

PART TWO

Financial Plan for Model Test Proposals

Instructions

The following financial plan information and tables must be completed and submitted with state's Model Test proposals. The financial plan provides relevant financial information on per capita health care costs and trends, anticipated financial impact of the model, and return on investment analysis. For participating commercial health plans, states may provide aggregate health care cost data if detailed cost data is not available. For private insurer information, the AHRQ Medical Expenditure Panel information <http://meps.ahrq.gov/mepsweb> may be useful, a state specific actuarial report, or another nationally recognized source. This data is critical to evaluating the state's Model Testing proposal. Information provided will be used to evaluate model's projected impact on health care cost, utilization, and health care trend. The detailed financial data should be provided for only the proposed multi-payer target populations and participating payers that are included in the model test. The information provided in the Financial Plan must be validated by a qualified actuary or financial analyst. Please explain in the narrative of the financial plan the methods used for development and the qualifications of the preparer. If any of the data came from sources other than claims, please explain in a footnote how pricing was calculated.

CMS has released aggregated Medicare FFS data at the state (and hospital referral region) level. Available data include: –Demographics and disease prevalence –Spending and utilization (by service category) –Quality (readmissions, ED visits, avoidable hospitalizations, hospital compare). This data can be found at the following site:
<http://www.iom.edu/Activities/HealthServices/GeographicVariation/Data-Resources.aspx>

The following narrative information is required along with the appropriate tables:

1. Describe the population being addressed and their respective current projected health care cost trends **without** the model test intervention for the target population over proposed three year testing period. Show both the per capita costs and the cost trend changes. Describe the projected health cost trend changes as a result of the model intervention.
2. Describe anticipated total cost saving for each year of the test period. Describe the projection for aggregate total cost saving by the end of the model test period. Describe the net costs savings projected (total saving minus any additional supplemental provider reimbursements or service cost associated with the model test) for each year of the model test and in total for the three years. Supplemental provider reimbursement or services are new provider reimbursements or new services that are not currently being reimbursed or provided. The supplemental costs must be a part of the Model Test.
3. Describe how the model test interventions or payment changes interact with service utilization, health system performance, and per capita cost. Describe the overall impact of the proposed model on the projected health care cost and cost trends in the target population. Use the health care expenditure categories provided in the tables to describe how the model will impact utilization and service unit cost. Describe any cost associated with supplemental or additional services provided as part of the model test and how these services will have an impact on reducing cost.

TABLES

For Tables 2 through 4 please use numbers based on the amount paid. The Innovation Center is also interested in the Allowable amount for services, in order to determine the co-insurance requirements and if state models include shifts between the allowed versus paid amounts. To the extent possible, indicate the Allowable PMPM costs as well as the Paid PMPM cost by completing duplicate worksheets labeled as Allowable costs in the title.

Complete tables 2A, 2B, 2C, 2D, and 2E to document the current projections of expenditures and

utilization **without** the model intervention.

NOTE: Cells requiring data input are highlighted. Other cells will be populated/calculated automatically.

TABLE 2A: Provide the most recent year per capita health care cost by major beneficiary category of service and the estimated per capita cost change for the target population by the final year of the test without model test intervention. Note, in filling out the tables by categories of service a State does not need to focus on specific codes. Rather, a reasonable grouping of services expenditures that fit into the category heading will suffice for purposes of the application. In addition, "Year 0" indicates base year cost information. Please identify the 12 month period used for the Year 0.

TABLE 2B: Provide per capita change in expenditures for each year of the test period without the model intervention.

TABLE 2C: Provide baseline Year 0 service utilization and unit cost by category of service for each major target population and estimated percent change by the final year of the test without model test intervention. Final Year indicates the end of the test period, i.e., Year 3 of the testing period.

TABLE 2D: Provide estimated changes to utilization for each year of the test period without the model test intervention.

TABLE 2E: Provide estimated changes to average unit cost for each year of the test period without the model test intervention.

Complete tables 3 A, 3B, 3C, 3D, and 3E to document the estimated impact **with** the model test on health care cost and utilization.

TABLE 3A: Provide an estimate of the per capita health care cost by major beneficiary category of service and the estimated change in per capita cost for the target population by the final year of the test with model test intervention. In addition, "Year 0" indicates base year cost information. Please identify the 12 month period used for the Year 0.

TABLE 3B: Provide estimate of the per capita change in expenditures for each year of model test period with the model intervention.

TABLE 3C: Provide baseline year 0 service utilization and unit costs by categories of service for each major target population and estimated percent change for the final year of the test with the model test intervention. Final Year indicates the end of the test period, i.e., Year 3 of the testing period.

TABLE 3D: Provide estimated changes to utilization for each year of the test period with the

Complete Tables 4A and 4B to document net savings from the model test intervention and the return on investment of Innovation Center and other contributed funds (federal, state, private) to the model intervention.

Table 4A: Provide the 3 year estimated total net savings for the period of the model testing intervention. Please account for ramp up times and lags. **Note:** Net saving is based on calculating the difference between the "project cost" based on current trend and the actual change in cost trend over the test period minus the Innovation Center and any other contributed funds provided to support supplemental services as part of the model test.

Table 4B: Provide estimated total return on investment for Medicaid/CHIP and Medicare coverage program. The ROI is calculated based on the total 3 and 5 year net saving over the total Innovation Center and other contributed funds invested in the model test intervention. The state may request claims data if necessary for Medicare FFS and Part D cost and trend analysis.

TABLE 2A
Most Recent Year Per Capita Cost And Projected Future Per Capita Cost in Final Test Year Without the Model

Health Care Expenditures Categories of Services	Medicaid/CHIP								Private/Other				Medicare					
	Adult		Child		Dual Eligibles (Only)		Disabled/Elderly (Without Duals)		Individual		Family		Dual Eligible		Fee for Service/Non-Duals (Parts A and B)		Medicare Advantage Part C	
Total Population	168,349	252,493	287,897	431,794	1,686	2,385	40,233	56,927	2,020,162	2,816,586	NA	NA	59,135	88,691	373,633	560,382	NA	NA
	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year
Inpatient Hospital	\$ 87.11	\$ 89.73	\$ 14.19	\$ 14.18	\$ 25.83	\$ 26.13	\$ 84.56	\$ 92.25	\$ 78.20	\$ 83.07	NA	NA	\$ 314.49	\$ 323.06	\$ 157.56	\$ 158.68	NA	NA
Outpatient Hospital (total)	\$ 126.01	\$ 129.14	\$ 39.04	\$ 38.79	\$ 64.38	\$ 64.55	\$ 122.68	\$ 126.44	\$ 138.48	\$ 143.34	NA	NA	\$ 138.64	\$ 143.55	\$ 76.04	\$ 76.80	NA	NA
Emergency Dept (subtotal)	\$ 9.46	\$ 9.13	\$ 2.75	\$ 2.55	\$ 4.26	\$ 4.49	\$ 3.36	\$ 3.55	\$ 4.69	\$ 4.93	NA	NA	\$ 23.39	\$ 24.83	\$ 8.61	\$ 9.19	NA	NA
Professional Primary Care	\$ 15.62	\$ 15.61	\$ 9.69	\$ 9.68	\$ 9.79	\$ 9.79	\$ 6.12	\$ 6.12	\$ 16.04	\$ 16.52	NA	NA	\$ 11.04	\$ 10.71	\$ 17.08	\$ 18.27	NA	NA
Professional Specialty Care	\$ 38.06	\$ 37.65	\$ 17.75	\$ 17.55	\$ 1.75	\$ 1.62	\$ 12.53	\$ 12.53	\$ 22.53	\$ 22.24	NA	NA	\$ 22.23	\$ 22.83	\$ 14.54	\$ 13.67	NA	NA
Diagnostic Imaging/X-Ray	\$ 5.28	\$ 5.28	\$ 0.58	\$ 0.58	\$ 4.39	\$ 4.66	\$ 2.02	\$ 2.02	\$ 7.89	\$ 8.13	NA	NA	\$ 9.95	\$ 10.25	\$ 9.51	\$ 9.96	NA	NA
Laboratory Services	\$ 7.00	\$ 7.00	\$ 1.17	\$ 1.17	\$ 3.42	\$ 3.42	\$ 1.45	\$ 1.45	\$ 6.94	\$ 7.33	NA	NA	\$ 8.76	\$ 9.03	\$ 6.41	\$ 6.30	NA	NA
DME	\$ 33.25	\$ 34.23	\$ 3.30	\$ 3.40	\$ 10.17	\$ 11.12	\$ 50.20	\$ 54.89	\$ 4.16	\$ 4.42	NA	NA	\$ 28.92	\$ 28.91	\$ 14.34	\$ 15.49	NA	NA
Dialysis Procedures	\$ 0.17	\$ 0.17	\$ 0.00	\$ 0.00	\$ 0.31	\$ 0.33	\$ 0.40	\$ 0.42	\$ 0.06	\$ 0.06	NA	NA	\$ 0.21	\$ 0.21	\$ 1.08	\$ 1.19	NA	NA
Professional Other (e.g., PT,	\$ 4.87	\$ 5.16	\$ 3.47	\$ 3.68	\$ 0.26	\$ 0.27	\$ 0.27	\$ 0.28	\$ 4.00	\$ 4.00	NA	NA	\$ 3.53	\$ 3.63	\$ 4.59	\$ 4.68	NA	NA
Skilled Nursing Facility	\$ 37.61	\$ 37.60	\$ -	\$ -	\$ -	\$ -	\$ 737.75	\$ 783.14	\$ 0.76	\$ 0.83	NA	NA	\$ 91.21	\$ 105.77	\$ 43.27	\$ 50.68	NA	NA
Home Health	\$ 60.59	\$ 64.24	\$ 3.60	\$ 3.70	\$ 1.91	\$ 2.21	\$ 34.42	\$ 36.50	\$ 2.32	\$ 2.57	NA	NA	\$ 29.14	\$ 29.97	\$ 18.06	\$ 18.57	NA	NA
ICF/MR	\$ 21.11	\$ 21.74	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ 10.86	\$ 11.18	\$ -	\$ -	NA	NA	\$ -	\$ -	\$ -	\$ -	NA	NA
Home and Community-Based	\$ 235.68	\$ 228.68	\$ 1.61	\$ 1.51	\$ 0.00	\$ 0.00	\$ 348.82	\$ 359.39	\$ -	\$ -	NA	NA	\$ -	\$ -	\$ -	\$ -	NA	NA
Other	\$ 6.13	\$ 6.50	\$ 4.09	\$ 4.34	\$ 0.42	\$ 0.43	\$ 4.88	\$ 5.18	\$ 1.98	\$ 1.98	NA	NA	\$ 2.02	\$ 2.21	\$ 3.21	\$ 3.61	NA	NA
Subtotal	\$ 678.47	\$ 682.73	\$ 98.49	\$ 98.59	\$ 122.64	\$ 124.54	\$ 1,416.97	\$ 1,491.80	\$ 283.36	\$ 294.48	NA	NA	\$ 660.15	\$ 690.14	\$ 365.69	\$ 377.92	NA	NA
Prescription Drugs (Outpatient)	\$ 121.04	\$ 131.76	\$ 22.41	\$ 22.97	\$ 77.93	\$ 82.38	\$ 53.60	\$ 56.12	\$ 68.18	\$ 74.83	NA	NA	\$ 8.82	\$ 9.08	\$ 10.48	\$ 10.66	NA	NA
Total	\$ 799.51	\$ 814.48	\$ 120.90	\$ 121.56	\$ 200.57	\$ 206.92	\$ 1,470.57	\$ 1,547.91	\$ 351.54	\$ 369.30	NA	NA	\$ 668.97	\$ 699.21	\$ 376.17	\$ 388.58	NA	NA

Note: Outpatient is total for that category. Emergency Department is a subtotal of Outpatient Services.

Note: Put "NA" for any category of cost not within the scope of the model tests.

TABLE 2C

Utilization and Average Unit Costs By Category of Service Baseline Year and Percent Change by Final Test Year Without the Model Intervention

Categories of Services Utilization and Unit Cost	Medicaid/CHIP												Private/Other								MEDICARE																	
	Adult				Child				Dual Eligibles (Only)				Disabled/Elderly (Without Duals)				Individual				Family				Dual Eligible				Fee for Service/Non-Duals (Parts A and B)				Medicare Advantage Part C					
Total Population	168,349		252,493		287,897		431,794		1,686		2,385		40,233		56,927		2,020,162		2,816,586		NA		NA		59,135		88,691		373,633		560,382		NA		NA			
	Baseline (Year 0)		Final Year		Baseline (Year 0)		Final Year		Baseline (Year 0)		Final Year		Baseline (Year 0)		Final Year		Baseline (Year 0)		Final Year		Baseline (Year 0)		Final Year		Baseline (Year 0)		Final Year		Baseline (Year 0)		Final Year		Baseline (Year 0)		Final Year			
	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost				
Inpatient Hospital	1,004	\$ 1,041.63	980	\$ 1,098.81	119	\$ 1,427.52	112	\$ 1,514.47	379	\$ 817.15	386	\$ 811.65	2,213	\$ 458.65	2,295	\$ 482.38	289	\$ 3,242.93	283	\$ 3,516.64	NA	NA	NA	NA	4,965	\$ 760.04	5,018	\$ 772.60	1,930	\$ 979.81	1,893	\$ 1,005.77	NA	NA	NA	NA		
Outpatient Hospital (total)	141,416	\$ 10.69	137,272	\$ 11.29	43,572	\$ 10.75	41,020	\$ 11.35	73,799	\$ 10.47	69,647	\$ 11.12	144,424	\$ 10.19	140,255	\$ 10.82	7,981	\$ 208.21	8,239	\$ 208.78	NA	NA	NA	NA	73,720	\$ 22.57	76,126	\$ 22.63	50,508	\$ 18.07	50,198	\$ 18.36	NA	NA	NA	NA		
Emergency Dept (subtotal)	3,031	\$ 37.45	2,997	\$ 36.56	706	\$ 46.76	674	\$ 45.40	1,555	\$ 32.85	1,650	\$ 32.63	1,287	\$ 31.36	1,366	\$ 31.20	222	\$ 253.16	220	\$ 268.96	NA	NA	NA	NA	5,436	\$ 51.64	5,769	\$ 51.64	2,036	\$ 50.75	2,174	\$ 50.71	NA	NA	NA	NA		
Professional Primary Care	4,084	\$ 45.88	3,963	\$ 47.27	2,533	\$ 45.88	2,458	\$ 47.27	2,561	\$ 45.88	2,485	\$ 47.27	1,601	\$ 45.88	1,553	\$ 47.27	2,898	\$ 66.41	2,812	\$ 70.47	NA	NA	NA	NA	2,668	\$ 49.67	2,589	\$ 49.67	4,284	\$ 47.85	4,587	\$ 47.80	NA	NA	NA	NA		
Professional Specialty Care	33,131	\$ 13.78	32,147	\$ 14.05	16,051	\$ 13.27	15,551	\$ 13.54	812	\$ 25.83	773	\$ 25.19	11,527	\$ 13.05	11,212	\$ 13.41	3,489	\$ 77.49	3,607	\$ 74.00	NA	NA	NA	NA	9,594	\$ 27.81	10,117	\$ 27.07	3,839	\$ 45.44	3,711	\$ 44.20	NA	NA	NA	NA		
Diagnostic Imaging/X-Ray	2,488	\$ 25.46	2,415	\$ 26.23	275	\$ 25.46	267	\$ 26.23	2,069	\$ 25.46	2,132	\$ 26.23	951	\$ 25.46	923	\$ 26.23	1,068	\$ 88.65	1,036	\$ 94.08	NA	NA	NA	NA	3,241	\$ 36.83	3,339	\$ 36.83	2,319	\$ 49.22	2,427	\$ 49.22	NA	NA	NA	NA		
Laboratory Services	5,559	\$ 15.11	5,394	\$ 15.57	930	\$ 15.11	903	\$ 15.57	2,716	\$ 15.11	2,636	\$ 15.57	1,151	\$ 15.11	1,117	\$ 15.57	5,219	\$ 15.96	5,351	\$ 16.44	NA	NA	NA	NA	7,700	\$ 13.66	7,933	\$ 13.66	5,187	\$ 14.84	5,088	\$ 14.87	NA	NA	NA	NA		
DME	243,086	\$ 1.64	235,866	\$ 1.74	24,145	\$ 1.64	23,428	\$ 1.74	74,388	\$ 1.64	76,642	\$ 1.74	367,064	\$ 1.64	378,186	\$ 1.74	624	\$ 80.05	643	\$ 82.48	NA	NA	NA	NA	32,462	\$ 10.69	31,498	\$ 11.02	8,185	\$ 21.03	8,604	\$ 21.61	NA	NA	NA	NA		
Dialysis Procedures	76	\$ 26.36	78	\$ 26.36	2	\$ 26.36	2	\$ 26.36	142	\$ 26.36	150	\$ 26.36	181	\$ 26.36	192	\$ 26.36	4	\$ 157.13	5	\$ 152.47	NA	NA	NA	NA	16	\$ 162.74	15	\$ 172.70	100	\$ 130.10	103	\$ 137.92	NA	NA	NA	NA		
Professional Other (e.g., PT, Skilled Nursing Facility)	2,280	\$ 25.61	2,213	\$ 27.98	1,625	\$ 25.61	1,577	\$ 27.98	123	\$ 25.61	115	\$ 27.98	125	\$ 25.61	121	\$ 27.98	2,270	\$ 21.16	2,202	\$ 21.80	NA	NA	NA	NA	1,942	\$ 21.78	1,942	\$ 22.44	2,619	\$ 21.02	2,594	\$ 21.66	NA	NA	NA	NA		
Home Health	3,014	\$ 149.76	2,924	\$ 154.30	-	\$ -	-	\$ -	-	\$ -	-	\$ -	59,114	\$ 149.76	60,905	\$ 154.30	18	\$ 507.30	19	\$ 538.25	NA	NA	NA	NA	2,292	\$ 477.57	2,432	\$ 521.85	998	\$ 520.04	1,069	\$ 569.10	NA	NA	NA	NA		
ICF/MR	431	\$ 587.42	418	\$ 623.37	0	\$ 587.42	0	\$ 623.37	-	\$ -	-	\$ -	222	\$ 587.42	215	\$ 623.37	-	\$ -	-	\$ -	NA	NA	NA	NA	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	NA	NA	NA	NA
Home and Community-Based	355,509	\$ 7.96	344,950	\$ 7.96	2,426	\$ 7.96	2,283	\$ 7.96	3	\$ 7.96	2	\$ 7.96	526,180	\$ 7.96	542,123	\$ 7.96	-	\$ -	-	\$ -	NA	NA	NA	NA	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	NA	NA	NA	NA
Other	4,583	\$ 16.06	4,447	\$ 17.55	3,059	\$ 16.06	2,968	\$ 17.55	315	\$ 16.06	296	\$ 17.55	3,650	\$ 16.06	3,541	\$ 17.55	217	\$ 109.47	210	\$ 112.79	NA	NA	NA	NA	2,421	\$ 10.02	2,569	\$ 10.33	3,052	\$ 12.63	3,329	\$ 13.01	NA	NA	NA	NA		
Subtotal	827,104	\$ 9.84	802,606	\$ 10.21	96,544	\$ 12.24	92,269	\$ 12.82	158,264	\$ 9.30	156,282	\$ 9.56	1,135,696	\$ 14.97	1,159,421	\$ 15.44	24,239	\$ 140.28	24,572	\$ 143.81	NA	NA	NA	NA	151,074	\$ 52.44	154,564	\$ 53.58	87,988	\$ 49.87	89,031	\$ 50.94	NA	NA	NA	NA		
Prescription Drugs (Outpatient)	37,151	\$ 39.10	38,099	\$ 41.50	3,673	\$ 73.21	3,564	\$ 77.35	25,504	\$ 36.66	24,837	\$ 39.80	20,959	\$ 30.69	20,387	\$ 33.03	9,108	\$ 89.83	9,197	\$ 97.63	NA	NA	NA	NA	41,983	\$ 2.52	40,736	\$ 2.67	14,683	\$ 8.56	14,051	\$ 9.10	NA	NA	NA	NA		
Total	864,255	\$ 11.10	840,705	\$ 11.63	100,217	\$ 14.48	95,833	\$ 15.22	183,768	\$ 13.10	181,118	\$ 13.71	1,156,655	\$ 15.26	1,179,808	\$ 15.74	33,347	\$ 126.50	33,770	\$ 131.23	NA	NA	NA	NA	193,057	\$ 41.58	195,300	\$ 42.96	102,671	\$ 43.97	103,082	\$ 45.23	NA	NA	NA	NA		

Note: Put "NA" for any category of cost not within the scope of the model tests

Table 2E Estimated Change in Ave Unit Cost By Category of Service For Each Year of the Model Test Without the Model Intervention																																																															
Categories of Services Unit Cost	Medicaid/CHIP																								Private/Other												MEDICARE																										
	Adult				Child				Dual Eligibles (Only)				Disabled/Elderly (Without Duals)				Individual				Family				Dual Eligible				Fee for Service/Non-Duals (Parts A and B)				Medicare Advantage Part C																														
	Total Population	168,349	145,902	197,260	252,493				287,897	249,511	337,339	431,794				1,686	1,433	1,900	2,385				40,233	34,198	45,347	56,927				2,020,162	1,708,720	2,254,657	2,816,586				NA	NA	NA	NA				59,135	51,250	69,290	88,691				373,633	323,815	437,798	560,382				NA	NA	NA	NA		
	Ave Unit Cost				Percent Change				Ave Unit Cost				Percent Change				Ave Unit Cost				Percent Change				Ave Unit Cost				Percent Change				Ave Unit Cost				Percent Change				Ave Unit Cost				Percent Change				Ave Unit Cost				Percent Change										
	Test Period				Test Period				Test Period				Test Period				Test Period				Test Period				Test Period				Test Period				Test Period				Test Period				Test Period				Test Period				Test Period														
	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3							
Inpatient Hospital	\$ 1,041.63	\$ 1,060.39	\$ 1,079.45	\$ 1,098.81	2%	2%	2%	\$ 1,427.52	\$ 1,455.94	\$ 1,484.92	\$ 1,514.47	2%	2%	2%	\$ 817.15	\$ 815.69	\$ 813.85	\$ 811.65	0%	0%	0%	\$ 458.65	\$ 466.43	\$ 474.34	\$ 482.38	2%	2%	2%	\$ 3,242.93	\$ 3,331.87	\$ 3,423.09	\$ 3,516.64	3%	3%	3%	NA	NA	NA	NA	0%	0%	0%	\$ 760.04	\$ 764.52	\$ 768.71	\$ 772.60	1%	1%	1%	\$ 979.81	\$ 989.12	\$ 997.78	\$ 1,005.77	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%
Outpatient Hospital (total)	\$ 10.69	\$ 10.89	\$ 11.09	\$ 11.29	2%	2%	2%	\$ 10.75	\$ 10.95	\$ 11.15	\$ 11.35	2%	2%	2%	\$ 10.47	\$ 10.68	\$ 10.90	\$ 11.12	2%	2%	2%	\$ 10.19	\$ 10.40	\$ 10.61	\$ 10.82	2%	2%	2%	\$ 208.21	\$ 208.40	\$ 208.58	\$ 208.78	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%	\$ 22.57	\$ 22.59	\$ 22.61	\$ 22.63	0%	0%	0%	\$ 18.07	\$ 18.16	\$ 18.26	\$ 18.36	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%
Emergency Dept (subtotal)	\$ 37.45	\$ 37.14	\$ 36.85	\$ 36.56	-1%	-1%	-1%	\$ 46.76	\$ 46.29	\$ 45.84	\$ 45.40	-1%	-1%	-1%	\$ 32.85	\$ 32.77	\$ 32.69	\$ 32.63	0%	0%	0%	\$ 31.36	\$ 31.30	\$ 31.25	\$ 31.20	0%	0%	0%	\$ 253.16	\$ 258.20	\$ 263.46	\$ 268.96	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 51.64	\$ 51.64	\$ 51.64	\$ 51.64	0%	0%	0%	\$ 50.75	\$ 50.73	\$ 50.72	\$ 50.71	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%
Professional Primary Care	\$ 45.88	\$ 46.34	\$ 46.80	\$ 47.27	1%	1%	1%	\$ 45.88	\$ 46.34	\$ 46.80	\$ 47.27	1%	1%	1%	\$ 45.88	\$ 46.34	\$ 46.80	\$ 47.27	1%	1%	1%	\$ 45.88	\$ 46.34	\$ 46.80	\$ 47.27	1%	1%	1%	\$ 66.41	\$ 67.74	\$ 69.09	\$ 70.47	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 49.67	\$ 49.67	\$ 49.67	\$ 49.67	0%	0%	0%	\$ 47.85	\$ 47.83	\$ 47.82	\$ 47.80	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%
Professional Specialty Care	\$ 13.78	\$ 13.87	\$ 13.96	\$ 14.05	1%	1%	1%	\$ 13.27	\$ 13.36	\$ 13.45	\$ 13.54	1%	1%	1%	\$ 25.83	\$ 25.61	\$ 25.40	\$ 25.19	-1%	-1%	-1%	\$ 13.05	\$ 13.17	\$ 13.29	\$ 13.41	1%	1%	1%	\$ 77.49	\$ 76.30	\$ 75.13	\$ 74.00	-2%	-2%	-2%	NA	NA	NA	NA	0%	0%	0%	\$ 27.81	\$ 27.56	\$ 27.32	\$ 27.07	-1%	-1%	-1%	\$ 45.44	\$ 45.02	\$ 44.61	\$ 44.20	-1%	-1%	-1%	NA	NA	NA	NA	0%	0%	0%
Diagnostic Imaging/X-Ray	\$ 25.46	\$ 25.71	\$ 25.97	\$ 26.23	1%	1%	1%	\$ 25.46	\$ 25.71	\$ 25.97	\$ 26.23	1%	1%	1%	\$ 25.46	\$ 25.71	\$ 25.97	\$ 26.23	1%	1%	1%	\$ 25.46	\$ 25.71	\$ 25.97	\$ 26.23	1%	1%	1%	\$ 88.65	\$ 90.42	\$ 92.23	\$ 94.08	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 36.83	\$ 36.83	\$ 36.83	\$ 36.83	0%	0%	0%	\$ 49.22	\$ 49.22	\$ 49.22	\$ 49.22	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%
Laboratory Services	\$ 15.11	\$ 15.27	\$ 15.42	\$ 15.57	1%	1%	1%	\$ 15.11	\$ 15.27	\$ 15.42	\$ 15.57	1%	1%	1%	\$ 15.11	\$ 15.27	\$ 15.42	\$ 15.57	1%	1%	1%	\$ 15.11	\$ 15.27	\$ 15.42	\$ 15.57	1%	1%	1%	\$ 15.96	\$ 16.12	\$ 16.28	\$ 16.44	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 13.66	\$ 13.66	\$ 13.66	\$ 13.66	0%	0%	0%	\$ 14.84	\$ 14.85	\$ 14.86	\$ 14.87	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%
DME	\$ 1.64	\$ 1.67	\$ 1.71	\$ 1.74	2%	2%	2%	\$ 1.64	\$ 1.67	\$ 1.71	\$ 1.74	2%	2%	2%	\$ 1.64	\$ 1.67	\$ 1.71	\$ 1.74	2%	2%	2%	\$ 1.64	\$ 1.67	\$ 1.71	\$ 1.74	2%	2%	2%	\$ 80.05	\$ 80.85	\$ 81.66	\$ 82.48	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 10.69	\$ 10.80	\$ 10.91	\$ 11.02	1%	1%	1%	\$ 21.03	\$ 21.22	\$ 21.41	\$ 21.61	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%
Dialysis Procedures	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	0%	0%	0%	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	0%	0%	0%	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	0%	0%	0%	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	0%	0%	0%	\$ 157.13	\$ 155.56	\$ 154.01	\$ 152.47	-1%	-1%	-1%	NA	NA	NA	NA	0%	0%	0%	\$ 162.74	\$ 165.99	\$ 169.31	\$ 172.70	2%	2%	2%	\$ 130.10	\$ 132.66	\$ 135.26	\$ 137.92	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%
Professional Other (e.g., PT, OT)	\$ 25.61	\$ 26.38	\$ 27.17	\$ 27.98	3%	3%	3%	\$ 25.61	\$ 26.38	\$ 27.17	\$ 27.98	3%	3%	3%	\$ 25.61	\$ 26.38	\$ 27.17	\$ 27.98	3%	3%	3%	\$ 25.61	\$ 26.38	\$ 27.17	\$ 27.98	3%	3%	3%	\$ 21.16	\$ 21.37	\$ 21.58	\$ 21.80	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 21.78	\$ 22.00	\$ 22.22	\$ 22.44	1%	1%	1%	\$ 21.02	\$ 21.23	\$ 21.44	\$ 21.66	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%
Skilled Nursing Facility	\$ 149.76	\$ 151.26	\$ 152.77	\$ 154.30	1%	1%	1%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ 149.76	\$ 151.26	\$ 152.77	\$ 154.30	1%	1%	1%	\$ 507.30	\$ 517.41	\$ 527.73	\$ 538.25	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 477.57	\$ 491.90	\$ 506.65	\$ 521.85	3%	3%	3%	\$ 520.04	\$ 535.91	\$ 552.26	\$ 569.10	3%	3%	3%	NA	NA	NA	NA	0%	0%	0%
Home Health	\$ 23.88	\$ 24.60	\$ 25.34	\$ 26.10	3%	3%	3%	\$ 23.88	\$ 24.60	\$ 25.34	\$ 26.10	3%	3%	3%	\$ 23.88	\$ 24.60	\$ 25.34	\$ 26.10	3%	3%	3%	\$ 23.88	\$ 24.60	\$ 25.34	\$ 26.10	3%	3%	3%	\$ 172.14	\$ 176.93	\$ 181.87	\$ 186.95	3%	3%	3%	NA	NA	NA	NA	0%	0%	0%	\$ 34.78	\$ 34.09	\$ 33.40	\$ 32.74	-2%	-2%	-2%	\$ 43.63	\$ 42.76	\$ 41.90	\$ 41.06	-2%	-2%	-2%	NA	NA	NA	NA	0%	0%	0%
ICF/MR	\$ 587.42	\$ 599.17	\$ 611.15	\$ 623.37	2%	2%	2%	\$ 587.42	\$ 599.17	\$ 611.15	\$ 623.37	2%	2%	2%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ 587.42	\$ 599.17	\$ 611.15	\$ 623.37	2%	2%	2%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%
Home and Community-Based Services	\$ 7.96	\$ 7.96	\$ 7.96	\$ 7.96	0%	0%	0%	\$ 7.96	\$ 7.96	\$ 7.96	\$ 7.96	0%	0%	0%	\$ 7.96	\$ 7.96	\$ 7.96	\$ 7.96	0%	0%	0%	\$ 7.96	\$ 7.96	\$ 7.96	\$ 7.96	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%
Other	\$ 16.06	\$ 16.54	\$ 17.04	\$ 17.55	3%	3%	3%	\$ 16.06	\$ 16.54	\$ 17.04	\$ 17.55	3%	3%	3%	\$ 16.06	\$ 16.54	\$ 17.04	\$ 17.55	3%	3%	3%	\$ 16.06	\$ 16.54	\$ 17.04	\$ 17.55	3%	3%	3%	\$ 109.47	\$ 110.56	\$ 111.67	\$ 112.79	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 10.02	\$ 10.12	\$ 10.22	\$ 10.33	1%	1%	1%	\$ 12.63	\$ 12.75	\$ 12.88	\$ 13.01	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%
Subtotal	\$ 9.84	\$ 9.96	\$ 10.08	\$ 10.21	1%	1%	1%	\$ 12.24	\$ 12.43	\$ 12.63	\$ 12.82	2%	2%	2%	\$ 9.30	\$ 9.39	\$ 9.47	\$ 9.56	1%	1%	1%	\$ 14.97	\$ 15.13	\$ 15.28	\$ 15.44	1%	1%	1%	\$ 140.28	\$ 141.45	\$ 142.62	\$ 143.81	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 52.44	\$ 52.81	\$ 53.19	\$ 53.58	1%	1%	1%	\$ 49.87	\$ 50.22	\$ 50.58	\$ 50.94	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%
Prescription Drugs (Outpatient)	\$ 39.10	\$ 39.86	\$ 40.66	\$ 41.50	2%	2%	2%	\$ 73.21	\$ 74.54	\$ 75.92	\$ 77.35	2%	2%	2%	\$ 36.66	\$ 37.68	\$ 38.73	\$ 39.80	3%	3%	3%	\$ 30.69	\$ 31.45	\$ 32.23	\$ 33.03	2%	2%	2%	\$ 89.83	\$ 92.35	\$ 94.94	\$ 97.63	3%	3%	3%	NA	NA	NA	NA	0%	0%	0%	\$ 2.52	\$ 2.57	\$ 2.62	\$ 2.67	2%	2%	2%	\$ 8.56	\$ 8.74	\$ 8.92	\$ 9.10	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%
Total	\$ 11.10	\$ 11.27	\$ 11.45	\$ 11.63	2%	2%	2%	\$ 14.48	\$ 14.72	\$ 14.97	\$ 15.22	2%	2%	2%	\$ 13.10	\$ 13.30	\$ 13.50	\$ 13.71	2%	2%	2%	\$ 15.26	\$ 15.42	\$ 15.58	\$ 15.74	1%	1%	1%	\$ 126.50	\$ 128.05	\$ 129.63	\$ 131.23	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 41.58	\$ 42.03	\$ 42.49	\$ 42.96	1%	1%	1%	\$ 43.97	\$ 44.38	\$ 44.80	\$ 45.23	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%

TABLE 3A
Per Capita Cost And Projected Future Per Capita Cost in Final Test Year With Model Intervention

Categories of Services	Medicaid/CHIP								Private/Other				Medicare					
	Adult		Child		Dual Eligibles (Only)		Disabled/Elderly (Without Duals)		Individual		Family		Dual Eligible		Fee for Service/Non-Duals (Parts A and B)		Medicare Advantage Part C	
Total Population	168,349	252,493	287,897	431,794	1,686	2,385	40,233	56,927	2,020,162	2,816,586	NA	NA	59,135	88,691	373,633	560,382	NA	NA
	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year	PMPM Cost Year 0	Estimated PMPM Cost in Final Year
Inpatient Hospital	\$ 87.11	\$ 89.55	\$ 14.19	\$ 14.11	\$ 25.83	\$ 25.48	\$ 84.56	\$ 89.98	\$ 78.20	\$ 81.56	NA	NA	\$ 314.49	\$ 315.65	\$ 157.56	\$ 155.91	NA	NA
Outpatient Hospital (total)	\$ 126.01	\$ 128.82	\$ 39.04	\$ 38.69	\$ 64.38	\$ 64.85	\$ 122.68	\$ 127.26	\$ 138.48	\$ 143.79	NA	NA	\$ 138.64	\$ 143.57	\$ 76.04	\$ 76.88	NA	NA
Emergency Dept (subtotal)	\$ 9.46	\$ 8.81	\$ 2.75	\$ 2.45	\$ 4.26	\$ 4.31	\$ 3.36	\$ 3.41	\$ 4.69	\$ 4.80	NA	NA	\$ 23.39	\$ 23.99	\$ 8.61	\$ 8.90	NA	NA
Professional Primary Care	\$ 15.62	\$ 15.73	\$ 9.69	\$ 9.76	\$ 9.79	\$ 10.04	\$ 6.12	\$ 6.27	\$ 16.04	\$ 16.77	NA	NA	\$ 11.04	\$ 10.99	\$ 17.08	\$ 18.65	NA	NA
Professional Specialty Care	\$ 38.06	\$ 37.89	\$ 17.75	\$ 17.67	\$ 1.75	\$ 1.66	\$ 12.53	\$ 12.85	\$ 22.53	\$ 22.52	NA	NA	\$ 22.23	\$ 23.38	\$ 14.54	\$ 13.92	NA	NA
Diagnostic Imaging/X-Ray	\$ 5.28	\$ 5.28	\$ 0.58	\$ 0.58	\$ 4.39	\$ 4.78	\$ 2.02	\$ 2.07	\$ 7.89	\$ 8.25	NA	NA	\$ 9.95	\$ 10.50	\$ 9.51	\$ 10.14	NA	NA
Laboratory Services	\$ 7.00	\$ 7.00	\$ 1.17	\$ 1.17	\$ 3.42	\$ 3.51	\$ 1.45	\$ 1.49	\$ 6.94	\$ 7.43	NA	NA	\$ 8.76	\$ 9.25	\$ 6.41	\$ 6.42	NA	NA
DME	\$ 33.25	\$ 34.23	\$ 3.30	\$ 3.40	\$ 10.17	\$ 11.12	\$ 50.20	\$ 54.89	\$ 4.16	\$ 4.42	NA	NA	\$ 28.92	\$ 28.91	\$ 14.34	\$ 15.49	NA	NA
Dialysis Procedures	\$ 0.17	\$ 0.17	\$ 0.00	\$ 0.00	\$ 0.31	\$ 0.33	\$ 0.40	\$ 0.42	\$ 0.06	\$ 0.06	NA	NA	\$ 0.21	\$ 0.21	\$ 1.08	\$ 1.19	NA	NA
Professional Other (e.g., PT, OT)	\$ 4.87	\$ 5.16	\$ 3.47	\$ 3.68	\$ 0.26	\$ 0.27	\$ 0.27	\$ 0.28	\$ 4.00	\$ 4.02	NA	NA	\$ 3.53	\$ 3.66	\$ 4.59	\$ 4.71	NA	NA
Skilled Nursing Facility	\$ 37.61	\$ 37.60	\$ -	\$ -	\$ -	\$ -	\$ 737.75	\$ 768.69	\$ 0.76	\$ 0.82	NA	NA	\$ 91.21	\$ 103.85	\$ 43.27	\$ 49.89	NA	NA
Home Health	\$ 60.59	\$ 64.24	\$ 3.60	\$ 3.70	\$ 1.91	\$ 2.21	\$ 34.42	\$ 36.50	\$ 2.32	\$ 2.57	NA	NA	\$ 29.14	\$ 29.97	\$ 18.06	\$ 18.57	NA	NA
ICF/MR	\$ 21.11	\$ 21.74	\$ 0.00	\$ 0.00	\$ -	\$ -	\$ 10.86	\$ 11.18	\$ -	\$ -	NA	NA	\$ -	\$ -	\$ -	\$ -	NA	NA
Home and Community-Based Services	\$ 235.68	\$ 228.40	\$ 1.61	\$ 1.51	\$ 0.00	\$ 0.00	\$ 348.82	\$ 358.89	\$ -	\$ -	NA	NA	\$ -	\$ -	\$ -	\$ -	NA	NA
Other	\$ 6.13	\$ 6.50	\$ 4.09	\$ 4.34	\$ 0.42	\$ 0.43	\$ 4.88	\$ 5.18	\$ 1.98	\$ 1.98	NA	NA	\$ 2.02	\$ 2.21	\$ 3.21	\$ 3.61	NA	NA
Subtotal	\$ 678.47	\$ 682.31	\$ 98.49	\$ 98.62	\$ 122.64	\$ 124.68	\$ 1,416.97	\$ 1,475.94	\$ 283.36	\$ 294.17	NA	NA	\$ 660.15	\$ 682.15	\$ 365.69	\$ 375.38	NA	NA
Prescription Drugs (Outpatient)	\$ 121.04	\$ 131.05	\$ 22.41	\$ 22.89	\$ 77.93	\$ 81.79	\$ 53.60	\$ 55.79	\$ 68.18	\$ 74.31	NA	NA	\$ 8.82	\$ 9.00	\$ 10.48	\$ 10.57	NA	NA
Total	\$ 799.51	\$ 813.35	\$ 120.90	\$ 121.51	\$ 200.57	\$ 206.47	\$ 1,470.57	\$ 1,531.73	\$ 351.54	\$ 368.48	NA	NA	\$ 668.97	\$ 691.15	\$ 376.17	\$ 385.96	NA	NA

Note: Outpatient is total for that category. Emergency Department is a subtotal of Outpatient Services.

Note: Put "NA "for any category of cost not within the scope of the model tests.

**TABLE 3C
Utilization and Average Unit Costs By Category of Service Baseline Year 0 and Percent Change by Final Test Year With Model Intervention**

Categories of Services Utilization and Unit Cost	Medicaid/CHIP														Private/Other								MEDICARE													
	Adult				Child				Dual Eligibles (Only)				Disabled/Elderly (Without Duals)				Individual				Family				Dual Eligible				Fee for Service/Non-Duals (Parts A and B)				Medicare Advantage Part C			
	168,349		252,493		287,897		431,794		1,686		2,385		40,233		56,927		2,020,162		2,816,586		NA		NA		59,135		88,691		373,633		560,382		NA		NA	
	Baseline		Final Year		Baseline		Final Year		Baseline		Final Year		Baseline		Final Year		Baseline		Final Year		Baseline		Final Year		Baseline		Final Year		Baseline		Final Year					
	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost	Util.	Ave. Unit Cost				
Inpatient Hospital	1,004	\$ 1,041.63	978	\$ 1,098.44	119	\$ 1,427.52	112	\$ 1,515.44	379	\$ 817.15	383	\$ 798.03	2,213	\$ 458.65	2,284	\$ 472.83	289	\$ 3,242.93	280	\$ 3,495.61	NA	NA	NA	NA	4,965	\$ 760.04	4,973	\$ 761.65	1,930	\$ 979.81	1,877	\$ 996.66	NA	NA	NA	NA
Outpatient Hospital (total)	141,416	\$ 10.69	137,234	\$ 11.26	43,572	\$ 10.75	41,008	\$ 11.32	73,799	\$ 10.47	70,830	\$ 10.99	144,424	\$ 10.19	142,692	\$ 10.70	7,981	\$ 208.21	8,312	\$ 207.61	NA	NA	NA	NA	73,720	\$ 22.57	77,229	\$ 22.31	50,508	\$ 18.07	50,820	\$ 18.15	NA	NA	NA	NA
Emergency Dept (subtotal)	3,031	\$ 37.45	2,959	\$ 35.74	706	\$ 46.76	662	\$ 44.43	1,555	\$ 32.85	1,613	\$ 32.06	1,287	\$ 31.36	1,336	\$ 30.66	222	\$ 253.16	214	\$ 269.09	NA	NA	NA	NA	5,436	\$ 51.64	5,650	\$ 50.95	2,036	\$ 50.75	2,135	\$ 50.02	NA	NA	NA	NA
Professional Primary Care	4,084	\$ 45.88	4,034	\$ 46.80	2,533	\$ 45.88	2,502	\$ 46.80	2,561	\$ 45.88	2,574	\$ 46.80	1,601	\$ 45.88	1,608	\$ 46.80	2,898	\$ 66.41	2,881	\$ 69.82	NA	NA	NA	NA	2,668	\$ 49.67	2,681	\$ 49.17	4,284	\$ 47.85	4,726	\$ 47.35	NA	NA	NA	NA
Professional Specialty Care	33,131	\$ 13.78	32,677	\$ 13.91	16,051	\$ 13.27	15,814	\$ 13.41	812	\$ 25.83	801	\$ 24.94	11,527	\$ 13.05	11,612	\$ 13.28	3,489	\$ 77.49	3,675	\$ 73.52	NA	NA	NA	NA	9,594	\$ 27.81	10,469	\$ 26.80	3,839	\$ 45.44	3,808	\$ 43.87	NA	NA	NA	NA
Diagnostic Imaging/X-Ray	2,488	\$ 25.46	2,415	\$ 26.23	275	\$ 25.46	267	\$ 26.23	2,069	\$ 25.46	2,207	\$ 25.97	951	\$ 25.46	956	\$ 25.97	1,068	\$ 88.65	1,056	\$ 93.70	NA	NA	NA	NA	3,241	\$ 36.83	3,456	\$ 36.46	2,319	\$ 49.22	2,490	\$ 48.87	NA	NA	NA	NA
Laboratory Services	5,559	\$ 15.11	5,394	\$ 15.57	930	\$ 15.11	903	\$ 15.57	2,716	\$ 15.11	2,730	\$ 15.42	1,151	\$ 15.11	1,157	\$ 15.42	5,219	\$ 15.96	5,451	\$ 16.35	NA	NA	NA	NA	7,700	\$ 13.66	8,211	\$ 13.52	5,187	\$ 14.84	5,226	\$ 14.74	NA	NA	NA	NA
DME	243,086	\$ 1.64	235,866	\$ 1.74	24,145	\$ 1.64	23,428	\$ 1.74	74,388	\$ 1.64	76,642	\$ 1.74	367,064	\$ 1.64	378,186	\$ 1.74	624	\$ 80.05	643	\$ 82.48	NA	NA	NA	NA	32,462	\$ 10.69	31,498	\$ 11.02	8,185	\$ 21.03	8,604	\$ 21.61	NA	NA	NA	NA
Dialysis Procedures	76	\$ 26.36	78	\$ 26.36	2	\$ 26.36	2	\$ 26.36	142	\$ 26.36	150	\$ 26.36	181	\$ 26.36	192	\$ 26.36	4	\$ 157.13	5	\$ 152.47	NA	NA	NA	NA	16	\$ 162.74	15	\$ 172.70	100	\$ 130.10	103	\$ 137.92	NA	NA	NA	NA
Professional Other (e.g., PT, OT)	2,280	\$ 25.61	2,213	\$ 27.98	1,625	\$ 25.61	1,577	\$ 27.98	123	\$ 25.61	117	\$ 27.71	125	\$ 25.61	123	\$ 27.71	2,270	\$ 21.16	2,223	\$ 21.69	NA	NA	NA	NA	1,942	\$ 21.78	1,976	\$ 22.22	2,619	\$ 21.02	2,630	\$ 21.49	NA	NA	NA	NA
Skilled Nursing Facility	3,014	\$ 149.76	2,924	\$ 154.30	-	\$ -	-	\$ -	-	\$ -	-	\$ -	59,114	\$ 149.76	60,379	\$ 152.77	18	\$ 507.30	18	\$ 534.17	NA	NA	NA	NA	2,292	\$ 477.57	2,411	\$ 516.79	998	\$ 520.04	1,061	\$ 564.38	NA	NA	NA	NA
Home Health	30,442	\$ 23.88	29,538	\$ 26.10	1,806	\$ 23.88	1,700	\$ 26.10	958	\$ 23.88	1,017	\$ 26.10	17,295	\$ 23.88	16,781	\$ 26.10	162	\$ 172.14	165	\$ 186.95	NA	NA	NA	NA	10,054	\$ 34.78	10,986	\$ 32.74	4,967	\$ 43.63	5,428	\$ 41.06	NA	NA	NA	NA
ICF/MR	431	\$ 587.42	418	\$ 623.37	0	\$ 587.42	0	\$ 623.37	-	\$ -	-	\$ -	222	\$ 587.42	215	\$ 623.37	-	\$ -	-	\$ -	NA	NA	NA	NA	-	\$ -	-	\$ -	-	\$ -	-	\$ -	NA	NA	NA	NA
Home and Community-Based Services	355,509	\$ 7.96	348,007	\$ 7.88	2,426	\$ 7.96	2,304	\$ 7.88	3	\$ 7.96	2	\$ 7.88	526,180	\$ 7.96	546,832	\$ 7.88	-	\$ -	-	\$ -	NA	NA	NA	NA	-	\$ -	-	\$ -	-	\$ -	-	\$ -	NA	NA	NA	NA
Other	4,583	\$ 16.06	4,447	\$ 17.55	3,059	\$ 16.06	2,968	\$ 17.55	315	\$ 16.06	296	\$ 17.55	3,650	\$ 16.06	3,541	\$ 17.55	217	\$ 109.47	210	\$ 112.79	NA	NA	NA	NA	2,421	\$ 10.02	2,569	\$ 10.33	3,052	\$ 12.63	3,329	\$ 13.01	NA	NA	NA	NA
Subtotal	827,104	\$ 9.84	806,222	\$ 10.16	96,544	\$ 12.24	92,584	\$ 12.78	158,264	\$ 9.30	157,749	\$ 9.48	1,135,696	\$ 14.97	1,166,559	\$ 15.18	24,239	\$ 140.28	24,919	\$ 141.66	NA	NA	NA	NA	151,074	\$ 52.44	156,474	\$ 52.31	87,988	\$ 49.87	90,101	\$ 49.99	NA	NA	NA	NA
Prescription Drugs (Outpatient)	37,151	\$ 39.10	38,815	\$ 40.51	3,673	\$ 73.21	3,636	\$ 75.54	25,504	\$ 36.66	25,304	\$ 38.78	20,959	\$ 30.69	20,778	\$ 32.22	9,108	\$ 89.83	9,379	\$ 95.08	NA	NA	NA	NA	41,983	\$ 2.52	41,460	\$ 2.61	14,683	\$ 8.56	14,302	\$ 8.87	NA	NA	NA	NA
Total	864,255	\$ 11.10	845,037	\$ 11.55	100,217	\$ 14.48	96,220	\$ 15.15	183,768	\$ 13.10	183,054	\$ 13.53	1,156,655	\$ 15.26	1,187,337	\$ 15.48	33,347	\$ 126.50	34,298	\$ 128.92	NA	NA	NA	NA	193,057	\$ 41.58	197,934	\$ 41.90	102,671	\$ 43.97	104,403	\$ 44.36	NA	NA	NA	NA

Table 3E
Estimated Change in Ave Unit Cost By Category of Service
For Each Year of the Model Test With the Model Intervention

Categories of Services Unit Cost	Medicaid/CHIP																								Private/Other												MEDICARE																																			
	Adult						Child						Dual Eligibles (Only)						Disabled/Elderly (Without Duals)						Individual						Family				Dual Eligible						Fee for Service/Non-Duals (Parts A and B)						Medicare Advantage Part C																									
	168,349		145,902		197,260		252,493		287,897		249,511		337,339		431,794		1,686		1,433		1,900		2,385		40,233		34,198		45,347		56,927		2,020,162		1,708,720		2,254,657		2,816,586		NA		NA		NA		NA		59,135		51,250		69,290		88,691		373,633		323,815		437,798		560,382		NA		NA		NA		NA	
	Ave Unit Cost			Percent Change			Ave Unit Cost			Percent Change			Ave Unit Cost			Percent Change			Ave Unit Cost			Percent Change			Ave Unit Cost			Percent Change			Ave Unit Cost			Percent Change			Ave Unit Cost			Percent Change			Ave Unit Cost			Percent Change			Ave Unit Cost			Percent Change																				
Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period			Test Period																								
0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3	0	1	2	3	1	2	3										
Inpatient Hospital	\$ 1,041.63	\$ 1,059.99	\$ 1,079.07	\$ 1,098.44	2%	2%	2%	\$ 1,427.52	\$ 1,455.88	\$ 1,485.54	\$ 1,515.44	2%	2%	2%	\$ 817.15	\$ 804.86	\$ 801.20	\$ 798.03	-2%	0%	0%	\$ 458.65	\$ 459.39	\$ 465.69	\$ 472.83	0%	1%	2%	\$ 3,242.93	\$ 3,311.47	\$ 3,402.46	\$ 3,495.61	2%	3%	3%	NA	NA	NA	NA	0%	0%	0%	\$ 760.04	\$ 755.86	\$ 758.60	\$ 761.65	-1%	0%	0%	\$ 979.81	\$ 981.56	\$ 989.28	\$ 996.66	0%	1%	1%	NA	NA	NA	NA	0%	0%	0%									
Outpatient Hospital (total)	\$ 10.69	\$ 10.87	\$ 11.06	\$ 11.26	2%	2%	2%	\$ 10.75	\$ 10.93	\$ 11.12	\$ 11.32	2%	2%	2%	\$ 10.47	\$ 10.56	\$ 10.77	\$ 10.99	1%	2%	2%	\$ 10.19	\$ 10.29	\$ 10.49	\$ 10.70	1%	2%	2%	\$ 208.21	\$ 207.20	\$ 207.41	\$ 207.61	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%	\$ 22.57	\$ 22.31	\$ 22.30	\$ 22.31	-1%	0%	0%	\$ 18.07	\$ 17.99	\$ 18.06	\$ 18.15	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%									
Emergency Dept (subtotal)	\$ 37.45	\$ 36.53	\$ 36.09	\$ 35.74	-2%	-1%	-1%	\$ 46.76	\$ 45.54	\$ 44.94	\$ 44.43	-3%	-1%	-1%	\$ 32.85	\$ 32.30	\$ 32.16	\$ 32.06	-2%	0%	0%	\$ 31.36	\$ 30.85	\$ 30.74	\$ 30.66	-2%	0%	0%	\$ 253.16	\$ 257.36	\$ 263.23	\$ 269.09	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 51.64	\$ 51.02	\$ 50.97	\$ 50.95	-1%	0%	0%	\$ 50.75	\$ 50.15	\$ 50.07	\$ 50.02	-1%	0%	0%	NA	NA	NA	NA	0%	0%	0%									
Professional Primary Care	\$ 45.88	\$ 45.88	\$ 46.34	\$ 46.80	0%	1%	1%	\$ 45.88	\$ 45.88	\$ 46.34	\$ 46.80	0%	1%	1%	\$ 45.88	\$ 45.88	\$ 46.34	\$ 46.80	0%	1%	1%	\$ 45.88	\$ 45.88	\$ 46.34	\$ 46.80	0%	1%	1%	\$ 66.41	\$ 67.10	\$ 68.45	\$ 69.82	1%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 49.67	\$ 49.17	\$ 49.17	\$ 49.17	-1%	0%	0%	\$ 47.85	\$ 47.37	\$ 47.36	\$ 47.35	-1%	0%	0%	NA	NA	NA	NA	0%	0%	0%									
Professional Specialty Care	\$ 13.78	\$ 13.74	\$ 13.83	\$ 13.91	0%	1%	1%	\$ 13.27	\$ 13.23	\$ 13.32	\$ 13.41	0%	1%	1%	\$ 25.83	\$ 25.35	\$ 25.14	\$ 24.94	-2%	-1%	-1%	\$ 13.05	\$ 13.04	\$ 13.16	\$ 13.28	0%	1%	1%	\$ 77.49	\$ 75.83	\$ 74.65	\$ 73.52	-2%	-2%	-2%	NA	NA	NA	NA	0%	0%	0%	\$ 27.81	\$ 27.29	\$ 27.04	\$ 26.80	-2%	-1%	-1%	\$ 45.44	\$ 44.68	\$ 44.27	\$ 43.87	-2%	-1%	-1%	NA	NA	NA	NA	0%	0%	0%									
Diagnostic Imaging/X-Ray	\$ 25.46	\$ 25.71	\$ 25.97	\$ 26.23	1%	1%	1%	\$ 25.46	\$ 25.71	\$ 25.97	\$ 26.23	1%	1%	1%	\$ 25.46	\$ 25.46	\$ 25.71	\$ 25.97	0%	1%	1%	\$ 25.46	\$ 25.46	\$ 25.71	\$ 25.97	0%	1%	1%	\$ 88.65	\$ 90.00	\$ 91.84	\$ 93.70	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 36.83	\$ 36.46	\$ 36.46	\$ 36.46	-1%	0%	0%	\$ 49.22	\$ 48.85	\$ 48.86	\$ 48.87	-1%	0%	0%	NA	NA	NA	NA	0%	0%	0%									
Laboratory Services	\$ 15.11	\$ 15.27	\$ 15.42	\$ 15.57	1%	1%	1%	\$ 15.11	\$ 15.27	\$ 15.42	\$ 15.57	1%	1%	1%	\$ 15.11	\$ 15.11	\$ 15.27	\$ 15.42	0%	1%	1%	\$ 15.11	\$ 15.11	\$ 15.27	\$ 15.42	0%	1%	1%	\$ 15.96	\$ 16.03	\$ 16.19	\$ 16.35	0%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 13.66	\$ 13.52	\$ 13.52	\$ 13.52	-1%	0%	0%	\$ 14.84	\$ 14.73	\$ 14.73	\$ 14.74	-1%	0%	0%	NA	NA	NA	NA	0%	0%	0%									
DME	\$ 1.64	\$ 1.67	\$ 1.71	\$ 1.74	2%	2%	2%	\$ 1.64	\$ 1.67	\$ 1.71	\$ 1.74	2%	2%	2%	\$ 1.64	\$ 1.67	\$ 1.71	\$ 1.74	2%	2%	2%	\$ 1.64	\$ 1.67	\$ 1.71	\$ 1.74	2%	2%	2%	\$ 80.05	\$ 80.85	\$ 81.66	\$ 82.48	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 10.69	\$ 10.80	\$ 10.91	\$ 11.02	1%	1%	1%	\$ 21.03	\$ 21.22	\$ 21.41	\$ 21.61	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%									
Dialysis Procedures	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	0%	0%	0%	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	0%	0%	0%	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	0%	0%	0%	\$ 26.36	\$ 26.36	\$ 26.36	\$ 26.36	0%	0%	0%	\$ 157.13	\$ 155.56	\$ 154.01	\$ 152.47	-1%	-1%	-1%	NA	NA	NA	NA	0%	0%	0%	\$ 162.74	\$ 165.99	\$ 169.31	\$ 172.70	2%	2%	2%	\$ 130.10	\$ 132.66	\$ 135.26	\$ 137.92	2%	2%	2%	NA	NA	NA	NA	0%	0%	0%									
Professional Other (e.g., PT, OT)	\$ 25.61	\$ 26.38	\$ 27.17	\$ 27.98	3%	3%	3%	\$ 25.61	\$ 26.38	\$ 27.17	\$ 27.98	3%	3%	3%	\$ 25.61	\$ 26.12	\$ 26.91	\$ 27.71	2%	3%	3%	\$ 25.61	\$ 26.12	\$ 26.91	\$ 27.71	2%	3%	3%	\$ 21.16	\$ 21.26	\$ 21.47	\$ 21.69	0%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 21.78	\$ 21.78	\$ 22.00	\$ 22.22	0%	1%	1%	\$ 21.02	\$ 21.07	\$ 21.28	\$ 21.49	0%	1%	1%	NA	NA	NA	NA	0%	0%	0%									
Skilled Nursing Facility	\$ 149.76	\$ 151.26	\$ 152.77	\$ 154.30	1%	1%	1%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ 149.76	\$ 149.76	\$ 151.26	\$ 152.77	0%	1%	1%	\$ 507.30	\$ 513.44	\$ 523.71	\$ 534.17	1%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 477.57	\$ 487.12	\$ 501.73	\$ 516.79	2%	3%	3%	\$ 520.04	\$ 531.47	\$ 547.68	\$ 564.38	2%	3%	3%	NA	NA	NA	NA	0%	0%	0%									
Home Health	\$ 23.88	\$ 24.60	\$ 25.34	\$ 26.10	3%	3%	3%	\$ 23.88	\$ 24.60	\$ 25.34	\$ 26.10	3%	3%	3%	\$ 23.88	\$ 24.60	\$ 25.34	\$ 26.10	3%	3%	3%	\$ 23.88	\$ 24.60	\$ 25.34	\$ 26.10	3%	3%	3%	\$ 172.14	\$ 176.93	\$ 181.87	\$ 186.95	3%	3%	3%	NA	NA	NA	NA	0%	0%	0%	\$ 34.78	\$ 34.09	\$ 33.40	\$ 32.74	-2%	-2%	-2%	\$ 43.63	\$ 42.76	\$ 41.90	\$ 41.06	-2%	-2%	-2%	NA	NA	NA	NA	0%	0%	0%									
ICF/MR	\$ 587.42	\$ 599.17	\$ 611.15	\$ 623.37	2%	2%	2%	\$ 587.42	\$ 599.17	\$ 611.15	\$ 623.37	2%	2%	2%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ 587.42	\$ 599.17	\$ 611.15	\$ 623.37	2%	2%	2%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%									
Home and Community-Based Services	\$ 7.96	\$ 7.88	\$ 7.88	\$ 7.88	-1%	0%	0%	\$ 7.96	\$ 7.88	\$ 7.88	\$ 7.88	-1%	0%	0%	\$ 7.96	\$ 7.88	\$ 7.88	\$ 7.88	-1%	0%	0%	\$ 7.96	\$ 7.88	\$ 7.88	\$ 7.88	-1%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	\$ -	\$ -	\$ -	\$ -	0%	0%	0%	NA	NA	NA	NA	0%	0%	0%									
Other	\$ 16.06	\$ 16.54	\$ 17.04	\$ 17.55	3%	3%	3%	\$ 16.06	\$ 16.54	\$ 17.04	\$ 17.55	3%	3%	3%	\$ 16.06	\$ 16.54	\$ 17.04	\$ 17.55	3%	3%	3%	\$ 16.06	\$ 16.54	\$ 17.04	\$ 17.55	3%	3%	3%	\$ 109.47	\$ 110.56	\$ 111.67	\$ 112.79	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 10.02	\$ 10.12	\$ 10.22	\$ 10.33	1%	1%	1%	\$ 12.63	\$ 12.75	\$ 12.88	\$ 13.01	1%	1%	1%	NA	NA	NA	NA	0%	0%	0%									
Subtotal	\$ 9.84	\$ 9.91	\$ 10.03	\$ 10.16	1%	1%	1%	\$ 12.24	\$ 12.39	\$ 12.59	\$ 12.78	1%	2%	2%	\$ 9.30	\$ 9.31	\$ 9.40	\$ 9.48	0%	1%	1%	\$ 14.97	\$ 14.92	\$ 15.04	\$ 15.18	0%	1%	1%	\$ 140.28	\$ 139.88	\$ 140.68	\$ 141.66	0%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 52.44	\$ 51.92	\$ 52.05	\$ 52.31	-1%	0%	0%	\$ 49.87	\$ 49.55	\$ 49.72	\$ 49.99	-1%	0%	1%	NA	NA	NA	NA	0%	0%	0%									
Prescription Drugs (Outpatient)	\$ 39.10	\$ 39.32	\$ 39.84	\$ 40.51	1%	1%	2%	\$ 73.21	\$ 73.55	\$ 74.40	\$ 75.54	0%	1%	2%	\$ 36.66	\$ 37.13	\$ 37.88	\$ 38.78	1%	2%	2%	\$ 30.69	\$ 31.01	\$ 31.55	\$ 32.22	1%	2%	2%	\$ 89.83	\$ 90.97	\$ 92.82	\$ 95.08	1%	2%	2%	NA	NA	NA	NA	0%	0%	0%	\$ 2.52	\$ 2.53	\$ 2.56	\$ 2.61	1%	1%	2%	\$ 8.56	\$ 8.61	\$ 8.72	\$ 8.87	1%	1%	2%	NA	NA	NA	NA	0%	0%	0%									
Total	\$ 11.10	\$ 11.21	\$ 11.38	\$ 11.55	1%	1%	2%	\$ 14.48	\$ 14.67	\$ 14.91	\$ 15.15	1%	2%	2%	\$ 13.10	\$ 13.17	\$ 13.34	\$ 13.53	1%	1%	1%	\$ 15.26	\$ 15.21	\$ 15.34	\$ 15.48	0%	1%	1%	\$ 126.50	\$ 126.50	\$ 127.59	\$ 128.92	0%	1%	1%	NA	NA	NA	NA	0%	0%	0%	\$ 41.58	\$ 41.30	\$ 41.55	\$ 41.90	-1%	1%	1%	\$ 43.97	\$ 43.77	\$ 44.02	\$ 44.36	0%	1%	1%	NA	NA	NA	NA	0%	0%	0%									

Table 4A

Estimated 3 year Total Net Savings from Implementation of Model Intervention

Coverage Expenditure Category	Medicaid/CHIP								Private/ Other				Medicare					
	Adult		Child		Dual Eligibles (only)		Disable/Elderly (without Duals)		Individual		Family		Dual Eligible		Medicare FFS (Parts A,B, and D)		Medicare Advantage Part C	
	Est. 3 yr. Total Net Savings	PMPM Savings	Est. 3 yr. Total Net Savings	PMPM Savings	Est. 3 yr. Total Net Savings	PMPM Savings	Est. 3 yr. Total Net Savings	PMPM Savings	Est. 3 yr. Total Net Savings	PMPM Savings	Est. 3 yr. Total Net Savings	PMPM Savings	Est. 3 yr. Total Net Savings	PMPM Savings	Est. 3 yr. Total Net Savings	PMPM Savings	Est. 3 yr. Total Net Savings	PMPM Savings
Facility	\$ (3,162,322.54)	\$ (0.29)	\$ (1,778,072.36)	\$ (0.10)	\$ (29,712.32)	\$ (0.28)	\$ (24,130,280.75)	\$ (9.61)	\$ (89,521,289.48)	\$ (0.72)	N/A	N/A	\$ (21,503,447.44)	\$ (5.60)	\$ (51,117,903.92)	\$ (2.11)	N/A	N/A
Professional	\$ 1,668,173.47	\$ 0.15	\$ 1,534,685.58	\$ 0.08	\$ 15,719.07	\$ 0.15	\$ 608,328.17	\$ 0.24	\$ 33,150,810.77	\$ 0.27	N/A	N/A	\$ 1,665,942.92	\$ 0.43	\$ 8,006,781.38	\$ 0.33	N/A	N/A
Lab/Rad	\$ -	\$ -	\$ -	\$ -	\$ 10,770.05	\$ 0.10	\$ 112,962.56	\$ 0.04	\$ 13,498,909.46	\$ 0.11	N/A	N/A	\$ 928,402.48	\$ 0.24	\$ 3,703,458.20	\$ 0.15	N/A	N/A
Pharmacy	\$ (4,167,775.66)	\$ (0.38)	\$ (817,435.64)	\$ (0.04)	\$ (34,137.42)	\$ (0.32)	\$ (443,357.50)	\$ (0.18)	\$ (34,440,932.15)	\$ (0.28)	N/A	N/A	\$ (158,497.16)	\$ (0.04)	\$ (1,169,452.72)	\$ (0.05)	N/A	N/A
Other	\$ (4,253,352.49)	\$ (0.39)	\$ (47,348.72)	\$ (0.00)	\$ (0.28)	\$ (0.00)	\$ (1,591,907.85)	\$ (0.63)	\$ -	\$ -	N/A	N/A	\$ -	\$ -	\$ -	\$ -	N/A	N/A
Total Estimated Saving	\$ (9,915,277.22)	\$ (0.91)	\$ (1,108,171.14)	\$ (0.06)	\$ (37,360.90)	\$ (0.36)	\$ (25,444,255.36)	\$ (10.13)	\$ (77,312,501.40)	\$ (0.62)	N/A	N/A	\$ (19,067,599.19)	\$ (4.97)	\$ (40,577,117.05)	\$ (1.67)	N/A	N/A

Note: Put "NA "for any coverage Expenditure Category not within the scope of the model tests.

Table 4B

Estimated 3rd year and 5th year Return on Investment From Model Intervention

Coverage Expenditure Category	Medicaid/CHIP								Private/Other				Medicare					
	Adult		Child		Dual Eligibles (only)		Disabled/Elderly (without Duals)		Individual		Family		Dual Eligibles		Medicare FFS		Medicare Advantage	
	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio	Est. 3rd year ROI Ratio	Est. 5th Year ROI Ratio
Facility																		
Professional																		
Lab/Rad																		
Pharmacy																		
Other																		

Assumed Grant Amount \$ 60,000,000

	Savings	ROI
Year 3	\$ 173,462,282	189%
Year 5	\$ 330,930,833	452%