo Year 5	5,823	68	\$1,699.94	\$1,579.70	92.93%
Comparison – Demo Year 5	7,219	63	\$1,532.85	\$1,471.36	95.99%
Comparison group trend factor DP5			0.8820	0.8675	0.9836
Cohort 5A					
Intervention – Baseline	6,166	70	\$1,684.46	\$1,627.86	96.64%
Comparison – Baseline	5,465	47	\$1,812.52	\$1,765.67	97.41%
Intervention – Demo Year 4	6,166	52	\$1,508.97	\$1,447.07	95.90%
Comparison – Demo Year 4	5,465	65	\$1,679.57	\$1,633.40	97.25%
Comparison group trend factor DP4			0.9266	0.9251	0.9983
Intervention – Demo Year 5	6,166	59	\$1,481.94	\$1,415.26	95.50%
Comparison – Demo Year 5	5,465	58	\$1,657.00	\$1,580.25	95.37%
Comparison group trend factor DP5			0.9142	0.8950	0.9790
Cohort 5B					
Intervention – Baseline	5,930	98	\$1,730.61	\$1,663.65	96.13%
Comparison – Baseline	20,453	166	\$1,582.12	\$1,529.13	96.65%
Intervention – Demo Year 4	5,930	81	\$1,676.48	\$1,601.78	95.54%
Comparison – Demo Year 4	20,453	183	\$1,646.17	\$1,594.56	96.86%
Comparison group trend factor DP4			1.0405	1.0428	1.0022
Intervention – Demo Year 5	5,930	91	\$1,741.22	\$1,631.14	93.68%
Comparison – Demo Year 5	20,453	173	\$1,638.67	\$1,583.89	96.66%
Comparison group trend factor DP5			1.0357	1.0358	1.0001
Cohort 6A					
Intervention – Baseline	4,874	56	\$1,994.73	\$1,924.97	96.50%
Comparison – Baseline	4,792	41	\$1,998.57	\$1,949.36	97.54%
Intervention – Demo Year 5	4,874	35	\$1,645.21	\$1,580.82	96.09%
Comparison – Demo Year 5	4,792	62	\$1,876.26	\$1,823.66	97.20%
Comparison group trend factor DP5			0.9388	0.9355	0.9965
Cohort 6B					
Intervention – Baseline	3,319	51	\$1,880.77	\$1,815.97	96.55%
Comparison – Baseline	5,352	36	\$1,776.04	\$1,736.93	97.80%
Intervention – Demo Year 5	3,319	40	\$1,643.55	\$1,573.58	95.74%
Comparison – Demo Year 5	5,352	47	\$1,611.43	\$1,575.42	97.77%
Comparison group trend factor DP5			0.9073	0.9070	0.9997

Table 9. -- MEDICARE
Summary of Demonstration Years 4 and 5 savings by cohort,
including the outlier adjustment but excluding attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Years 1, 2, 3, 4 and 5 Combined								
Cohort 1 – total	555,039.3	\$1,612.13	1.190	\$1,917.95	\$1,732.48	\$185.47	\$102,943,206	9.7%
Outlier adjusted	555,039.3	\$1,569.12	1.161	\$1,821.79	\$1,650.99	\$170.79	\$94,796,444	9.4%
Cohort 2	22,662.5	\$2,356.60	0.845	\$1,990.52	\$1,936.62	\$53.90	\$1,221,568	2.7%
Outlier adjusted	22,662.5	\$2,283.11	0.824	\$1,881.36	\$1,811.64	\$69.72	\$1,579,937	3.7%
Cohort 3	173,668.6	\$1,690.19	0.941	\$1,590.99	\$1,495.33	\$95.66	\$16,613,954	6.0%
Outlier adjusted	173,668.6	\$1,628.93	0.922	\$1,502.46	\$1,432.96	\$69.50	\$12,069,177	4.6%
Cohort 4	140,409.3	\$1,742.42	1.015	\$1,767.94	\$1,548.16	\$219.78	\$30,858,947	12.4%
Outlier adjusted	140,409.3	\$1,688.50	1.004	\$1,695.64	\$1,478.67	\$216.98	\$30,465,340	12.8%
Cohort 5A	109,445.2	\$1,684.46	1.005	\$1,692.24	\$1,497.60	\$194.64	\$21,302,050	11.5%
Outlier adjusted	109,445.2	\$1,627.86	0.995	\$1,619.35	\$1,433.69	\$185.66	\$20,319,995	11.5%
Cohort 5B	97,256.4	\$1,730.61	1.071	\$1,852.89	\$1,709.18	\$143.71	\$13,976,959	7.8%
Outlier adjusted	97,256.4	\$1,663.65	1.072	\$1,783.20	\$1,616.61	\$166.59	\$16,202,239	9.3%
Cohort 6A	49,745.9	\$1,994.73	0.999	\$1,992.90	\$1,645.21	\$347.69	\$17,295,995	17.4%
Outlier adjusted	49,745.9	\$1,924.97	0.996	\$1,916.47	\$1,580.82	\$335.65	\$16,697,224	17.5%
Cohort 6B	34,481.2	\$1,880.77	0.975	\$1,833.71	\$1,643.55	\$190.16	\$6,557,023	10.4%
Outlier adjusted	34,481.2	\$1,815.97	0.975	\$1,769.95	\$1,573.58	\$196.37	\$6,771,183	11.1%
Cohorts								
1+2+3+4+5A/B+6A/B	1,182,708.4			\$1,827.98	\$1,649.77	\$178.21	\$210,769,703	9.7%
Outlier Adjusted	1,182,708.4			\$1,741.63	\$1,573.45	\$168.17	\$198,901,539	9.6%
Demonstration Year 4								
Cohort 1 – total	82,584.2	\$1,612.13	1.212	\$1,953.25	\$1,790.60	\$162.65	\$13,431,913	8.3%
Outlier adjusted	82,584.2	\$1,570.53	1.179	\$1,851.21	\$1,689.80	\$161.41	\$13,329,513	8.7%
Cohort 2	3,500.8	\$2,356.60	0.861	\$2,028.64	\$2,012.98	\$15.65	\$54,804	0.8%
Outlier adjusted	3,500.8	\$2,280.88	0.830	\$1,893.73	\$1,785.95	\$107.78	\$377,329	5.7%
Cohort 3	37,705.6	\$1,690.19	0.951	\$1,606.59	\$1,456.81	\$149.78	\$5,647,567	9.3%
Outlier adjusted	37,705.6	\$1,628.93	0.924	\$1,504.90	\$1,395.19	\$109.71	\$4,136,655	7.3%
Cohort 4	46,007.8	\$1,742.42	0.980	\$1,707.29	\$1,490.97	\$216.32	\$9,952,258	12.7%
Outlier adjusted	46,007.8	\$1,688.50	0.967	\$1,633.56	\$1,432.34	\$201.22	\$9,257,529	12.3%
Cohort 5A	63,406.2	1,684.5	1.007	\$1,695.53	\$1,508.97	\$186.56	\$11,829,028	11.0%
Outlier adjusted	63,406.2	\$1,627.86	1.005	\$1,635.79	\$1,447.07	\$188.72	\$11,965,884	11.5%

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 5B	48,127.8	1,730.6	1.068	\$1,848.77	\$1,676.48	\$172.29	\$8,291,995	9.3%
Outlier adjusted	48,127.8	\$1,663.65	1.071	\$1,781.17	\$1,601.78	\$179.39	\$8,633,581	10.1%
Cohorts								
1+2+3+4+5A/B	281,332.5			\$1,791.54	\$1,616.63	\$174.91	\$49,207,566	9.8%
Outlier Adjusted	281,332.5			\$1,709.20	\$1,539.65	\$169.55	\$47,700,491	9.9%
Demonstration Year 5								
Cohort 1 – total	65,757.4	\$1,612.13	1.241	\$1,999.86	\$1,929.43	\$70.42	\$4,630,772	3.5%
Outlier adjusted	65,757.4	\$1,570.53	1.185	\$1,861.10	\$1,793.53	\$67.57	\$4,443,149	3.6%
Cohort 2	2,802.7	\$2,356.60	0.862	\$2,031.49	\$1,939.41	\$92.08	\$258,085	4.5%
Outlier adjusted	2,802.7	\$2,280.88	0.814	\$1,855.68	\$1,813.27	\$42.42	\$118,880	2.3%
Cohort 3	29,320.0	\$1,690.19	1.068	\$1,805.80	\$1,658.97	\$146.84	\$4,305,283	8.1%
Outlier adjusted	29,320.0	\$1,628.93	1.016	\$1,655.00	\$1,566.09	\$88.91	\$2,606,727	5.4%
Cohort 4	33,933.1	\$1,742.42	1.053	\$1,835.18	\$1,699.94	\$135.24	\$4,589,080	7.4%
Outlier adjusted	33,933.1	\$1,688.50	1.036	\$1,749.15	\$1,579.70	\$169.45	\$5,749,918	9.7%
Cohort 5A	46,039.0	1,684.5	1.002	\$1,687.71	\$1,481.94	\$205.76	\$9,473,022	12.2%
Outlier adjusted	46,039.0	\$1,627.86	0.981	\$1,596.72	\$1,415.26	\$181.46	\$8,354,111	11.4%
Cohort 5B	49,128.6	1,730.6	1.073	\$1,856.93	\$1,741.22	\$115.72	\$5,684,964	6.2%
Outlier adjusted	49,128.6	\$1,663.65	1.073	\$1,785.20	\$1,631.14	\$154.06	\$7,568,658	8.6%
Cohort 6A	49,745.9	\$1,994.73	0.999	\$1,992.90	\$1,645.21	\$347.69	\$17,295,995	17.4%
Outlier adjusted	49,745.9	\$1,924.97	0.996	\$1,916.47	\$1,580.82	\$335.65	\$16,697,224	17.5%
Cohort 6B	34,481.2	\$1,880.77	0.975	\$1,833.71	\$1,643.55	\$190.16	\$6,557,023	10.4%
Outlier adjusted	34,481.2	\$1,815.97	0.975	\$1,769.95	\$1,573.58	\$196.37	\$6,771,183	11.1%
Cohorts								
1+2+3+4+5A/B+6A/B	311,207.8			\$1,875.64	\$1,706.00	\$169.64	\$52,794,224	9.0%
Outlier Adjusted	311,207.8			\$1,777.09	\$1,609.00	\$168.09	\$52,309,851	9.5%

Table 10. -- MEDICARE
Summary of Demonstration Years 4 and 5 Medicare savings by cohort,
After all adjustments including the outlier adjustment and attributed savings

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Demonstration Years 1, 2, 3, 4 and 5 Combined (outlier adjusted)								
Cohort 1	555,039.3	\$1,569.12	1.161	\$1,821.79	\$1,650.99	\$170.79	\$94,796,444	9.37%
Cohort 2	22,662.5	\$2,283.11	0.824	\$1,881.36	\$1,811.64	\$69.72	\$1,579,937	3.71%
Cohort 3	173,668.6	\$1,628.93	0.922	\$1,502.46	\$1,432.96	\$69.50	\$12,069,177	4.63%
Cohort 4	140,409.3	\$1,688.50	1.004	\$1,695.64	\$1,478.67	\$216.98	\$30,465,340	12.80%
Cohort 5A	109,445.2	\$1,627.86	0.995	\$1,619.35	\$1,433.69	\$185.66	\$20,319,995	11.47%
Cohort 5B	97,256.4	\$1,663.65	1.072	\$1,783.20	\$1,616.61	\$166.59	\$16,202,239	9.34%
Cohort 6A	49,745.9	\$1,924.97	0.996	\$1,916.47	\$1,580.82	\$335.65	\$16,697,224	17.51%
Cohort 6B	34,481.2	\$1,815.97	0.975	\$1,769.95	\$1,573.58	\$196.37	\$6,771,183	11.09%
Cohorts 1 to 6A/B	1,182,708.4			\$1,741.63	\$1,573.45	\$168.17	\$198,901,539	9.61%
Attributed Savings								
Cohort 2	1,809.40	\$1,817.45				\$161.78	\$292,723	8.90%
Cohort 3	36,294.60	\$1,365.18				\$75.52	\$2,740,977	5.50%
Cohort 4	35,488.55	\$1,478.37				\$55.51	\$1,970,085	3.76%
Cohort 5A	35,843.05	\$1,442.97				\$215.36	\$7,719,063	14.92%
Cohort 6A	27,064.66	\$1,671.23				\$192.81	\$5,218,234	11.54%
Cohort 6B	19,508.55	\$1,549.92				\$156.10	\$3,045,268	10.07%
Cohort 7A Estimate	28,698.65					\$335.65	\$9,632,708	
Cohort 7B Estimate	13,533.05					\$196.37	\$2,657,532	
Cohorts 1 to 7A/B	1,380,948.93						\$232,178,128	
Demonstration Year 1 (outlier adjusted)								
Cohort 1	190,783.10	\$1,566.42	1.169	\$1,830.64	\$1,667.68	\$162.96	\$31,089,525	8.90%
Cohort 2	6,799.00	\$2,288.30	0.893	\$2,043.13	\$1,930.11	\$113.02	\$768,444	5.50%
Cohorts 1+2	197,582.10			\$1,837.95	\$1,676.71	\$161.24	\$31,857,968	8.80%
Attributed Savings								
Cohort 2	1,809.40	\$1,817.45				\$161.78	\$292,723	8.90%
Cohort 3	36,294.60	\$1,365.18				\$75.52	\$2,740,977	5.50%
Cohorts 1+2+3	235,686.10	\$1,558.18				\$148.04	\$34,891,668	
Demonstration Year 2 (outlier adjusted)								
Cohort 1	116,440.81	\$1,566.42	1.155	\$1,809.13	\$1,597.70	\$211.42	\$24,618,168	11.69%

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 2	5,247.88	\$2,288.30	0.796	\$1,821.17	\$1,769.81	\$51.36	\$269,530	2.82%
Cohort 3	59,323.07	\$1,627.53	0.914	\$1,487.69	\$1,431.82	\$55.86	\$3,313,972	3.76%
Cohorts 1+2+3	181,011.76			\$1,704.13	\$1,548.33	\$155.80	\$28,201,670	9.14%
Attributed Savings								
Cohort 4	35,488.55	\$1,478.37				\$55.51	\$1,970,085	3.76%
Cohorts 1+2+3+4	216,500.31					\$139.36	\$30,171,755	
Demonstration Year 3 (outlier adjusted)								
Cohort 1	99,473.87	\$1,570.53	1.146	\$1,799.76	\$1,585.47	\$214.29	\$21,316,089	11.91%
Cohort 2	4,312.07	\$2,280.88	0.771	\$1,759.23	\$1,748.62	\$10.61	\$45,754	0.60%
Cohort 3	47,319.84	\$1,628.93	0.868	\$1,413.15	\$1,370.64	\$42.52	\$2,011,822	3.01%
Cohort 4	60,468.49	\$1,688.50	1.014	\$1,712.85	\$1,457.21	\$255.64	\$15,457,893	14.92%
Cohorts 1+2+3+4	211,574.27			\$1,687.63	\$1,504.09	\$183.54	\$38,831,557	10.88%
Attributed Savings								
Cohort 5A	35,843.05	\$1,442.97				\$215.36	\$7,719,063	14.92%
Cohorts 1+2+3+4+5	247,417.32					\$188.15	\$46,550,620	
Demonstration Year 4 (outlier adjusted)								
Cohort 1	82,584.16	\$1,570.53	1.179	\$1,851.21	\$1,689.80	\$161.41	\$13,329,513	8.72%
Cohort 2	3,500.82	\$2,280.88	0.830	\$1,893.73	\$1,785.95	\$107.78	\$377,329	5.69%
Cohort 3	37,705.64	\$1,628.93	0.924	\$1,504.90	\$1,395.19	\$109.71	\$4,136,655	7.29%
Cohort 4	46,007.77	\$1,688.50	0.967	\$1,633.56	\$1,432.34	\$201.22	\$9,257,529	12.32%
Cohort 5A	63,406.24	\$1,627.86	1.005	\$1,635.79	\$1,447.07	\$188.72	\$11,965,884	11.54%
Cohort 5B	48,127.82	\$1,663.65	1.071	\$1,781.17	\$1,601.78	\$179.39	\$8,633,581	10.07%
Cohorts 1+2+3+4+5A/B	281,332.45			\$1,709.20	\$1,539.65	\$169.55	\$47,700,491	9.92%
Attributed Savings								
Cohort 6A	27,064.66	\$1,671.23				\$192.81	\$5,218,234	11.54%
Cohort 6B	19,508.55	\$1,549.92				\$156.10	\$3,045,268	10.07%
Cohorts 1 to 6A/B	327,905.66					\$170.67	\$55,963,993	
Demonstration Year 5 (outlier adjusted)								
Cohort 1	65,757.36	\$1,570.53	1.185	\$1,861.10	\$1,793.53	\$67.57	\$4,443,149	3.63%
Cohort 2	2,802.71	\$2,280.88	0.814	\$1,855.68	\$1,813.27	\$42.42	\$118,880	2.29%
Cohort 3	29,320.04	\$1,628.93	1.016	\$1,655.00	\$1,566.09	\$88.91	\$2,606,727	5.37%

Cohort	(a) Number of eligible months	(b) Baseline period PMPM from intervention group	(c) AGA adjusted cost trend from comparison group	(d) Target Demonstration Year PMPM	(e) Actual Demonstration Year PMPM for intervention group	(f) PMPM savings = (d) – (e)	(g) Total savings = (a) * (f)	(h) Savings percent = f/d
Cohort 4	33,933.06	\$1,688.50	1.036	\$1,749.15	\$1,579.70	\$169.45	\$5,749,918	9.69%
Cohort 5A	46,038.99	\$1,627.86	0.981	\$1,596.72	\$1,415.26	\$181.46	\$8,354,111	11.36%
Cohort 5B	49,128.60	\$1,663.65	1.073	\$1,785.20	\$1,631.14	\$154.06	\$7,568,658	8.63%
Cohort 6A	49,745.90	\$1,924.97	0.996	\$1,916.47	\$1,580.82	\$335.65	\$16,697,224	17.51%
Cohort 6B	34,481.16	\$1,815.97	0.975	\$1,769.95	\$1,573.58	\$196.37	\$6,771,183	11.09%
Cohorts 1 to 6A/B	311,207.83			\$1,777.09	\$1,609.00	\$168.09	\$52,309,851	9.46%
Attributed Savings								
Cohort 7A Estimate	28,698.65					\$335.65	\$9,632,708	
Cohort 7B Estimate	13,533.05					\$196.37	\$2,657,532	
Cohorts 1 to 7A/B	353,439.53					\$182.78	\$64,600,091	

5.4 Attributed Medicare Savings

Cohort 1 consists of those who are eligible for the demonstration on the start date of July 1, 2013. On every successive January 1, a new cohort is formed from those newly eligible for the demonstration. According to the Final Demonstration Agreement, for each cohort after the first, the savings percentage calculated for beneficiaries in the prior cohort will be attributed to those months in the current cohort that are during the demonstration and for which beneficiaries are eligible for the demonstration but prior to the start date of the current cohort¹². For Cohort 2, this consists of the months July through December 2013. For Cohort 3, this consists of the months January 2014 through December 2014. For Cohort 4, this consists of the months January through December 2015. For Cohort 5A, this consists of the months January through December 2016. For Cohort 6A, this consists of the months January through December 2017. For Cohort 6B, this consists of the months April through December 2017. For Cohorts 7A and 7B, this consists of the months January through December 2018.

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

Table 10 shows Demonstration Years 4 and 5 savings, including the amount of attributed Medicare savings for Cohorts 2, 3, 4, 5A, 6A and 6B. For Cohort 2, there were 1,809.4 months of eligibility during the months July through December 2013 and the PMPM during those months was \$1,817.45. The savings percentage for Cohort 1 during Demonstration Year 1 was 8.9%. Applying the 8.9% to the \$1,817.45 PMPM yields attributed Medicare savings of \$161.78 PMPM. Multiplying this savings PMPM by the months of eligibility results in \$292,723 of attributed Medicare savings.

Cohort 3 experienced 36,294.6 months of eligibility during the period January through December 2014 and a PMPM of \$1,365.18. The savings percentage for Cohort 2 during this period was 5.5%. 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 35,488.6 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

¹² Any beneficiary that becomes newly eligible for the demonstration in between cohort start dates is included in the next cohort. However, the demonstration design allows for them to potentially realize the benefits of the demonstration. The attributed savings methodology attempts to capture this effect with the limited available data for the time period prior to cohort assignment. Attributed savings for Cohort X is calculated using the realized savings percentage for Cohort X-1, effectively using the previous cohort's demonstration and comparison group experience as a proxy for the future cohort's savings, applied to all months in which eventual Cohort X beneficiaries are eligible during the pre-assignment period.

period was 3.76%. Applying this percentage to Cohort 4 experience yields a PMPM savings of \$55.51 and aggregate attributed savings of \$1,970,085.

Cohort 5A experienced 35,843.1 months of eligibility during the period of January through December 2016 and a PMPM of \$1,442.97. The savings percentage for Cohort 4 during this period was 14.92%. Applying this percentage to Cohort 5A experience yields a PMPM savings of \$215.36 and aggregate attributed savings of \$7,719,063.

Cohort 6A experienced 27,064.7 months of eligibility during the period of January through December 2017 and a PMPM of \$1,671.23. The savings percentage for Cohort 5A during this period was 11.54%. Applying this percentage to Cohort 6A experience yields a PMPM savings of \$192.81 and an aggregate attributed savings of \$5,218,234.

Cohort 6B experienced 19,508.55 months of eligibility during the period of January through December 2017 and a PMPM of \$1,549.92. The savings percentage for Cohort 6A during this period was 10.07%. Applying this percentage to Cohort 6B experience yields a PMPM savings of \$156.10 and aggregate attributed savings of \$3,045,268.

Cohort 7A consists of those individuals in the original demonstration counties whose experience will be added to the Demonstration Year 6 savings calculation on January 1, 2019, after becoming eligible for the demonstration during the period of January 2018 through December 2018. Cohort 7B consists of those individuals from the two expansion demonstration counties and are otherwise comparable to those in Cohort 7A. Cohort 7A has an estimated 4,513 beneficiaries who had 28,698.65 months of eligibility during calendar year 2018 and the PMPM savings determined for Cohort 6A was \$335.65. This results in \$9,632,708 savings being preliminarily attributed to Cohort 7A. Cohort 7B has an estimated 2,129 beneficiaries who had 13,533.05 months of eligibility during the period January 2018 through December 2018 and the PMPM savings determined for Cohort 6B was \$196.37. This results in \$2,657,532 savings being preliminarily attributed to Cohort 7B. Additionally, please note the preliminary nature of the attributed savings for Cohorts 7A and 7B.

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

5.5 Summary of Total Gross Medicare Savings

Table 9 summarizes the savings calculation by cohort including the outlier adjustment. For the five Demonstration Years to date combined, the outlier adjustment reduced the total Medicare savings by about \$11.9 million (\$210.8 million to \$198.9 million.) Medicare savings dollars were reduced for Cohorts 1, 3, 4, 5A and 6A, but increased for Cohorts 2, 5B and 6B. The reduction was \$8.1 million for Cohort 1 (\$102.9 million to \$94.8 million), \$4.5 million for Cohort 3 (\$16.6 million to \$12.1 million), \$394 thousand for Cohort 4, \$982 thousand for Cohort

5A and \$599 thousand for Cohort 6A. The increase was \$358 thousand for Cohort 2, \$2.2 million for Cohort 5B (\$14.0 million to \$16.2 million) and \$214 thousand for Cohort 6B. The total reduction across all cohorts 1-6B in Table 9 was \$11.9 million (\$210.8 million to \$198.9 million). Across all six cohorts and all five Demonstration Years, total Medicare savings after the outlier adjustment was \$198.9 million, or 9.6 percent.

Table 10 summarizes total gross Medicare savings calculations, including the attributed savings from Cohorts 2, 3, 4, 5A, 6A, 6B, 7A and 7B. Attributed savings are \$0.3 million, \$2.7 million, \$2.0 million, \$7.7 million, \$5.2 million and \$3.0 million for Cohorts 2, 3, 4, 5A, 6A and 6B and estimated to be \$9.6 million and \$2.7 million for Cohorts 7A and 7B, respectively, bringing the total Medicare savings for all seven cohorts to \$232.2 million, of which \$34.9 million was for Demonstration Year 1, \$30.2 million was for Demonstration Year 2, \$46.6 million was for Demonstration Year 3, \$56.0 million was for Demonstration Year 4 and \$64.6 million was for Demonstration Year 5.

The Medicare savings for Demonstration Year 4, \$55,963,993 (Table 10), is now considered to be final. The Medicare savings for Demonstration Year 5 is considered to be preliminary and will be updated in a future report. Demonstration Year 5 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, D, E, F, G and H) show additional analysis of the savings by month for Demonstration Years 4 and 5 for each cohort. Tables 12 (A and B) show additional results of the savings by type of service for all cohorts combined for each Demonstration Year. These tables include the AGA adjustment but not the outlier adjustment (which cannot be applied by month or by type of service) nor the attributed savings. Tables 11 shows, for each month of the Demonstration Year, the target PMPM, the actual intervention PMPM, and the ratio of the demonstration PMPM to the target PMPM (or, the D/T ratio). A ratio less than 1.00 shows savings, whereas a ratio greater than 1.00 shows negative savings.

It can be seen that the D/T ratio is significantly under 1.00 for Cohort 1 in most months. The average over all 24 months is 0.94 and the average for the last 6 months is 0.97. The D/T ratio for Cohort 2 varies widely, and is not surprising given the small size of the cohort. The average over the 24 months of Cohort 2 is 0.98 and the average over the last 6 months is 0.94. For Cohort 3, the D/T ratio shows one outlier month on the high side of 1.11 in October 2018 and on the low side of 0.74 in February 2017 but is otherwise generally close to 1.00. The average over the 24 months of operations is 0.91 and over the last 6 months is 0.93. For Cohort 4, the ratio is consistently less than 1.00. The average over the 24 months of operation is 0.90 and over the last 6 months is 0.95. For Cohort 5A, the ratio is consistently less than 1.00. The average over the 24 months of operation is 0.88. For Cohort 5B, the ratio is consistently less than 1.00. The average over the 21 months of operation is 0.92. For Cohort 6A, the ratio is consistently less than 1.00. The average over the 12 months of operation is 0.83. For Cohort 6B, the average over the 12 months of operation is 0.90.

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

Tables 13.A and B show more detail on the savings by type of service by Demonstration Year and category of beneficiary for all cohorts combined. The savings by type of service are similar for Demonstration Year 4 and Demonstration Year 5, and in line with what was previously seen in Demonstration Years 1, 2 and 3.

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$484,510,829	300,541.1	\$1,612	\$1,592	\$1,612	1.00
Jan-2017	\$12,842,498	7,637.7	\$1,681	\$1,856	\$1,912	0.88
Feb-2017	\$11,729,936	7,489.7	\$1,566	\$1,762	\$1,817	0.86
Mar-2017	\$13,647,035	7,456.5	\$1,830	\$2,025	\$2,074	0.88
Apr-2017	\$12,781,567	7,407.5	\$1,725	\$1,937	\$1,981	0.87
May-2017	\$13,153,158	7,059.6	\$1,863	\$2,020	\$2,075	0.90
Jun-2017	\$12,664,116	6,818.7	\$1,857	\$1,969	\$2,028	0.92
Jul-2017	\$12,301,743	6,705.0	\$1,835	\$1,764	\$1,822	1.01
Aug-2017	\$12,706,303	6,624.9	\$1,918	\$1,990	\$2,056	0.93
Sep-2017	\$11,613,922	6,514.3	\$1,783	\$1,842	\$1,907	0.93
Oct-2017	\$12,450,196	6,384.8	\$1,950	\$1,996	\$2,060	0.95
Nov-2017	\$11,429,020	6,296.1	\$1,815	\$1,728	\$1,795	1.01
Dec-2017	\$10,555,771	6,189.3	\$1,705	\$1,843	\$1,900	0.90
Jan-2018	\$12,345,812	5,944.6	\$2,077	\$1,952	\$2,006	1.04
Feb-2018	\$10,788,459	5,853.3	\$1,843	\$1,797	\$1,844	1.00
Mar-2018	\$11,643,457	5,723.0	\$2,035	\$2,066	\$2,134	0.95
Apr-2018	\$10,644,506	5,671.9	\$1,877	\$1,886	\$1,938	0.97
May-2018	\$10,931,699	5,595.3	\$1,954	\$2,153	\$2,204	0.89
Jun-2018	\$10,407,768	5,507.5	\$1,890	\$2,018	\$2,073	0.91
Jul-2018	\$10,624,543	5,411.5	\$1,963	\$1,819	\$1,875	1.05
Aug-2018	\$10,569,015	5,350.6	\$1,975	\$1,953	\$2,002	0.99
Sep-2018	\$9,308,155	5,277.3	\$1,764	\$1,923	\$1,964	0.90
Oct-2018	\$10,244,082	5,226.2	\$1,960	\$2,047	\$2,095	0.94
Nov-2018	\$10,362,192	5,128.7	\$2,020	\$1,917	\$1,962	1.03
Dec-2018	\$9,004,849	5,067.4	\$1,777	\$1,846	\$1,894	0.94
Total	\$274,749,801	148,341.5	\$1,852	\$1,919	\$1,974	0.94

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$9,945,769	4,220.4	\$2,357	\$1,740	\$2,357	1.00
Jan-2017	\$643,771	324.6	1,983.0	1,332.5	\$1,790	1.11
Feb-2017	\$600,965	318.4	1,887.3	1,193.7	\$1,707	1.11
Mar-2017	\$592,257	312.9	1,892.6	1,769.3	\$2,421	0.78
Apr-2017	\$567,492	307.9	1,843.3	1,658.9	\$2,305	0.80
May-2017	\$725,214	290.8	2,493.5	1,787.4	\$2,492	1.00
Jun-2017	\$608,135	284.5	2,137.6	1,415.4	\$1,928	1.11
Jul-2017	\$667,189	285.0	2,341.0	1,268.9	\$1,704	1.37
Aug-2017	\$496,666	280.8	1,768.9	1,557.0	\$2,034	0.87
Sep-2017	\$453,008	278.0	1,629.5	1,233.2	\$1,699	0.96
Oct-2017	\$558,499	273.7	2,040.5	1,582.3	\$2,121	0.96
Nov-2017	\$484,866	274.9	1,764.0	1,541.9	\$2,105	0.84
Dec-2017	\$649,035	269.3	2,410.5	1,497.9	\$2,039	1.18
Jan-2018	\$521,829	244.5	2,134.4	1,490.9	\$1,935	1.10
Feb-2018	\$579,099	240.9	2,403.6	1,437.3	\$1,915	1.26
Mar-2018	\$523,759	239.5	2,187.3	1,756.1	\$2,332	0.94
Apr-2018	\$487,868	239.0	2,041.3	1,442.3	\$1,972	1.03
May-2018	\$420,887	239.9	1,754.6	1,543.6	\$2,094	0.84
Jun-2018	\$320,664	239.8	1,337.4	1,486.6	\$2,010	0.67
Jul-2018	\$472,045	235.4	\$2,005	\$1,537	\$2,075	0.97
Aug-2018	\$543,858	233.4	\$2,331	\$1,449	\$1,924	1.21
Sep-2018	\$448,060	229.2	\$1,955	\$1,617	\$2,170	0.90
Oct-2018	\$466,130	227.0	\$2,054	\$1,432	\$1,877	1.09
Nov-2018	\$324,151	219.3	\$1,478	\$1,653	\$2,173	0.68
Dec-2018	\$327,249	215.0	\$1,522	\$1,470	\$1,897	0.80
Total	\$12,482,696	6,303.5	\$1,980	\$1,504	\$2,030	0.98

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$103,440,434	61,200.6	\$1,690	\$1,520	\$1,690	1.00
Jan-2017	\$5,043,703	3,620.1	1,393.2	1,293.5	\$1,430	0.97
Feb-2017	\$4,173,272	3,538.2	1,179.5	1,394.2	\$1,595	0.74
Mar-2017	\$4,859,292	3,506.8	1,385.7	1,306.0	\$1,456	0.95
Apr-2017	\$4,647,450	3,469.2	1,339.6	1,230.5	\$1,391	0.96
May-2017	\$5,725,019	3,278.6	1,746.2	1,568.7	\$1,793	0.97
Jun-2017	\$4,572,035	3,062.5	1,492.9	1,452.8	\$1,695	0.88
Jul-2017	\$4,575,047	2,991.6	1,529.3	1,328.7	\$1,512	1.01
Aug-2017	\$4,458,403	2,941.7	1,515.6	1,568.1	\$1,804	0.84
Sep-2017	\$3,929,940	2,893.0	1,358.4	1,428.6	\$1,654	0.82
Oct-2017	\$4,702,669	2,836.9	1,657.7	1,599.2	\$1,814	0.91
Nov-2017	\$3,988,275	2,805.7	1,421.5	1,503.8	\$1,755	0.81
Dec-2017	\$4,254,941	2,761.5	1,540.8	1,331.7	\$1,475	1.04
Jan-2018	\$4,469,869	2,666.5	1,676.3	1,446.6	\$1,654	1.01
Feb-2018	\$4,191,195	2,635.0	1,590.6	1,411.3	\$1,607	0.99
Mar-2018	\$4,355,636	2,537.8	1,716.3	1,559.2	\$1,757	0.98
Apr-2018	\$3,869,589	2,528.9	1,530.2	1,579.4	\$1,814	0.84
May-2018	\$4,116,988	2,500.8	1,646.2	1,686.0	\$1,968	0.84
Jun-2018	\$3,746,790	2,451.5	1,528.3	1,538.9	\$1,793	0.85
Jul-2018	\$4,049,191	2,413.5	\$1,678	\$1,491	\$1,743	0.96
Aug-2018	\$3,688,883	2,383.8	\$1,547	\$1,678	\$1,900	0.81
Sep-2018	\$4,196,334	2,342.0	\$1,792	\$1,934	\$2,161	0.83
Oct-2018	\$4,477,194	2,334.5	\$1,918	\$1,518	\$1,733	1.11
Nov-2018	\$4,020,086	2,285.9	\$1,759	\$1,666	\$1,888	0.93
Dec-2018	\$3,459,208	2,239.7	\$1,545	\$1,443	\$1,688	0.92
Total	\$103,571,008	67,025.7	\$1,545	\$1,484	\$1,694	0.91

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$108,719,430	62,395.6	\$1,742	\$1,552	\$1,742	1.00
Jan-2017	\$6,207,070	4,395.5	1,412.2	1,584.1	\$1,788	0.79
Feb-2017	\$5,455,011	4,274.6	1,276.2	1,468.7	\$1,651	0.77
Mar-2017	\$6,957,660	4,261.8	1,632.5	1,513.2	\$1,704	0.96
Apr-2017	\$6,122,275	4,204.9	1,456.0	1,428.6	\$1,620	0.90
May-2017	\$6,321,200	4,030.8	1,568.2	1,501.0	\$1,691	0.93
Jun-2017	\$5,724,367	3,801.7	1,505.7	1,502.1	\$1,705	0.88
Jul-2017	\$5,379,010	3,696.2	1,455.3	1,508.8	\$1,715	0.85
Aug-2017	\$5,511,698	3,622.7	1,521.4	1,597.8	\$1,797	0.85
Sep-2017	\$5,408,679	3,537.7	1,528.9	1,529.3	\$1,748	0.87
Oct-2017	\$5,766,695	3,454.2	1,669.5	1,492.0	\$1,666	1.00
Nov-2017	\$4,661,943	3,389.8	1,375.3	1,475.7	\$1,655	0.83
Dec-2017	\$5,080,535	3,337.9	1,522.1	1,584.4	\$1,757	0.87
Jan-2018	\$4,536,037	3,160.9	1,435.1	1,538.2	\$1,724	0.83
Feb-2018	\$4,548,849	3,113.1	1,461.2	1,486.1	\$1,662	0.88
Mar-2018	\$4,508,810	2,974.7	1,515.7	1,518.9	\$1,711	0.89
Apr-2018	\$5,555,201	2,934.9	1,892.8	1,541.6	\$1,748	1.08
May-2018	\$5,267,417	2,887.0	1,824.5	1,769.1	\$2,035	0.90
Jun-2018	\$4,768,133	2,850.8	1,672.6	1,704.7	\$1,944	0.86
Jul-2018	\$4,965,324	2,805.3	\$1,770	\$1,452	\$1,640	1.08
Aug-2018	\$5,187,892	2,748.3	\$1,888	\$1,812	\$2,052	0.92
Sep-2018	\$4,335,641	2,690.1	\$1,612	\$1,593	\$1,783	0.90
Oct-2018	\$4,817,441	2,679.1	\$1,798	\$1,687	\$1,908	0.94
Nov-2018	\$5,090,712	2,572.1	\$1,979	\$1,698	\$1,931	1.03
Dec-2018	\$4,102,874	2,517.0	\$1,630	\$1,717	\$1,945	0.84
Total	\$126,280,475	79,940.8	\$1,580	\$1,560	\$1,762	0.90

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$110,831,462	65,796.4	\$1,684	\$1,636	\$1,684	1.00
Jan-2017	\$9,795,518	6,137.0	1,596.1	1,639.8	\$1,679	0.95
Feb-2017	\$8,941,224	5,914.1	1,511.8	1,520.6	\$1,554	0.97
Mar-2017	\$8,927,785	5,813.4	1,535.7	1,783.7	\$1,819	0.84
Apr-2017	\$8,436,482	5,664.6	1,489.3	1,640.7	\$1,673	0.89
May-2017	\$8,029,142	5,437.8	1,476.5	1,581.7	\$1,625	0.91
Jun-2017	\$7,732,325	5,278.0	1,465.0	1,653.4	\$1,708	0.86
Jul-2017	\$7,654,580	5,136.6	1,490.2	1,551.7	\$1,596	0.93
Aug-2017	\$8,113,668	5,040.2	1,609.8	1,910.7	\$1,983	0.81
Sep-2017	\$7,229,885	4,921.2	1,469.1	1,587.7	\$1,619	0.91
Oct-2017	\$7,653,318	4,775.7	1,602.6	1,873.8	\$1,959	0.82
Nov-2017	\$6,387,136	4,688.4	1,362.3	1,451.7	\$1,504	0.91
Dec-2017	\$6,776,781	4,599.3	1,473.4	1,594.2	\$1,639	0.90
Jan-2018	\$6,070,562	4,339.5	1,398.9	1,597.8	\$1,670	0.84
Feb-2018	\$5,882,853	4,268.5	1,378.2	1,481.2	\$1,536	0.90
Mar-2018	\$6,394,338	4,093.1	1,562.2	1,627.8	\$1,692	0.92
Apr-2018	\$6,067,969	4,023.9	1,508.0	1,888.1	\$1,938	0.78
May-2018	\$5,914,476	3,931.9	1,504.2	1,605.7	\$1,660	0.91
Jun-2018	\$5,717,852	3,862.9	1,480.2	1,572.0	\$1,631	0.91
Jul-2018	\$5,703,723	3,802.1	\$1,500	\$1,702	\$1,759	0.85
Aug-2018	\$6,079,860	3,716.3	\$1,636	\$1,677	\$1,733	0.94
Sep-2018	\$4,852,132	3,634.2	\$1,335	\$1,673	\$1,733	0.77
Oct-2018	\$5,349,403	3,575.0	\$1,496	\$1,801	\$1,862	0.80
Nov-2018	\$4,878,584	3,425.0	\$1,424	\$1,526	\$1,583	0.90
Dec-2018	\$5,315,464	3,366.6	\$1,579	\$1,420	\$1,439	1.10
Total	\$163,905,060	109,445.2	\$1,498	\$1,642	\$1,692	0.88

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

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$113,207,213	65,414.5	\$1,731	\$1,637	\$1,731	1.00
Jan-2017	\$0	0.0	0.0	0.0	\$0	0.00
Feb-2017	\$0	0.0	0.0	0.0	\$0	0.00
Mar-2017	\$0	0.0	0.0	0.0	\$0	0.00
Apr-2017	\$10,101,473	5,907.2	1,710.0	1,635.5	\$1,719	0.99
May-2017	\$10,773,948	5,718.4	1,884.1	1,827.8	\$1,923	0.98
Jun-2017	\$9,448,147	5,602.7	1,686.4	1,769.7	\$1,855	0.91
Jul-2017	\$8,565,820	5,482.4	1,562.4	1,754.6	\$1,832	0.85
Aug-2017	\$8,996,269	5,342.5	1,683.9	1,861.8	\$1,929	0.87
Sep-2017	\$8,030,659	5,213.9	1,540.2	1,645.1	\$1,708	0.90
Oct-2017	\$8,676,366	5,070.4	1,711.2	1,832.4	\$1,910	0.90
Nov-2017	\$8,552,830	4,963.7	1,723.1	1,806.4	\$1,858	0.93
Dec-2017	\$7,539,752	4,826.6	1,562.1	1,873.3	\$1,921	0.81
Jan-2018	\$7,880,808	4,602.6	1,712.3	1,801.2	\$1,861	0.92
Feb-2018	\$7,314,827	4,512.5	1,621.0	1,721.7	\$1,782	0.91
Mar-2018	\$8,032,046	4,405.9	1,823.0	1,855.2	\$1,887	0.97
Apr-2018	\$7,419,755	4,325.9	1,715.2	1,785.9	\$1,826	0.94
May-2018	\$7,504,994	4,236.0	1,771.7	1,736.7	\$1,793	0.99
Jun-2018	\$7,298,977	4,143.0	1,761.8	1,703.2	\$1,747	1.01
Jul-2018	\$6,878,718	4,033.3	\$1,705	\$1,915	\$1,955	0.87
Aug-2018	\$7,099,502	3,943.7	\$1,800	\$1,863	\$1,891	0.95
Sep-2018	\$6,393,868	3,842.7	\$1,664	\$1,794	\$1,827	0.91
Oct-2018	\$7,105,771	3,796.9	\$1,871	\$1,887	\$1,916	0.98
Nov-2018	\$6,452,402	3,687.5	\$1,750	\$1,957	\$1,980	0.88
Dec-2018	\$6,161,809	3,598.6	\$1,712	\$1,811	\$1,844	0.93
Total	\$166,228,741	97,256.4	\$1,709	\$1,796	\$1,853	0.92

Table 11.G -- MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 6A

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$102,270,623	51,270.4	\$1,995	\$1,949	\$1,995	1.00
Jan-2018	\$9,138,981	4,850.1	1,884.3	1,978.0	\$2,013	0.94
Feb-2018	\$7,607,713	4,675.2	1,627.2	1,908.5	\$1,945	0.84
Mar-2018	\$8,468,523	4,491.7	1,885.4	2,049.8	\$2,089	0.90
Apr-2018	\$7,997,403	4,389.7	1,821.9	2,046.6	\$2,055	0.89
May-2018	\$6,990,791	4,275.5	1,635.1	2,100.0	\$2,144	0.76
Jun-2018	\$6,784,133	4,170.9	1,626.6	1,880.3	\$1,917	0.85
Jul-2018	\$6,313,579	4,062.7	1,554.0	1,770.0	\$1,798	0.86
Aug-2018	\$6,068,065	3,962.5	1,531.4	1,820.8	\$1,887	0.81
Sep-2018	\$5,449,904	3,851.9	1,414.9	1,945.9	\$1,976	0.72
Oct-2018	\$5,763,156	3,778.2	1,525.4	2,230.6	\$2,263	0.67
Nov-2018	\$5,866,839	3,669.0	1,599.0	1,916.6	\$1,926	0.83
Dec-2018	\$5,393,345	3,568.7	1,511.3	1,866.3	\$1,880	0.80
Total	\$81,842,433	49,745.9	\$1,645	\$1,961	\$1,993	0.83

Table 11.H -- MEDICARE
PMPM costs for intervention and comparison groups, by month: Cohort 6B

Month/Year	Intervention group		PMPM			Ratio (D/T)
	Incurred claims	Eligible months	Intervention	Comparison	Target	
Baseline	\$69,358,377	36,877.7	\$1,881	\$1,742	\$1,881	1.00
Jan-2018	\$6,485,682	3,304.8	1,962.5	1,654.4	\$1,797	1.09
Feb-2018	\$5,389,761	3,209.5	1,679.3	1,552.7	\$1,638	1.03
Mar-2018	\$5,316,164	3,088.1	1,721.5	1,586.2	\$1,685	1.02
Apr-2018	\$4,818,460	3,021.0	1,595.0	1,723.1	\$1,827	0.87
May-2018	\$4,463,130	2,936.2	1,520.0	2,024.4	\$2,164	0.70
Jun-2018	\$4,604,655	2,885.6	1,595.7	1,662.9	\$1,752	0.91
Jul-2018	\$4,675,003	2,824.3	1,655.3	1,873.8	\$1,998	0.83
Aug-2018	\$4,444,579	2,760.1	1,610.3	1,855.6	\$1,948	0.83
Sep-2018	\$4,362,069	2,694.3	1,619.0	1,778.8	\$1,844	0.88
Oct-2018	\$4,112,849	2,654.7	1,549.2	1,860.7	\$1,948	0.80
Nov-2018	\$4,071,896	2,587.6	1,573.6	1,493.7	\$1,564	1.01
Dec-2018	\$3,927,184	2,515.0	1,561.5	1,833.3	\$1,866	0.84
Total	\$56,671,433	34,481.2	\$1,644	\$1,738	\$1,834	0.90

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

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM Savings	Dollar Savings
	Incurred Claims	Member Months	Intervention (D)	Comparison	Target (T)			
Baseline	\$1,102,284,137	647,716.7			\$1,701.80	1.00		
Durable medical equipment	\$15,318,753	281,332.5	\$54.45	\$60.79	\$63.97	0.85	\$9.52	\$2,677,271
Home health agency	\$19,834,206	281,332.5	\$70.50	\$100.99	\$106.22	0.66	\$35.72	\$10,049,720
Hospice	\$4,371,916	281,332.5	\$15.54	\$60.10	\$63.62	0.24	\$48.08	\$13,525,980
Inpatient	\$176,631,398	281,332.5	\$627.84	\$615.51	\$654.87	0.96	\$27.03	\$7,603,647
Outpatient	\$111,660,674	281,332.5	\$396.90	\$356.32	\$374.70	1.06	-\$22.20	-\$6,244,561
Professional	\$87,337,943	281,332.5	\$310.44	\$367.72	\$390.96	0.79	\$80.52	\$22,651,986
SNF	\$39,656,769	281,332.5	\$140.96	\$125.74	\$137.21	1.03	-\$3.76	-\$1,056,476
Total	\$454,811,659	281,332.5	\$1,616.63	\$1,687.17	\$1,791.54	0.90	\$174.91	\$49,207,566

Table 12.B. -- MEDICARE

PMPM costs for Demonstration Year 5 based on incurred Medicare claims for Cohorts 1, 2, 3, 4, 5A/B and 6A/B

Type of service	Intervention		PMPM			Ratio (D/T)	PMPM Savings	Dollar Savings
	Incurred Claims	Member Months	Intervention (D)	Comparison	Target (T)			
Baseline	\$1,102,284,137	647,716.7			\$1,701.80	1.00		
Durable medical equipment	\$19,335,048	311,207.8	\$62.13	\$70.57	\$73.86	0.84	\$11.73	\$3,651,290
Home health agency	\$22,840,216	311,207.8	\$73.39	\$100.13	\$103.80	0.71	\$30.40	\$9,461,769
Hospice	\$5,454,376	311,207.8	\$17.53	\$69.09	\$72.18	0.24	\$54.66	\$17,009,344
Inpatient	\$201,331,387	311,207.8	\$646.94	\$649.48	\$682.51	0.95	\$35.58	\$11,071,812
Outpatient	\$134,191,642	311,207.8	\$431.20	\$372.67	\$390.93	1.10	-\$40.27	-\$12,531,142
Professional	\$101,193,742	311,207.8	\$325.16	\$377.03	\$397.77	0.82	\$72.61	\$22,596,200
SNF	\$46,573,577	311,207.8	\$149.65	\$146.04	\$154.59	0.97	\$4.93	\$1,534,951
Total	\$530,919,988	311,207.8	\$1,706.00	\$1,785.02	\$1,875.64	0.91	\$169.64	\$52,794,224

Table 13.A

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

Category of beneficiary	Total		Durable Medical Equipment		Home health agency		Hospice		Inpatient		Outpatient		Professional		SNF	
	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings
Total	\$174.91	\$49,207,566	\$9.52	\$2,677,271	\$35.72	\$10,049,720	\$48.08	\$13,525,980	\$27.03	\$7,603,647	-\$22.20	-\$6,244,561	\$80.52	\$22,651,986	-\$3.76	-\$1,056,476
Fac 65+ SPMI	\$684.20	\$6,041,058	\$2.75	\$24,315	-\$19.97	-\$176,282	\$161.86	\$1,429,126	\$57.73	\$509,695	\$195.35	\$1,724,847	\$195.76	\$1,728,437	\$90.71	\$800,921
Fac 65+ nonSPMI	\$458.59	\$4,082,218	-\$3.41	-\$30,330	-\$7.59	-\$67,571	\$170.96	\$1,521,857	\$18.93	\$168,489	\$99.69	\$887,398	\$112.87	\$1,004,705	\$67.14	\$597,669
HCBS 65+ SPMI	\$309.55	\$6,263,398	\$26.44	\$534,982	\$76.73	\$1,552,571	\$72.06	\$1,457,956	\$56.41	\$1,141,472	\$13.78	\$278,816	\$96.90	\$1,960,585	-\$32.77	-\$662,984
HCBS 65+ nonSPMI	\$369.52	\$15,592,153	\$9.67	\$408,246	\$59.15	\$2,495,709	\$93.34	\$3,938,456	\$83.80	\$3,536,181	-\$31.99	-\$1,349,646	\$127.22	\$5,368,366	\$28.32	\$1,194,841
Com 65+ SPMI	\$107.10	\$1,591,000	\$10.75	\$159,666	\$48.88	\$726,058	\$29.49	\$438,003	-\$4.37	-\$64,985	-\$26.40	-\$392,203	\$61.42	\$912,435	-\$12.65	-\$187,974
Com 65+ nonSPMI	\$77.02	\$4,190,738	\$12.76	\$694,224	\$36.73	\$1,998,482	\$29.68	\$1,614,662	-\$6.81	-\$370,336	-\$41.80	-\$2,274,248	\$53.78	\$2,926,104	-\$7.32	-\$398,149
Fac <65 SPMI	\$875.40	\$2,697,518	\$31.22	\$96,193	-\$27.50	-\$84,743	\$62.78	\$193,443	\$151.80	\$467,782	\$92.16	\$283,997	\$358.43	\$1,104,505	\$206.51	\$636,340
Fac <65 nonSPMI	\$653.43	\$1,498,336	-\$3.78	-\$8,660	-\$17.42	-\$39,942	\$138.46	\$317,503	\$216.43	\$496,285	-\$36.32	-\$83,289	\$288.30	\$661,080	\$67.75	\$155,360
HCBS <65 SPMI	\$256.66	\$6,245,254	-\$0.59	-\$14,410	\$49.14	\$1,195,751	\$28.00	\$681,313	\$150.79	\$3,669,148	-\$28.19	-\$685,956	\$71.73	\$1,745,374	-\$14.22	-\$345,965
HCBS <65 nonSPMI	\$177.63	\$5,653,190	\$2.37	\$75,423	\$47.25	\$1,503,591	\$41.98	\$1,335,936	\$51.54	\$1,640,266	-\$43.19	-\$1,374,443	\$88.33	\$2,811,209	-\$10.65	-\$338,791
Com <65 SPMI	-\$58.50	-\$1,950,139	\$10.80	\$359,848	\$17.63	\$587,782	\$4.20	\$139,980	-\$50.80	-\$1,693,230	-\$54.25	-\$1,808,256	\$52.24	\$1,741,234	-\$38.32	-\$1,277,498
Com <65 nonSPMI	-\$72.82	-\$2,697,159	\$10.20	\$377,774	\$9.67	\$358,316	\$12.36	\$457,745	-\$51.22	-\$1,897,122	-\$39.19	-\$1,451,578	\$18.57	\$687,952	-\$33.21	-\$1,230,245

Table 13B

PMPM costs by category of beneficiary for Demonstration Year 5 based on incurred Medicare claims for Cohorts 1, 2, 3, 4, 5A/B and 6A/B

Category of beneficiary	Total		Durable Medical Equipment		Home health agency		Hospice		Inpatient		Outpatient		Professional		SNF	
	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings	PMPM Saving	Dollar Savings
Total	\$169.64	\$52,794,224	\$11.73	\$3,651,290	\$30.40	\$9,461,769	\$54.66	\$17,009,344	\$35.58	\$11,071,812	-\$40.27	-\$12,531,142	\$72.61	\$22,596,200	\$4.93	\$1,534,951
Fac 65+ SPMI	\$914.38	\$9,931,539	-\$8.46	-\$91,901	-\$16.94	-\$183,950	\$224.01	\$2,433,121	\$136.11	\$1,478,375	\$200.62	\$2,179,050	\$203.58	\$2,211,243	\$175.45	\$1,905,602
Fac 65+ nonSPMI	\$391.15	\$3,433,174	-\$16.50	-\$144,810	-\$12.61	-\$110,653	\$179.46	\$1,575,105	-\$17.68	-\$155,175	\$146.99	\$1,290,159	\$121.93	\$1,070,193	-\$10.44	-\$91,645
HCBS 65+ SPMI	\$654.65	\$17,856,336	\$31.88	\$869,508	\$67.44	\$1,839,499	\$92.34	\$2,518,669	\$251.90	\$6,870,776	\$34.51	\$941,245	\$130.11	\$3,548,747	\$46.48	\$1,267,891
HCBS 65+ nonSPMI	\$276.49	\$12,103,886	\$12.11	\$529,920	\$35.35	\$1,547,663	\$85.12	\$3,726,108	\$55.01	\$2,408,032	-\$22.58	-\$988,344	\$96.19	\$4,210,836	\$15.30	\$669,670
Com 65+ SPMI	\$136.16	\$2,652,632	\$10.01	\$194,972	\$60.31	\$1,174,881	\$57.14	\$1,113,196	-\$11.78	-\$229,485	-\$35.02	-\$682,341	\$63.61	\$1,239,136	-\$8.10	-\$157,727
Com 65+ nonSPMI	\$10.76	\$625,324	\$14.21	\$826,232	\$33.97	\$1,974,737	\$51.29	\$2,981,927	-\$23.08	-\$1,341,566	-\$71.73	-\$4,170,090	\$17.96	\$1,043,853	-\$11.86	-\$689,768
Fac <65 SPMI	\$1,103.55	\$5,033,021	\$13.06	\$59,571	-\$1.64	-\$7,473	\$59.86	\$272,996	\$256.36	\$1,169,185	\$207.79	\$947,669	\$327.41	\$1,493,217	\$240.72	\$1,097,856
Fac <65 nonSPMI	\$193.80	\$706,464	-\$33.79	-\$123,177	-\$2.86	-\$10,418	\$73.57	\$268,195	\$46.52	\$169,571	-\$54.09	-\$197,187	\$82.17	\$299,522	\$82.29	\$299,957
HCBS <65 SPMI	\$173.24	\$5,051,497	-\$10.56	-\$307,994	\$25.36	\$739,488	\$27.37	\$797,930	\$118.50	\$3,455,403	-\$31.27	-\$911,854	\$69.81	\$2,035,433	-\$25.96	-\$756,910
HCBS <65 nonSPMI	-\$37.49	-\$1,241,530	\$29.03	\$961,304	\$35.98	\$1,191,360	\$21.64	\$716,555	-\$18.79	-\$622,237	-\$154.51	-\$5,116,638	\$78.33	\$2,593,884	-\$29.16	-\$965,759
Com <65 SPMI	-\$22.94	-\$840,559	\$17.59	\$644,489	\$25.33	\$928,042	\$7.56	\$276,960	-\$36.94	-\$1,353,353	-\$76.53	-\$2,804,048	\$46.90	\$1,718,416	-\$6.85	-\$251,064
Com <65 nonSPMI	-\$70.36	-\$2,517,559	\$6.52	\$233,176	\$10.58	\$378,592	\$9.18	\$328,583	-\$21.74	-\$777,713	-\$84.37	-\$3,018,764	\$31.63	\$1,131,720	-\$22.17	-\$793,153