

The Accelerated Benefits Demonstration and Evaluation Project

Impacts on Health and Employment at Twelve Months

Volume 2: Appendixes

**Charles Michalopoulos
David Wittenburg
Dina A. R. Israel
Jennifer Schore
Anne Warren
Aparajita Zutshi
Stephen Freedman
Lisa Schwartz**



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Appendix A

**Background Characteristics of Sample Members
Randomly Assigned in Phases 1 and 2a**

The Accelerated Benefits Demonstration

Appendix Table A.1

Selected Characteristics at Baseline of Sample Members Randomly Assigned
from October 10, 2007, Through November 6, 2008, by Research Group

| Characteristic | AB Plus Group | AB Control Group | Total | P-Value |
|---|------------------|---------------------|-------|---------|
| <u>Health and functional limitations (%)</u> | | | | |
| Primary diagnosis | | | | 0.208 |
| Mental disorders (excluding retardation) | 20.1 | 24.9 | 22.3 | |
| Neoplasms | 10.6 | 7.9 | 8.4 | |
| Diseases of the: | | | | |
| Circulatory system | 11.9 | 10.2 | 11.6 | |
| Musculoskeletal system and connective tissue | 18.7 | 18.7 | 18.5 | |
| Nervous system and sense organs | 15.5 | 14.8 | 16.7 | |
| Other | 23.1 | 23.6 | 22.5 | |
| Difficulty with any instrumental activities of daily living (IADLs) | 94.3 | 93.8 | 94.1 | 0.951 |
| Difficulty with any activities of daily living (ADLs) | 27.8 | 30.2 | 27.6 | 0.441 |
| Self-reported general health | | | | |
| Good, very good, or excellent | 18.7 | 21.4 | 18.8 | 0.734 |
| Fair | 34.4 | 34.5 | 34.6 | |
| Poor | 47.0 | 44.1 | 46.6 | |
| Obese (Body Mass Index of 30 or higher) | 45.8 | 46.4 | 44.8 | 0.499 |
| <u>Medical coverage and care (%)</u> | | | | |
| Date of last health insurance coverage | | | | 0.657 |
| Less than 6 months ago | 36.9 | 40.1 | 36.3 | |
| 6 months to less than 1 year ago | 25.7 | 24.8 | 26.1 | |
| 1 year ago or more | 33.6 | 31.1 | 33.2 | |
| Never insured | 3.8 | 4.0 | 4.3 | |
| Number of months until Medicare-eligible | | | | 0.285 |
| 15-17 | 15.9 | 18.7 | 16.1 | |
| 18-24 | 73.2 | 68.9 | 73.3 | |
| 25-28 | 11.0 | 12.5 | 10.6 | |
| In the past 6 months: | | | | |
| Any unmet medical need | 71.2 | 71.5 | 70.0 | 0.416 |
| Any unmet prescription need | 69.6 | 69.2 | 68.7 | 0.755 |
| Seen or talked to a doctor | 79.7 | 84.9 | 81.0 | 0.147 |
| Any emergency room visits | 38.8 | 44.6 | 41.4 | 0.195 |
| Spent one night or more in the hospital | 32.0 | 28.6 | 29.9 | 0.344 |
| Any nursing home stays | 5.2 | 7.9 | 6.0 | 0.263 |

(continued)

Appendix Table A.1 (continued)

| Characteristic | AB Plus Group | AB Control Group | Control Group | Total | P-Value |
|---|---------------|------------------|---------------|--------|---------|
| <u>Employment (%)</u> | | | | | |
| Currently working | 4.3 | 4.3 | 4.9 | 4.5 | 0.848 |
| <u>Demographic and socioeconomic data</u> | | | | | |
| Total annual household income (%) | | | | | |
| Less than \$20,000 | 38.0 | 38.0 | 38.7 | 38.3 | 0.919 |
| \$20,000 to less than \$40,000 | 37.3 | 38.4 | 38.9 | 38.1 | |
| \$40,000 or higher | 24.7 | 23.6 | 22.4 | 23.6 | |
| Not living with spouse/partner (%) | 51.9 | 53.8 | 56.3 | 54.0 | 0.305 |
| Highest education (%) | | | | | |
| General Educational Development (GED) certificate | 7.4 | 7.5 | 8.5 | 7.9 | 0.475 |
| High school diploma | 53.5 | 52.5 | 50.0 | 51.9 | |
| Technical certificate/associate's degree/2-year college program | 9.7 | 13.1 | 9.5 | 10.3 | |
| 4 years (or more) of college | 8.0 | 7.2 | 10.3 | 8.8 | |
| None of the above | 21.4 | 19.7 | 21.7 | 21.2 | |
| Average age (years) | 47.3 | 46.0 | 46.6 | 46.8** | 0.024 |
| Under 50 years old (%) | 49.8 | 51.5 | 49.6 | 50.0 | 0.852 |
| Female (%) | 47.5 | 53.4 | 50.1 | 49.7 | 0.227 |
| White race/ethnicity (%) | 60.8 | 57.6 | 59.3 | 59.6 | 0.631 |
| Census region (%) | | | | | |
| South | 48.0 | 43.9 | 48.3 | 47.3 | 0.305 |
| Northeast | 16.4 | 18.7 | 14.0 | 15.9 | |
| Midwest | 17.3 | 21.3 | 18.0 | 18.4 | |
| West/Pacific | 18.3 | 16.1 | 19.7 | 18.4 | |
| <u>Enrollment data (%)</u> | | | | | |
| Month of random assignment | | | | | |
| October 2007 | 3.8 | 3.3 | 3.9 | 3.7 | 1.000 |
| November 2007 | 0.3 | 0.7 | 0.5 | 0.5 | |
| March 2008 | 7.0 | 7.2 | 7.2 | 7.1 | |
| April 2008 | 12.3 | 12.1 | 12.4 | 12.3 | |
| May 2008 | 13.7 | 13.8 | 13.7 | 13.7 | |
| June 2008 | 11.8 | 11.1 | 11.4 | 11.5 | |
| July 2008 | 12.3 | 13.4 | 12.4 | 12.5 | |
| August 2008 | 12.8 | 12.5 | 12.5 | 12.6 | |
| September 2008 | 12.4 | 12.5 | 12.7 | 12.5 | |
| October 2008 | 11.9 | 12.1 | 11.7 | 11.9 | |
| November 2008 | 1.6 | 1.3 | 1.8 | 1.6 | |
| Sample size | 611 | 305 | 615 | 1,531 | |

(continued)

Appendix Table A.1 (continued)

SOURCES: Calculations from AB baseline survey data and Social Security Administration administrative data.

NOTES: A chi-square test for categorical variables and a t-test for continuous variables were run to determine whether there is a difference in the distribution of the characteristics across research groups. Statistical significance levels are indicated as: *** = 1 percent; ** = 5 percent; * = 10 percent. Sample sizes may vary because of missing data.

Appendix B

**Expert Consultants for the Design
of the AB Demonstration**

John F. Burton, Jr., Ph.D.
Professor Emeritus, Rutgers University, School of Management and Labor Relations

Walton Francis
U.S. Department of Health and Human Services
Consultant for the Centers for Medicare and Medicaid Services

Larry Fricks
Director, Appalachian Consulting Group, Inc.

Jay Himmelstein, M.D., M.P.H.
Director, University of Massachusetts Center for Health Policy and Research

John D. Kemp
Principal lawyer with Powers, Pyles, Sutter and Verville, P.C.

Richard Luecking, Ed.D.
President, TransCen, Inc.

Joseph Newhouse, Ph.D.
Harvard University, John F. Kennedy School of Government
John D. MacArthur Professor of Health Policy and Management

Mary Beth Senkewicz
Health policy consultant

Michael Sullivan, Ph.D.
McGill University, Professor of Psychology in Social Sciences and Humanities and
Canada Research Chair in Behavioral Health

Appendix C

The AB Health Plan Benefit Handbook



BENEFIT HANDBOOK

*SPONSORED BY THE
SOCIAL SECURITY ADMINISTRATION*

The AB Health Plan provides a broad range of healthcare services for those enrolled in the Plan.

A number of features have been included to manage costs for you. These features also ensure that the healthcare you receive is within Plan provisions.

You should carefully read this handbook to get to know the Plan provisions. Learn about what benefits are covered, which providers are in the network, which expenses are and are not covered, how to file a claim, and other important information. Please keep this handbook for future reference.

Here is an explanation of some of the terms we use in this handbook.

- *Co-payment.* The amount you have to pay at the time of service.
- *Pre-certification.* This means the Plan must approve the procedure before it is provided.
- *Utilization Review.* This means the Plan must review certain services or supplies to make sure you need the services that are being provided.

YOUR PROVIDER NETWORK

The Plan uses a nationwide network of providers administered by POMCO/MultiPlan.

We have an agreement with some hospitals, physicians, and other health care providers. These are called In-Network Providers. The Plan will pay the provider directly for services that are covered. You will be asked to pay a small co-payment in the amount(s) shown in the summary below.

You can get more information about POMCO/MultiPlan Network Providers by calling POMCO's Member Services at **1-866-462-1812**. You can also look at POMCO's website www.pomcogroup.com and select Provider Finder and select Your Network - POMCO/MultiPlan.

Your benefits are based on using In-Network Providers. If you want to use a healthcare provider that is not in the POMCO/MultiPlan network (called out-of-network provider), you first must get approval (called Pre-certification) by calling **1-866-656-9665**. See Benefit Management program for more information about Pre-certification.

YOUR HEALTHCARE PROVIDERS

A healthcare provider is a practitioner of the healing arts who is licensed and regulated by a state or federal agency and is acting within the scope of his or her license. Such providers include:

| | |
|------------------------------------|--------------------------------|
| Hospital | Doctor of Podiatry (D.P.M.) |
| Skilled Nursing Facility | Doctor of Chiropractic (D.C.) |
| Rehabilitation Facility | Certified Nurse Anesthetist |
| Psychiatric Facility | Nurse (R.N., L.P.N., or N.P.) |
| Chemical Abuse Facility | Psychiatrist |
| Hospice Agency | Psychologist (Ph.D.) |
| Home Health Care Agency | Master of Social Work (M.S.W.) |
| Urgent Care Facility | Psychiatric Social Worker |
| Licensed Independent Laboratory | Physical Therapist |
| Doctor of Medicine (M.D.) | Occupational Therapist |
| Doctor of Osteopathy (D.O.) | Respiratory Therapist |
| Doctor of Optometry (O.D.) | Physiotherapist |
| Doctor of Dental Medicine (D.M.D.) | Speech Language Pathologist |
| Doctor of Dental Surgery (D.D.S.) | Audiologist |

MEMBER SERVICES

If you have any questions about the Plan, please call POMCO's Member Service Representatives at **1-866-462-1812**, 9:00am - 9:00pm (EST). We can answer questions about which providers are in the network, claims payment or concerns regarding your coverage under this Plan. We can also replace your ID card.

You may also see your benefit and claims information on the *BENEFITsoft* website. The website address is www.benefitsoft.com.

The Plan has a benefit management program. It consists of Pre-certification and Utilization Review to determine the medical necessity of certain services and supplies. For Pre-certification, please call: **1-866-656-9665**.

The Plan also pays for prescription drugs. This part of the Plan is managed by Medco. Medco is a national Pharmacy Benefit Manager (PBM). For information regarding your coverage (including a "Formulary" listing of covered drugs), please call **1-800-818-6632** or go to www.medco.com.

Services are also available for the hearing-impaired.

SUMMARY OF BENEFITS

| Plan Features | In-Network Benefits (POMCO/MultiPlan Network) |
|--|--|
| Deductible | None |
| Medical Expense Copayments | \$12.00 per event, such as an office visit to a network doctor. \$35.00 - Ambulance Service \$35.00 - Emergency Room \$200.00 – Inpatient Admissions to Acute Care Hospitals, Chemical Abuse and Mental Disorder Facilities |
| Out-of-Network Benefits | You must get approval (called Precertification) to use providers who are not in the POMCO/MultiPlan network. See Benefit Management Program. |
| Maximum Benefit Amount | The plan pays up to \$100,000 while you are in the Plan. We will not pay for health care services after your total benefits reach this amount. |
| Benefit Management Program <ul style="list-style-type: none"> • Pre-certification • Utilization Review | Applies to: <ul style="list-style-type: none"> • inpatient hospital admissions • skilled nursing facility admissions • mental disorders and chemical abuse treatment • rehabilitative therapies • home health care • hospice care • durable medical equipment • air ambulance service • prosthetics • nutritional counseling • private duty nursing • out-of-network services • Please call toll-free 1-866-656-9665 . |

| Hospital and other Facilities Expense Benefits | In-Network Benefits (POMCO/MultiPlan Network) |
|---|--|
| Inpatient Acute Care General Hospital Services (facility charges) | The Plan pays 100% after \$200.00 copayment. Pre-certification is required (except for emergency admissions). |
| Inpatient Mental Disorder Care (facility charge) | The Plan pays 100% after \$200.00 copayment Pre-certification is required. Limited to 30 days while you are in the Plan. A benefit might be available for additional days if they are Medically Necessary. |
| Inpatient Treatment of Chemical Abuse | The Plan pays 100% after \$200.00 copayment. Pre-certification is required. <ul style="list-style-type: none"> • Limited to 7 days for detoxification while you are in the Plan. • Limited to 30 days of rehabilitation while you are in the Plan. |
| Hospital Outpatient Care Services | |
| • Preadmission Testing (facility charge) | The Plan pays 100%. |
| • Emergency Room (facility charge and physician) | The Plan pays 100% after \$35.00 copayment (waived if admitted to a hospital) for the initial treatment of a traumatic accidental injury or a sudden medical emergency due to serious symptoms which require immediate medical attention. |
| • Non-emergency use of ER facility | Not covered |
| • Surgery (facility charge) | \$12.00 copayment per event |
| • Radiation Therapy | \$12.00 copayment per event |
| • Chemotherapy | The Plan pays 100%. |
| • Dialysis | The Plan pays 100% in an outpatient setting or Medicare-certified Dialysis Center. Services related to treatment of End Stage Renal Disease are not covered. |
| • Rehabilitative Therapies | \$12.00 copayment per event A plan of treatment is required, subject to Utilization Review for physical, respiratory, speech, intravenous, and occupational therapies and cardiac rehabilitation. |
| • Diagnostic X-ray , Lab and Machine Tests | The Plan pays 100%. |
| • Hospital Outpatient Clinic Visit | \$12.00 copayment per event |
| Ambulance | The Plan pays 100% after \$35.00 copayment Professional and volunteer ambulance services are covered. Pre-certification is required for non-emergency air ambulance services. |
| Ambulatory Surgical Center | \$12.00 copayment per event |

| Hospital and other Facilities Expense Benefits | In-Network Benefits (POMCO/MultiPlan Network) |
|--|--|
| Skilled Nursing Facility (SNF) and Rehabilitation Facility Care | The Plan pays 100%. <ul style="list-style-type: none"> Inpatient - limited to 20 days per Spell of Illness or Injury; Pre-certification is required. Outpatient - Subject to Utilization Review for Medical Necessity |
| Home Health Care Agency Service and Supplies (in lieu of Hospital or SNF confinement) | The Plan pays 100%. Limited to 40 visits while you are in the Plan. Pre-certification is required. |
| Hospice Care Agency for the terminally ill | The Plan pays 100%. Pre-certification is required. |
| Urgent Care Facility | \$12.00 copayment per event |

| Medical/Surgical Services and Supplies | In-Network Benefits (POMCO/MultiPlan Network) |
|--|--|
| Surgery and Anesthesia | The Plan pays 100%. |
| In-Hospital/Facility Physician's Care and Consultations | The Plan pays 100%. |
| Outpatient Provider Care and Consultations | \$12.00 copayment per event, such as an office visit. Services must be given and billed by a covered healthcare provider in an office, clinic, skilled, nursing facilities, home or elsewhere and be Medically Necessary according to Plan provisions. |
| Foot Care and Podiatry Services | \$12.00 copayment per event. Routine care is not covered unless the services are needed to treat a metabolic or Peripheral-Vascular disease. |
| Diagnostic Testing (office or independent lab setting) | The Plan pays 100%. Includes charges for professional reading and interpretation of diagnostic results |
| Allergy Care - Testing, Injections, and Serum | \$12.00 copayment per event |
| Dialysis | The Plan pays 100%. Services related to treatment of End Stage Renal Disease are not covered. |
| Radiation Therapy (Physician services and radioactive substances) | \$12.00 copayment per event |
| Chemotherapy - Home and office (includes equipment and supplies) | The Plan pays 100%. |
| Chemical Abuse - Outpatient Treatment | \$12.00 copayment per event Limited to 60 visits while you are in the Plan. |

| Medical/Surgical Services and Supplies | In-Network Benefits (POMCO/MultiPlan Network) |
|---|--|
| Mental Health – Outpatient Treatment (includes crisis intervention) | \$12.00 copayment per event (A plan of treatment is required, subject to Utilization Review) |
| Private Duty Nursing Care | The Plan pays 100%. Pre-certification is required to determine the medical necessity for inpatient and outpatient care. |
| Rehabilitative Therapies | Physical, Speech, Occupational, Intravenous, and Respiratory Therapies and Cardiac Rehabilitation: \$12.00 copayment per event A plan of treatment is required, subject to Utilization Review. |
| Durable Medical Equipment (including equipment needed for employment) | The Plan pays 100%. Pre-certification is required. |
| Oxygen | The Plan pays 100%. |
| Prosthetics | The Plan pays 100%. Pre-certification is required. |
| Wigs (for hair loss related to chemotherapy/radiation therapy) | The Plan pays 100% |
| Orthotics | \$12.00 copayment per event |
| Medical/Surgical Supplies for Home Use | The Plan pays 90% for supplies such as ostomy bags, surgical dressings, and catheters. Your copayment is 10%. |
| Contact Lens/Eyeglasses following intraocular or cataract surgery/corneal disease | The Plan pays 100%. These benefits do not apply to the \$200.00 maximum benefit for Vision Care. |
| Dietary/Nutritional Counseling for conditions other than Diabetes | \$12.00 copayment per event Pre-certification is required. |
| Diabetic Care | <ul style="list-style-type: none"> • Supplies/Equipment - The Plan pays 100%. • Education - \$12.00 copayment per event |
| Chiropractic Care | \$12.00 copayment per event |
| Nutritional Supplements | \$12.00 copayment (for supplements needed for phenylketonuria and related disorders, enteral formulas, and modified food products) |
| Acupuncture | \$12.00 copayment per event |
| Treatment of Morbid Obesity | Covered (including counseling and surgical treatments). Benefit will be based on type of service. |
| Biofeedback | \$12.00 copayment per event |

| Prescription Drug Benefit (Medco) | |
|--|---|
| Covered Drugs and Supplies | <p>Note: <i>You must pay the applicable copayments. The Plan pays the balance.</i></p> <p><i>The copayment may be waived for certain maintenance drugs prescribed for chronic conditions. See Appendix B for details.</i></p> <p>Copayments per prescription at a participating retail pharmacy:</p> <p>\$ 5.00 generic drug \$15.00 preferred brand name \$30.00 non-preferred brand name</p> <p>Copayments per prescription for a 90-day supply through Medco mail order:</p> <p>\$10.00 generic drug \$30.00 preferred brand name \$60.00 non-preferred brand name</p> <p>For information please call 1-800-818-6632 or go to www.medco.com.</p> |

| Dental Care | Benefits |
|--|--|
| <ul style="list-style-type: none"> Preventive/Diagnostic Services (routine) | The Plan pays 100%. |
| <ul style="list-style-type: none"> Basic Services | The Plan pays 75%. |
| <ul style="list-style-type: none"> Major Services | The Plan pays 50%. |
| <ul style="list-style-type: none"> Maximum Benefit | The Plan will pay \$1,000 while you are in the Plan. |
| For a description of covered dental services, see Appendix A . | |

| Vision Care | Benefits |
|---|--|
| Refraction Lenses (and coatings) Frames Contact lenses | <p>The Plan pays 100% up to a \$200.00 maximum benefit while you are in the Plan.</p> <p>Benefits for contact lens or eyeglasses following intraocular or cataract surgery or treatment of corneal disease are covered under Medical/Surgical Services and Supplies.</p> |

| Hearing Care | Benefits |
|--------------------------|---|
| Testing and Hearing Aids | The Plan pays 100% up to a \$1,000 maximum benefit while you are in the Plan. |

BENEFIT MANAGEMENT PROGRAM (PRE-CERTIFICATION AND UTILIZATION REVIEW)

The benefit management program helps insure that you receive the healthcare you need while avoiding unnecessary expenses. It consists of Pre-certification and Utilization Review to determine the medical necessity of certain services and supplies.

Please note: if you do not follow these Pre-certification and Utilization Review procedures, your health care costs might not be fully covered.

PRE-CERTIFICATION:

Pre-certification means the Plan must approve the procedure before it is provided. The following non-emergency services require Pre-certification before medical and/or surgical services are provided:

- Inpatient hospital admissions
- Inpatient admissions to a skilled nursing facility or rehabilitation facility
- Inpatient mental disorders treatment
- Inpatient chemical abuse treatment
- Home health care
- Hospice care
- Durable medical equipment
- Air ambulance - non-emergency services
- Prosthetics
- Nutritional counseling, except diabetic education
- Private duty nursing
- Out-of-network services

The administrator will talk to your physician to make sure the care is appropriate for you. You must get approval before you enter a medical care facility on a non-emergency basis, or receive other listed medical services, or if you wish to use an out-of-network provider. A non-emergency stay in a medical care facility is one that can be scheduled in advance.

The benefit management program begins when you or your healthcare provider calls: **1-866-656-9665**. This number is on your ID card. You must call **at least seven (7) days before** you receive services. When you call give the administrator the following information:

- Your name, ID number, and address
- The name and telephone number of the Physician who will be providing services
- The name of the medical care facility, proposed date of admission, and proposed length of stay
- The diagnosis
- The type of proposed service or supply

UTILIZATION REVIEW

The program also consists of Utilization Review. Your healthcare provider might be required to provide a plan of treatment. This will make sure that you need the services that are being provided. A plan of treatment might be required, subject to Utilization Review, for:

- Rehabilitative therapies (physical, respiratory, speech, intravenous, and occupational therapies and cardiac rehabilitation)
- Outpatient treatment of mental disorders.

SERVICES NOT COVERED

Medical Care Exclusions

The Plan will not pay for the following services:

- Abortion unless the life of the mother is endangered.
- Services you received before you were in the Plan. Services you receive after you are no longer eligible for the Plan. The Plan will not pay more than \$100,000 in benefits. The Plan will not pay for services after you become eligible for Medicare. The Plan will not pay if you choose to end your participation in this Plan. Continuation of coverage under COBRA is not available if your participation ends under this plan.
- Care and treatment provided to your dependents
- Care and treatment which is not medically necessary. Medically necessary care and treatment is recommended or approved by a physician. It is consistent with the patient's condition or accepted standards of good medical and dental practice. It has shown to be an effective treatment of the condition. It is not performed mainly for the convenience of the patient or health care provider. It is not conducted for medical research purposes. It is not experimental or investigational. Services that are not intended for self-management of the patient's medical condition - one example would be vocational training - would not be covered. It is the most appropriate level of services which can be safely provided to the patient. All of these criteria must be met. POMCO reserves the right to decide if a service or supply is medically necessary.
- Cosmetic procedures or treatments
- Custodial care
- Duplicate equipment, braces, prosthetics, or other devices or their replacement due to loss, theft, or destruction. The Plan does cover devices if your condition changes enough to make the original device no longer functional
- End stage renal disease (ESRD) treatment
- Eye surgery to correct refractive errors
- Fees charged for missed appointments
- Infertility treatments
- Non-emergency use of an emergency room facility
- Non-traditional, alternative medical treatments and supplies which are not specified as covered
- Transplants
- Personal comfort items
- Routine foot care (unless needed in treatment of a metabolic or peripheral-vascular disease)
- Routine newborn nursery care
- Services or supplies for which benefits are available for treatment of an illness or injury related to military service
- Voluntary or elective sterilization.

Prescription Drug Program

The Plan will not pay for the following:

- A drug or medicine labeled: "Caution - limited by federal law to investigational use"
- A drug or medicine that can legally be bought without a written prescription, except for injectable insulin
- Allergy serum
- Any drug not approved by the Food and Drug Administration
- Any refill that is requested more than one year after the prescription was written or any refill that is more than the number of refills ordered by the healthcare provider
- Biologicals and vaccines
- Contraceptive injectables and devices
- Hemophilia factors
- Nutritional supplements
- A drug related to a Medical Care Exclusion.

Dental Care Exclusions

The Plan will not pay for the following:

- Administrative costs of completing claim forms or reports or for providing dental records
- Instructions for oral hygiene, plaque control programs or diet.
- Personalization of dentures
- Replacement of an existing removable partial or full denture or fixed bridgework; adding teeth to an existing removable partial denture; or adding teeth to existing bridgework to replace newly extracted natural teeth, when the existing denture or bridgework was installed less than five years prior to its replacement and can be made serviceable
- Replacement of lost or stolen appliances
- Coverage will not be duplicated. For example, removal of a boney cyst (a medical procedure) would be covered under the medical portion of the Plan.
- Services that are excluded under the Medical Care Exclusions.

Vision Care Exclusions:

The Plan will not pay for the following:

- Lenses ordered without a prescription
- Services that are payable under any medical expense benefits of this Plan.
- Sunglasses, including prescription, unless required due to a medical condition
- Services that are excluded under the Medical Care Exclusions.

Hearing Care

The Plan will not pay for the following:

- Services that are excluded under the Medical Care Exclusions.

CLAIMS AND APPEALS

CLAIMS SUBMISSION

In-network claims will be filed directly with POMCO by your healthcare providers. Just show them your ID card.

For expenses received from an out-of-network provider approved during Pre-certification, please submit your claim to POMCO within 90 days of the date the charges were incurred to:

POMCO
P.O. Box 6329
Syracuse, NY 13217

1-866-462-1812

If your claim must be approved in advance of obtaining medical care, we will tell you and your healthcare provider if the claim has been approved within 15 calendar days of the request.

If you request payment for services which you have already received, we will let you know if we will pay for the services within 30 calendar days.

If we do not have enough information to process your claim, we will tell you and your healthcare provider within 15 calendar days. You will have 45 calendar days to provide the information.

APPEALS PROCEDURE

POMCO shall provide you and your healthcare provider with written notice (Explanation of Benefits) if we deny any benefits. The denial will include the specific reason or reasons for the denial.

If you disagree with POMCO's denial, you may call POMCO to discuss the decision. You can formally appeal the decision by telephone or in writing within 180 days of receiving our decision. Describe why you disagree with the decision. You may submit written comments, documents, records, and other information about the claim.

POMCO
Appeals Unit
P.O. Box 6329
Syracuse, NY 13217

1-866-462-1812

If your claim was subject to pre-certification, POMCO will respond in writing with the results of its review of the claim denial within 30 calendar days of receiving your appeal. For other reviews of a claim denial, you will be contacted within 60 calendar days of receiving your appeal.

THIRD PARTY RECOVERY PROVISION (Right of Subrogation and Refund)

You may incur medical or dental charges due to injuries which may be caused by the act or omission of a third party, person or business entity, or a third party may be responsible for payment.

If you have a claim against that third party, or insurer, for payment of the medical or dental charges and accept benefits under this Plan for those expenses, you automatically assign to the Plan any rights you may have to recover payments from the third party or insurer. The Plan has the right to

pursue and place a lien upon your claim, whether or not you choose to pursue that claim, until the Plan is repaid in full.

You must repay to the Plan the benefits paid on your behalf out of the monies received as compensation from the third party or insurer. The Plan's right of refund also applies when you recover monies under an uninsured or underinsured motorist plan, homeowner's plan, renter's plan, medical malpractice plan, or any liability plan.

These subrogation and refund rights provide the Plan with a 100%, first dollar priority over any and all recoveries and funds paid to you by a third party relative to the injury or sickness, including a priority over any claim for non-medical or dental charges, attorney fees, or other costs and expenses.

The Plan's subrogation and refund rights, as well as the rights assigned to it, are limited to the extent to which the Plan has made, or will make, payments for medical or dental charges as well as any costs and fees associated with the enforcement of its rights under the Plan. The Plan reserves the right to be reimbursed for its court costs and attorneys' fees if the Plan needs to file suit to recover payment from you for medical or dental expenses. Also, the Plan retains the right to subrogation if the amount of your recovery is less than the claimed damage, and, as a result, the claim is not made whole.

The Plan is not obligated to pay your medical or dental benefits if you refuse to cooperate with the Plan's reimbursement and subrogation rights or if you refuse to execute and deliver such papers as the Plan may require to advance its reimbursement and subrogation rights.

COORDINATION OF BENEFITS

The POMCO Group administers your medical, dental, vision, hearing, and prescription benefits. If you have other medical insurance, this Plan will always pay its benefits before benefits are payable under other health plans or programs.

CONFIDENTIALITY AND PRIVACY

The federal Health Insurance and Accountability Act of 1996 (HIPAA) requires, among other things, that health plans protect the confidentiality, integrity, security and privacy of individually identifiable health information. When you enroll in the Plan, you give routine consent for certain matters with regard to the payment and processing of your claims. The Plan and those administering it will use and disclose health information only as allowed by federal law. The Plan and those administering it agree to implement physical and technical safeguards that protect the information that it creates, receives, maintains or transmits on your behalf.

You are encouraged to call one of the POMCO member services representatives if you should have any questions concerning privacy policies and practices.

APPENDIX A
COVERED DENTAL SERVICES

Preventive and Diagnostic Dental Procedures

The limits on Class A services are for routine services. If dental need is present, this Plan will consider for reimbursement services performed more frequently than the limits shown.

- (1) Routine oral exams. This includes the cleaning and scaling of teeth. Limit of 2 each calendar year.
- (2) One bitewing x-ray series every calendar year.
- (3) One full mouth x-ray every three years.
- (4) Emergency palliative treatment for pain.
- (5) Sealants on the occlusal surface of a permanent posterior tooth.

Basic Dental Procedures

- (1) Dental x-rays not included in Class A.
- (2) Oral surgery.
- (3) Periodontics (gum treatments).
- (4) Endodontics (root canals).
- (5) Extractions. This service includes local anesthesia and routine post-operative care.
- (6) Recementing bridges, crowns or inlays.
- (7) Fillings, other than gold.
- (8) General anesthetics, upon demonstration of Medical Necessity.
- (9) Antibiotic drugs.

Major Dental Procedures

- (1) Gold restorations, including inlays, onlays and foil fillings. The cost of gold restorations in excess of the cost for amalgam, synthetic porcelain or plastic materials will be included only when the teeth must be restored with gold.
- (2) Installation of crowns.
- (3) Installing partial, full or removable dentures to replace one or more natural teeth. This service also includes all adjustments following the installation.
- (4) Addition of clasp or rest to existing partial removable dentures.
- (5) Initial installation of fixed bridgework to replace one or more natural teeth.
- (6) Repair of crowns, bridgework and removable dentures.

- (7)** Rebasing or relining of removable dentures.
- (8)** Replacing an existing removable partial or full denture or fixed bridgework; adding teeth to an existing removable partial denture; or adding teeth to existing bridgework to replace newly extracted natural teeth. However, this item will apply only if one of these tests is met:
 - (a)** The existing denture or bridgework was installed at least five years prior to its replacement and cannot currently be made serviceable.
 - (b)** The existing denture is of an immediate temporary nature.

APPENDIX B

\$0 COPAY PRESCRIPTION DRUG BENEFITS (Medco)

MAINTENANCE DRUGS ONLY LIST (\$0 copay):

Anti-infectives

- ◆ Antimycobacterials

Autonomic & CNS Drugs, Neurology & Psychotherapeutics

- ◆ NSAIDs (Rx only)
- ◆ Salicylates (excluding Fiorinal-type products)
- ◆ Antiparkinson Agents (including Parlodel®)
- ◆ Anticonvulsants
- ◆ Alzheimers therapy
- ◆ Myasthenia Gravis Therapy (Mestinon & Prostigmin only)
- ◆ Antidepressants
- ◆ Antipsychotics
- ◆ Lithium Carbonate
- ◆ Anxiolytics

Cardiovascular, Hypertension & Lipid Therapy

- ◆ Antiarrhythmic Agents
- ◆ Cardiac Glycosides
- ◆ Nitrates
- ◆ Coagulation Therapy:
 - Anticoagulants
 - Antiplatelet Drugs
 - Heparin
 - Miradon (Anisindione)
 - Vitamin K
 - Misc. Coagulation Therapy
- ◆ Thiazide & Related Diuretics
- ◆ Beta Blockers
- ◆ Calcium Channel Blockers
- ◆ ACE Inhibitors
- ◆ ACE II Antagonists
- ◆ Adrenergic Antagonists & Related Drugs
- ◆ Agents for Pheochromocytoma (Dibenzyliline, Regitine, Desmer only)
- ◆ Vasodilators
- ◆ Combination Antihypertensive Agents
- ◆ Lipid/Cholesterol Lowering Agents

Endocrine Therapy

- ◆ Antithyroid Agents
- ◆ Thyroid Hormones
- ◆ Adrenal Hormones

Diabetes Therapy

- ◆ Insulins
- ◆ Oral Hypoglycemics

Musculoskeletal & Rheumatology

- ◆ Non-steroidal Antiinflammatory Drugs (NSAIDs)
- ◆ Salicylates (except Fiorinal® type products)
- ◆ Gout Therapy
- ◆ Corticosteroids
- ◆ Misc. Rheumatological Agents
- ◆ Bone Resorption Suppression Agents

Obstetric & Gynecology

- ◆ Progestins
- ◆ Estrogens

Ophthalmology

- ◆ Glaucoma Therapy
- ◆ Beta Blockers
- ◆ Cholinesterase Inhibitor Miotics
- ◆ Direct Acting Miotics
- ◆ Oral Glaucoma Therapy
- ◆ Sympathomimetics

Respiratory and Allergy Therapy

- ◆ Antihistamines
- ◆ Intranasal Steroids
- ◆ Nose Preparations, Miscellaneous (Rx)
- ◆ Asthma Medications:
 - Xanthines
 - Bronchodilators, oral and inhalation
 - Inhaled Corticosteroids
 - Leukotriene Receptor Antagonists
 - Nedocromil Sodium (Tilade®)

Vitamins & Electrolytes

- ◆ Legend Vitamins and Hematinics
- ◆ Potassium Replacements

Appendix D

Examples of AB Health Plan Mailings



Corporate Headquarters 2425 James Street 315.432.9171 315.432.5645 fax
Syracuse, New York 13206 1.800.934.2459 www.pomcogroup.com

Date

Name
Address
City/State

Dear “AB Health Plan” Participant:

Please be advised that your AB Health Plan coverage will end as of (DATE) because you will become eligible for Medicare. As a reminder, the AB Health Plan is available to you until you become eligible for Medicare. ***AB Health Plan will not be responsible for any claims incurred after this date.***

This letter is only a notice. At this time, you do not have to do anything.

Medicare will contact you via mail regarding your eligibility. If you would like help or more information about Medicare, please call 1-800-MEDICARE.

If you have any questions or concerns about your AB Health Plan benefits, please contact POMCO Customer Service Department at **1-(866)-462-1812**, Monday through Friday 9:00 a.m. – 9:00 p.m. We will be happy to help you.

Thank you!

The Team at POMCO Group



Corporate Headquarters 2425 James Street 315.432.9171 315.432.5645 fax
Syracuse, New York 13206 1.800.934.2459 www.pomcogroup.com

Date

Name
Address
City/State

Dear “AB Health Plan *Plus*” Participant:

Please be advised that your AB Plus Health Plan coverage will end as of {DATE} because you will become eligible for Medicare. Your AB Plus coaching and support services will also end at this time. As a reminder, these services are available to you until you become eligible for Medicare. ***AB Health Plan Plus will not be responsible for any claims incurred after this date.***

This letter is only a notice. At this time, you do not have to do anything.

Medicare will contact you via mail regarding your eligibility. If you would like help or more information about Medicare, please call 1-800-MEDICARE.

If you have any questions or concerns about your AB Health Plan *Plus* benefits, please contact POMCO Customer Service Department at **1-(866)-462-1812**, Monday through Friday 9:00 a.m. – 9:00 p.m. We will be happy to help you.

Thank you!

The Team at POMCO Group



Corporate 2425 James Street 315.432.9171 315.432.5645 fax
Headquarters Syracuse, New York 13206 1.800.934.2459 www.pomcogroup.com

Date

Name
Address
City/State

Dear "Name":

Please be advised that your AB Health Plan coverage ended as of {DATE} because you have incurred **\$100,000** in processed claims.

As a reminder, the AB Health Plan has a maximum benefit of \$100,000. ***You will be responsible for any claims incurred over \$100,000.***

Although you are no longer eligible to be covered under AB Health Plan, your local state social service agencies may be able to assist you in finding coverage elsewhere.

If you have any questions or concerns, please contact POMCO Customer Service Department at **1-(866)-462-1812**, Monday through Friday 9:00 a.m. – 9:00 p.m. We will be happy to help you.

Thank you!

The Team at POMCO Group

Appendix E

**Trends in Health Plan Service Use
Between Random Assignment and July 2010**

The Accelerated Benefits Demonstration

Appendix Table E.1

Incurred Health Claims Through July 2010, by Program Group

| Outcome | Total | AB Plus Group | AB Group | AB Plus-AB Difference (Impact) | P-Value |
|--|--------|---------------|----------|--------------------------------|---------|
| <u>Paid claims</u> | | | | | |
| Received paid claim (%) | 90.5 | 91.1 | 89.6 | 1.4 | 0.457 |
| Medical claim | 86.7 | 88.3 | 84.4 | 3.9* | 0.081 |
| Inpatient hospital claim | 34.3 | 35.5 | 32.5 | 2.9 | 0.348 |
| Outpatient hospital claim | 68.8 | 72.5 | 63.2 | 9.3*** | 0.002 |
| Other medical claim | 84.5 | 86.0 | 82.2 | 3.8 | 0.112 |
| Dental claim | 27.9 | 27.1 | 29.1 | -1.9 | 0.518 |
| Prescription drug claim | 85.2 | 85.7 | 84.3 | 1.4 | 0.551 |
| Average total paid claims (\$) | 29,682 | 30,572 | 28,322 | 2,251 | 0.287 |
| Medical claims | 23,849 | 24,830 | 22,351 | 2,479 | 0.210 |
| Inpatient hospital claims | 9,945 | 10,475 | 9,135 | 1,340 | 0.352 |
| Outpatient hospital claims | 8,209 | 8,460 | 7,827 | 634 | 0.511 |
| Other medical claims | 5,695 | 5,894 | 5,390 | 505 | 0.459 |
| Dental claims | 171 | 173 | 168 | 4 | 0.848 |
| Prescription drug claims | 5,662 | 5,570 | 5,802 | -232 | 0.686 |
| Paid claims amount (%) | | | | | |
| \$0 | 9.5 | 8.9 | 10.4 | -1.4 | 0.457 |
| \$1-\$4,999 | 17.6 | 15.8 | 20.3 | -4.5* | 0.071 |
| \$5,000-\$9,999 | 10.8 | 10.9 | 10.5 | 0.4 | 0.842 |
| \$10,000-\$24,999 | 22.9 | 24.5 | 20.6 | 3.9 | 0.156 |
| \$25,000-\$49,999 | 17.1 | 17.5 | 16.4 | 1.1 | 0.658 |
| \$50,000-\$99,999 | 16.4 | 16.2 | 16.7 | -0.5 | 0.841 |
| \$100,000 or higher | 5.6 | 6.0 | 5.1 | 1.0 | 0.518 |
| <u>Copays</u> | | | | | |
| Average total copay amount (\$) | 426 | 434 | 413 | 20 | 0.469 |
| Copay amount (%) | | | | | |
| \$0 | 11.3 | 10.4 | 12.6 | -2.1 | 0.302 |
| \$1-\$249 | 32.0 | 31.0 | 33.6 | -2.5 | 0.409 |
| \$250-\$499 | 23.8 | 24.5 | 22.9 | 1.6 | 0.571 |
| \$500 or more | 32.8 | 34.1 | 31.0 | 3.1 | 0.311 |
| <u>Mental health/substance abuse services</u> | | | | | |
| Received paid claim (%) | 20.3 | 20.7 | 19.6 | 1.1 | 0.659 |
| Average total paid claims (\$) | 594 | 572 | 627 | -55 | 0.765 |
| <u>Physical/occupational/speech therapies</u> | | | | | |
| Received paid claim (%) | 20.2 | 21.5 | 18.1 | 3.4 | 0.192 |
| Average total paid claims (\$) | 329 | 299 | 375 | -76 | 0.531 |

(continued)

Appendix Table E.1 (continued)

| Outcome | Total | AB Plus Group | AB Group | AB Plus-AB Difference (Impact) | P-Value |
|---|--------|------------------|-------------|--------------------------------------|---------|
| <u>Medical supplies/medical devices/prosthetics</u> | | | | | |
| Received paid claim (%) | 30.8 | 31.3 | 30.0 | 1.3 | 0.656 |
| Average total paid claims (\$) | 729 | 874 | 509 | 365** | 0.033 |
| <u>Emergency room care</u> | | | | | |
| Received paid claim (%) | 42.6 | 43.3 | 41.6 | 1.7 | 0.607 |
| Average total paid claims (\$) | 1,846 | 1,745 | 2,000 | -256 | 0.372 |
| <u>In-network claims</u> | | | | | |
| Received paid claims for in-network provider (%) | 86.0 | 87.3 | 83.9 | 3.4 | 0.136 |
| Average total paid claims for in-network providers (\$) | 21,514 | 22,230 | 20,420 | 1,809 | 0.321 |
| <u>Out-of-network claims</u> | | | | | |
| Received paid claims for out-of-network provider (%) | 68.8 | 69.8 | 67.4 | 2.3 | 0.443 |
| Average total paid claims for out-of-network providers (\$) | 2,506 | 2,772 | 2,099 | 673 | 0.195 |
| Sample size | 1,011 | 611 | 400 | | |

SOURCE: Calculations from AB health plan claims records.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent.

The Accelerated Benefits Demonstration

Appendix Table E.2

**Total Health Claims Paid Through July 2010,
by Selected Characteristics of Sample Members at Baseline**

| Total Paid in Health Claims (\$) | With Sample Member Characteristic | Without Sample Member Characteristic | Difference | P-Value |
|---|---|--|------------|---------|
| Neoplasm primary diagnosis | 44,172 | 28,127 | 16,045*** | 0.000 |
| Sample size (total = 1,011) | 98 | 913 | | |
| Mental disorder primary diagnosis | 23,320 | 31,390 | -8,070*** | 0.003 |
| Sample size (total = 1,011) | 214 | 797 | | |
| 19-24 months until Medicare-eligible | 32,625 | 25,204 | 7,421*** | 0.001 |
| Sample size (total = 1,011) | 610 | 401 | | |
| Poor self-reported general health | 32,161 | 27,518 | 4,643** | 0.027 |
| Sample size (total = 1,010) | 467 | 543 | | |
| Obese (Body Mass Index of 30 or higher) | 31,639 | 28,054 | 3,585* | 0.083 |
| Sample size (total = 1,006) | 459 | 547 | | |
| Any unmet medical need in past 6 months | 29,936 | 29,071 | 865 | 0.703 |
| Sample size (total = 1,011) | 714 | 297 | | |

SOURCES: Calculations from AB health claims, baseline survey responses, and Social Security Administration administrative records.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

The Accelerated Benefits Demonstration

Appendix Table E.3

**Reached \$100,000 Health Claims Limit Through July 2010,
by Selected Characteristics of Sample Members at Baseline**

| Reached \$100,000 (%) | With Sample Member Characteristic | Without Sample Member Characteristic | Difference | P-Value |
|---|---|--|------------|---------|
| Neoplasm primary diagnosis | 20.9 | 4.0 | 16.8*** | 0.000 |
| Sample size (total = 1,011) | 98 | 913 | | |
| Mental disorder primary diagnosis | 3.8 | 6.1 | -2.4 | 0.208 |
| Sample size (total = 1,011) | 214 | 797 | | |
| 19-24 months until Medicare eligible | 6.4 | 4.5 | 1.9 | 0.224 |
| Sample size (total = 1,011) | 610 | 401 | | |
| Poor self-reported general health | 5.1 | 6.1 | -1.0 | 0.497 |
| Sample size (total = 1,010) | 467 | 543 | | |
| Obese (Body Mass Index of 30 or higher) | 6.4 | 5.1 | 1.3 | 0.359 |
| Sample size (total = 1,006) | 459 | 547 | | |
| Any unmet medical need in past 6 months | 4.5 | 8.4 | -3.9** | 0.014 |
| Sample size (total = 1,011) | 714 | 297 | | |

SOURCES: Calculations from AB health claims, baseline survey responses, and Social Security Administration administrative records.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

Appendix F

**Additional Information About AB Plus Training and the
Management Information System**

AB Plus Management Information System: OneCareStreet

The Accelerated Benefits (AB) Demonstration used an existing software product developed by CareGuide to support activities and facilitate communication among staff that provided the AB Plus services. CareGuide modified the system for the demonstration by creating data entry screens to record discrete member-level data and text case notes for each AB Plus service, which could then be viewed by all staff. The nurses also used another system (called “Wisdom”) to coordinate services with the health plan’s benefits management program. Both OneCareStreet and Wisdom were linked with the AB health plan system to exchange information about participants (such as updated contact information and changes in eligibility). This patchwork of systems did not appear to support demonstration activities well. Staff noted that OneCareStreet was slow, did not interface with Wisdom, and did not include all the data or functions that staff needed to support key tasks (such as prioritizing and scheduling contacts with AB Plus group members). Staff also noted that they would have benefited from having access to additional data, such as real-time prescription drug claims data from the AB health plan; instead, staff relied on participants to provide this information.

AB Plus staff recorded into OneCareStreet a “note” for each call session or a “try note” for each contact attempt. There were notes and try notes designated for each service type (intake, medical case management, the Progressive Goal Attainment Program [PGAP], employment and benefits counseling, and so on), and only the staff responsible for that service recorded information into its notes. The type of information recorded was similar for each service, with the exception of intake, which included a lengthy assessment, and PGAP, which included fields to track progress through the 10-module curriculum. All notes included a drop-down menu to record the type of contact (for example, communication with participant, communication with third party), and there were open fields to record current call notes, plans for the next call, and total time used for preparation and direct contact with AB Plus group members. The notes also included check boxes to record referrals to the health plan or other AB Plus services. The try notes included a drop-down menu to record the call outcome (such as no answer, voice message, hang-up), open fields similar to the notes, and a field to record longer-term status changes, such as putting the AB Plus group member “on hold” from services so the participant could resolve a medical issue.

Training

In August 2007, just prior to Phase 1 enrollment in the AB demonstration, AB Plus staff participated in a two-day in-person training; the training was repeated for newer staff in April 2008 as the full demonstration got under way. Most of the training was devoted to PGAP (and conducted by PGAP’s designers) because it had not been administered by the coaches before, nor to a population of Social Security Disability Insurance (SSDI) beneficiaries. The training

also included an overview of the demonstration and evaluation, by the evaluator; a presentation about how the three AB Plus services were to be coordinated, by the technical assistance provider; and a description of SSDI and approaches for helping beneficiaries find employment, by the AB Plus counselors. Staff also received a manual that contained the training information presented, along with draft communications, scripts, and protocols to use with participants.

Training continued for several months after the 2007 training session by means of two-hour weekly teleconferences that included all AB Plus staff and the study team. Most of the weekly calls were also devoted to discussing PGAP: how to adapt it for SSDI beneficiaries, how to deliver it over the telephone, and how to engage AB Plus group members in services. Because the coaches' previous experience was primarily with employed individuals, they too needed to learn to adapt their skills; to that end, the calls included staff performing mock interviews with the study team. The weekly calls also focused on identifying strategies for initially engaging and completing intake with group members and on clarifying the roles of the three types of staff (for example, what types of problems should be referred to the nurses). Some calls also included presentations on special topics, as requested by staff — such as hospice and end-of-life care, suicide, and working with individuals who have visual impairments.

The study team also reviewed recordings of the coaches administering PGAP, and they provided one-on-one feedback outside the weekly teleconferences.

For the first several months of the project, the study team made separate telephone calls to the counselors to resolve issues centering on the role of employment and benefits counseling and various training matters. These calls did not continue after the first few months of random assignment, as the study team believed that the counselors had the appropriate expertise to manage the employment and benefits counseling portions of the program, and various issues relating to employment and benefits counseling could be handled in the larger team conferences.

Appendix G

**An Example of the Activity Log
for the Progressive Goal Attainment Program (PGAP)**



Week 1, Day 1

Date: _____

Sleep

What time did you go to bed last night? _____

Total number of hours slept? _____

How often did you wake up during the night? _____

How rested did you feel when you woke up this morning? (circle on the scale below)

(No. of times) _____

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
not at all completely

6:00 am

7:00

8:00

9:00

10:00

11:00

12:00pm

1:00

2:00

3:00

4:00

5:00

6:00

7:00

8:00

9:00



Medications

What medications did you take today? _____

Appendix H

**Employment and Benefits Counseling
Medicare Transition Packet**



Employment and Benefits Counseling
TransGen, Inc
451 Hungerford Drive, Suite 700
Rockville, MD 20850
1-800-510-0041

Dear ,

It is almost time for you to begin receiving Medicare! Once you do become eligible for Medicare, you will no longer be a participant in the Accelerated Benefit Plus Demonstration Project. So as your eligibility date approaches, we will begin to wind down your participation with the Employment and Benefits Counseling (EBC) services. To help you with this process, we have included in this letter three fact sheets that give you general information and resources about Medicare, returning to work, and social security benefits.

Over the next few months until your eligibility date kicks in, we can continue to provide you direct services to prepare you for moving beyond the AB Plus project. Please feel free to contact your EBC counselors with questions. We have enjoyed working with you and want to make sure you continue to pursue your goals. We are including here some helpful information to help you to continue making progress after your participation with us is over:

For Benefits Counseling:

Benefits Counselor Paragraph

Your Local Work Incentives, Planning and Assistance Office (WIPA):
Local WIPA Info

Your Local Protection and Advocacy Services Organization (P&A):
Local PA Info

For Employment Counseling:

Employment Counselor Paragraph

Your Local Vocational Rehabilitation Office:
Local Rehab Office Info

Your Local One Stop Career Center:
Local One Stop Info

Thank you for participating in the EBC portion of the AB Plus Project. Please contact us with questions prior to your Medicare Eligibility date, and we wish you the best for your future.

Sincerely,

Employment Counselor

Benefits Counselor



444451 Hungerford Drive, Suite 700 · Rockville, MD 20850
TEL 1.800.510.0041 · FAX/ TTY 301.309.2435
EMAIL ebc@transcen.org



Help Returning to Work After AB+:

Your Social Security Benefits and Work

While your time in the Accelerated Benefits Plus project is ending as you become eligible for Medicare, we wanted to let you know about some ongoing supports that may help you meet your ongoing benefits needs.

Work Incentives Planning and Assistance (WIPA) Programs

As part of the Accelerated Benefits Plus project, you were eligible for benefits counseling services. Benefits counseling helps you understand the impact of work on your Social Security and other benefits, understand and apply for various work incentives, and assists you in reporting your income and communicating with the Social Security Administration.

While your benefits counseling under Accelerated Benefits is ending, services very much like these are available in your local community. Work Incentive Planning and Assistance (WIPA) projects are community-based organizations that receive grants from the Social Security Administration to provide all Social Security disability beneficiaries with free access to work incentives planning and assistance. Each WIPA project has specially trained and certified counselors called Community Work Incentives Coordinators (CWICs) who:

- Help beneficiaries who have returned or are considering returning to work with benefits planning as well as understanding and accessing work incentives.
- Work in cooperation with and make referrals to Federal, state, private agencies and nonprofit organizations that serve beneficiaries with disabilities.

WIPA services are available in every state and US Territory. To locate the WIPA organization nearest you, call 1-866-968-7842 or 1-866-833-2967 (TTY/TDD) for the hearing impaired. You can also find a list with contact information on the Social Security web site at: <https://secure.ssa.gov/apps10/oesp/providers.nsf/bystate>.

Due to the high demand for WIPA services, you may experience a wait for services. You can help the WIPA staff serve you by letting them know if you are already employed, seriously considering employment, or considering assigning your Ticket to Work. These things will make your case a higher priority.

Protection and Advocacy for Beneficiaries of Social Security (PABSS)

In every state and U.S. Territory, there is an agency that is designated to protect the rights of individuals with disabilities. This Protection and Advocacy System also administers the SSA-funded Protection and Advocacy for Beneficiaries of Social Security (PABSS) program. Each PABSS project can:

- Investigate any complaint you have against an employment network or other service provider that is helping you return to work;
- Give you information and advice about vocational rehabilitation and employment services;
- Tell you about the Social Security Administration's work incentives that will help you return to work;
- Provide consultation and legal representation to protect your rights in the effort to secure or regain employment; and
- Help you with problems concerning your individual work plan under the Ticket to Work program.

These services are free to individuals receiving SSDI benefits. If you want to locate the PABSS project nearest you, call 1-866-968-7842 or 1-866-833-2967 (TTY/TDD) for the deaf and hearing impaired. You can also find a list with contact information at: www.socialsecurity.gov/work/ServiceProviders/PADirectory.html.



Help Returning to Work After AB+: Job Search Resources

While your Accelerated Benefits Plus services are ending when you become eligible for Medicare, there are many resources available to provide ongoing assistance to help you return to work if you choose. The resources below are just a starting point.

If you have questions about how work will affect your benefits, please see the enclosed sheet titled “Your Social Security Benefits and Work.”

Understanding Your Options:

As a person with a disability, you are entitled to the same job search resources as other individuals in the community, PLUS some additional services you may not have known about!

The Big Three:

*May have a different name in your state or area

| | One Stop Career Centers* | Vocational Rehabilitation* | Employment Networks (ENs)* |
|--------------------|---|---|--|
| Available to: | Everyone – with or without a disability | People with disabilities (as someone receiving SSDI benefits, you are assumed to be eligible) | People with the “Ticket to Work” from Social Security (see below for how to find out if you have a “Ticket”) |
| Services provided: | <p>Ask for what is available. Almost all One Stops have:</p> <ul style="list-style-type: none"> • Job postings • Access to special job database with listings • Job search software • Basic courses such as resume writing, job searching, and interview skills <p>You can also ask for “Intensive Service” available for people with disabilities. These can include:</p> <ul style="list-style-type: none"> • one-on-one job counseling, • funds for training or other items you might need to reach employment | <p>Provides or funds supports needed to obtain employment outcome.</p> <p>These supports can include:</p> <ul style="list-style-type: none"> • job development, • job coaching, • on-the-job training, • education, • some transportation • new business start up funds, • and more! | <p>Employment Networks (ENs) can offer almost any type of service meant to help you get a job. Different ENs offer different services, so check with the ones serving your area to see what they offer.</p> <p>Here are examples of the services that may be offered by ENs:</p> <ul style="list-style-type: none"> • Career Consulting; • Resume-writing and practice interviews; • Job Accommodations; • Training for specific employment; • Job Placement; • Job coaching; • Self-employment, business start-up expertise; • Transportation |

| | One Stop Career Centers* | Vocational Rehabilitation* | Employment Networks (ENs)* |
|----------------------------|--|--|---|
| | | | assistance |
| Funding source: | Intensive Services are federally funded through the WIA (Workforce Investment Act). | Federally and State funded | ENs receive reimbursement payments from Social Security based on your work outcome. If you do not work, they don't get paid. |
| To Find Your Local Office: | www.servicelocator.org 1-877-US2-JOBS (US Dept of Labor- ask for the address of your nearest One Stop Career Center) | https://secure.ssa.gov/apps10/oesp/providers.nsf/bystate 1-877-US2-JOBS (US Dept of Labor- ask for the address of your nearest Vocational Rehabilitation office) | To see if you have a "Ticket": call MAXIMUS: 1-866-968-7842 (administers the Ticket to Work program). They can mail you a list of your local ENs. For listing of ENs serving your area and services they offer: http://www.yourtickettowork.com/ (under "Directory of ENs"). |
| What if I have a problem? | <p>1) Disability Program Navigators (DPN) are located at the Career Centers in most states. www.doleta.gov/disability/. DPN's are not case managers, but are there to ensure that people with disabilities receive resources.</p> <p>2) Ask to speak to the manager of the Center and ask them to outline what services you might be entitled to.</p> <p>3) Protection and Advocacy (P&A) is a federally funded, state provider of advocacy assistance services to people with disabilities.</p> | <p>If you disagree with a decision VR makes, you have the right to mediation, an impartial hearing, and the services of the Client Assistance Program (CAP).</p> <p>The CAP can tell you what services are provided by your local VR or help you appeal a VR decision with which you disagree. You can get their contact information from your VR.</p> | <p>A Work Incentives, Planning and Assistance project (WIPA) can help you research and understand your local Employment Networks. You can find your local WIPA at https://secure.ssa.gov/apps10/oesp/providers.nsf/bystate or by calling MAXIMUS at 1-866-968-7842 and asking for your local WIPAs number.</p> <p>You can leave your Employment Network or change it if you think another will serve you better.</p> <p>Every Employment Network has an internal complaints procedure. Ask to see that. Also, the Client Assistance Program (CAP) or Protection and Advocacy for Beneficiaries of Social Security (PABSS) can help you with a complaint.</p> |



Helpful Medicare Information

Congratulations! Your Medicare Eligibility Date is coming up!

When you reach your Medicare eligibility date, your POMCO/ MultiPlan Health benefit will end whether you accept Medicare coverage or not.

Advance planning will help you make a smooth transition to Medicare.

As you transition to Medicare health coverage, you may have many questions about your new insurance and how it can meet your needs. Here are some things to consider as your Medicare eligibility date approaches:

LEARN MORE ABOUT MEDICARE:

Here are a few great resources to get you started learning more about Medicare:

Medicare's 800 Number and Website-

1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048)

<http://www.medicare.gov/>

Medicare and You - The official government handbook about Medicare coverage.

A geographic-specific version will be mailed to you each fall.

Call Medicare or go to their site to see the most recent version.

State Health Insurance Assistance Program (SHIP) Offices-

SHIP can provide one-on-one counseling to you at no cost to help you choose your Medicare plans. They are funded through the Department of Aging.

Find your local contact by calling 1-800-MEDICARE or look it up online at

<http://www.medicare.gov/Contacts/static/allstatecontacts.asp>

The Medicare Rights Center-

An independent non-profit source for information about Medicare. Their website includes counseling tools, a wealth of information, and web courses on Medicare.

Consumer Hotline: 1-800-333-4114, <http://www.medicarerights.org/>

DO YOU QUALIFY FOR HELP PAYING FOR MEDICARE?

There are several programs that may help you pay your Medicare co-payments and premiums, especially if you have low income and assets.

Medicaid:

Medicaid is a joint Federal and State program that helps pay medical costs if you have limited income and resources. Medicaid program eligibility and coverage varies by state. Call 1-800-MEDICARE and say "Medicaid" to get the telephone number for your State Medical Assistance Office. Ask them if your state has the following, and what the eligibility criteria are:

- Medicaid for Low-Income People with Disabilities
- Medicaid Waivers
- Medicaid Spend Down
- Medicaid Buy-In for Working People with Disabilities

Medicare Savings Programs:

If you have low income and assets, you may qualify for one of the following programs to assist you with the costs of Medicare:

If your Resources (for 2009) are at or below \$4,000 for an individual or \$6,000 for a married couple AND

| Your Income is Below (for 2009)* | You May Qualify For: |
|--|--|
| \$923/ mo (single) \$1,235/ mo (couple) | Qualified Medicare Beneficiary (QMB) - Part A and Part B premiums, other cost-sharing (like deductibles, coinsurance and copayments) |
| \$1,103/ mo (single) \$1,477/ mo (couple) | Specified Low-Income Medicare Beneficiary (SLMB) -Pays Part B premiums only |
| \$1,239/ mo (single) \$1,660/ mo (couple) | Qualifying Individuals (QI) -Pays Part B Premiums only |
| \$3,695/ mo (single) \$4,942/ mo (couple) | Qualified Disabled & Working Individuals (QDWI) -Pays Part A premiums only |

* If you have income from working, you may qualify for these benefits even if your income is higher than these limits. Many states figure your income and resources differently, so you may be eligible in your state even if you think you exceed these limits. Limits are slightly higher in Alaska and Hawaii.

+Information taken from Get Help With Your Medicare Costs, Center for Medicare and Medicaid Services, Pub No. 10126

To Apply:

Call 1-800-MEDICARE and say “Medicaid” to get the telephone number for your State Medical Assistance Office. You can also find it at <http://www.medicare.gov> under “Search Tools” select “Helpful Phone Numbers and Websites.” Ask for an application for the Medicare Savings Programs.

Medicare Extra Help: (Help with Part D)

If you qualify for one of the programs above, you automatically qualify for extra help paying the costs of Medicare prescription drug coverage.

If you do NOT qualify for one of the other programs, but have Medicare AND:

| Income below*: | Resources Below*: |
|-----------------------|--------------------------|
| \$1,354/ mo (single) | \$12,510 (single) |
| \$1,822/ mo (couple) | \$25,010 (couple) |

*Amounts are for 2009 and change each year.

Then you may qualify for Extra Help paying your Medicare Drug Plan (Part D) costs.

Due to certain income and resource exclusions you may qualify even if your income or resources are above these levels.

To Apply:

Call Social Security at 1-800-772-1213, visit www.socialsecurity.gov on the web, or apply at your State Medical Assistance (Medicaid) office.

Appendix I

**Trends in AB Plus Participation
Between Random Assignment and July 2010**

The Accelerated Benefits Demonstration

Appendix Table I.1

Use of AB Plus Services Through July 2010

| Service Use | AB Plus Group |
|---|---------------|
| Used any service (%) | 90.3 |
| Completed intake | 90.3 |
| Used 1 or more key AB Plus services | 73.8 |
| Progressive Goal Attainment Program | 43.4 |
| Employment and benefits counseling | 44.5 |
| Medical case management | 46.5 |
| Used all 3 key services | 15.9 |
| Used ongoing service coordination | 75.6 |
| <u>Average total service use^a</u> | |
| Months with at least 1 session | 5.8 |
| Total sessions | 11.7 |
| <u>Hours of service use (%)</u> | |
| No service use ^b | 10.8 |
| Less than 1 | 17.5 |
| 1 to less than 2 | 12.4 |
| 2 to less than 5 | 23.1 |
| 5 to less than 10 | 17.8 |
| 10 or more | 18.3 |
| Average total hours | 5.2 |
| Average total hours for 3 key services | 3.7 |
| <hr/> | |
| Sample size | 611 |

SOURCE: Calculations from records of CareGuide OneCareStreet management information system.

NOTES: ^aThis measure direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

^bA small number of AB Plus group members received services but did not have service time recorded; these participants are included in the "No service use" category.

The Accelerated Benefits Demonstration

Appendix Table I.2

Intake Activities Through July 2010

| Service Use | AB Plus Group | Intake Completers |
|--|------------------|----------------------|
| Completed intake (%) | 90.3 | 100.0 |
| <u>Month of follow-up when intake was completed (%)</u> | | |
| No intake completed | 9.7 | 0.0 |
| Months 1 through 3 | 63.0 | 69.8 |
| Months 4 through 6 | 10.6 | 11.8 |
| Months 7 through 9 | 6.6 | 7.3 |
| Months 10 through 12 | 4.8 | 5.3 |
| Months 13 through 15 | 2.3 | 2.5 |
| Months 16 through 18 | 1.8 | 2.0 |
| <u>Hours to complete intake (%)</u> | | |
| No intake completed ^a | 15.7 | 6.7 |
| Less than 1 | 71.9 | 79.5 |
| 1 to less than 2 | 12.3 | 13.6 |
| 2 or more | 0.2 | 0.2 |
| Average total hours | 0.6 | 0.6 |
| Average number of intake calls without contact ^b | 6.5 | 5.6 |
| Sample size | 611 | 552 |

SOURCE: Calculations from records of CareGuide OneCareStreet management information system.

NOTES: ^aA small number of AB Plus group members completed intake but did not have service time recorded; these participants are included in the "No intake completed" category.

^bAB Plus staff followed a protocol to locate AB Plus group members. Hard-to-reach members were called nine times and then were sent a letter to encourage them to call AB Plus staff; 9.7 percent never completed intake during the full follow-up period.

The Accelerated Benefits Demonstration

Appendix Table I.3

Use of Ongoing Service Coordination Through July 2010

| Service Use | AB Plus Group | Ongoing Service Coordination |
|---|---------------|------------------------------|
| Used ongoing service coordination after intake (%) | 75.6 | 100.0 |
| <u>Month of follow-up when first used ongoing service coordination (%)</u> | | |
| No service use ^a | 24.4 | 0.0 |
| Months 1 through 3 | 42.1 | 55.6 |
| Months 4 through 6 | 13.3 | 17.5 |
| Months 7 through 9 | 7.0 | 9.3 |
| Months 10 through 12 | 5.2 | 6.9 |
| Months 13 through 15 | 3.1 | 4.1 |
| Months 16 through 18 | 3.0 | 3.9 |
| <u>Average total use of ongoing service coordination</u> | | |
| Months with at least 1 session | 3.0 | 3.9 |
| Total sessions | 3.9 | 5.2 |
| <u>Hours in ongoing service coordination (%)</u> | | |
| No service use ^b | 25.2 | 1.1 |
| Less than 1 | 41.4 | 54.8 |
| 1 to less than 2 | 19.2 | 25.3 |
| 2 to less than 5 | 11.6 | 15.4 |
| 5 to less than 10 | 2.5 | 3.3 |
| 10 or more | 0.2 | 0.2 |
| Average total hours | 1.0 | 1.3 |
| Average total hours per session | | 0.3 |
| Average number of ongoing service coordination calls without service use ^c | 7.1 | 8.8 |
| Sample size | 611 | 462 |

SOURCE: Calculations from records of CareGuide OneCareStreet management information system.

NOTES: ^aThis measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

^bA small number of AB Plus group members used ongoing service coordination but did not have service time recorded; these participants are included in the "No service use" category.

^cAB Plus staff followed a protocol to locate AB Plus group members. Hard-to-reach members were called nine times and then were sent a letter to encourage them to call AB Plus staff; 9.9 percent never used ongoing service coordination during the full follow-up period.

The Accelerated Benefits Demonstration

Appendix Table I.4

Use of PGAP Services Through July 2010

| Service Use | AB Plus Group | Used PGAP |
|--|---------------|------------|
| Used PGAP services (%) | 43.4 | 100.0 |
| <u>Month of follow-up when first used PGAP services (%)</u> | | |
| No service use | 56.6 | 0.0 |
| Months 1 through 3 | 14.4 | 33.2 |
| Months 4 through 6 | 14.7 | 34.0 |
| Months 7 through 9 | 4.8 | 10.9 |
| Months 10 through 12 | 2.5 | 5.7 |
| Months 13 through 15 | 2.3 | 5.3 |
| Months 16 through 18 | 2.1 | 4.9 |
| <u>Average total use of PGAP services^a</u> | | |
| Months with at least 1 session | 1.4 | 3.2 |
| Total sessions | 3.0 | 6.9 |
| <u>Hours in PGAP services (%)</u> | | |
| No service use ^b | 58.4 | 4.2 |
| Less than 1 | 5.9 | 13.6 |
| 1 to less than 2 | 5.7 | 13.2 |
| 2 to less than 5 | 12.0 | 27.6 |
| 5 to less than 10 | 14.4 | 33.2 |
| 10 or more | 3.6 | 8.3 |
| Average total hours | 2.0 | 4.6 |
| Average total hours per session | | 0.7 |
| Average number of PGAP calls without service use ^c | 3.2 | 6.8 |
| Sample size | 611 | 265 |

SOURCE: Calculations from records of CareGuide OneCareStreet management information system.

NOTES: ^aThis measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

^bA small number of AB Plus group members received PGAP services but did not have service time recorded; these participants are included in the "No service use" category.

^cAB Plus staff followed a protocol to locate AB Plus group members. Hard-to-reach members were called nine times and then were sent a letter to encourage them to call AB Plus staff; 8.9 percent never used PGAP services during the full follow-up period.

The Accelerated Benefits Demonstration

Appendix Table I.5

Summary of PGAP Completions Through July 2010

| Service Use | AB Plus Group | Used PGAP |
|---|------------------|--------------|
| Average number of modules completed | 2.0 | 4.6 |
| Average number of weeks between first and last PGAP session, among PGAP users | | 15.3 |
| Distribution of modules completed (%) | | |
| 0 | 63.3 | 15.5 |
| 1-3 | 15.4 | 35.5 |
| 4 | 2.3 | 5.3 |
| 5-9 | 12.1 | 27.9 |
| 10 | 6.9 | 15.9 |
| Average session per module (completed 1-3 modules) | | 2.8 |
| Average session per module (completed 4 or more modules) | | 1.3 |
| Sample size | 611 | 265 |

SOURCE: Calculations from records of CareGuide OneCareStreet management information system.

NOTES: A participant could complete PGAP at any point after the fourth module. Completion of at least four modules was considered by the PGAP designers as an important milestone and a sufficient dose of PGAP.

A participant is anyone who had at least one PGAP session, including those who did not complete even one module.

The Accelerated Benefits Demonstration

Appendix Table I.6

**Use of Employment and Benefits Counseling Services
Through July 2010**

| Service Use | AB Plus Group | Used EBC |
|---|------------------|-------------|
| Used employment and benefits counseling (EBC) services (%) | 44.5 | 100.0 |
| Used employment counseling | 23.6 | 52.9 |
| Used benefits counseling | 34.5 | 77.6 |
| <u>Month of follow-up when first used EBC services (%)</u> | | |
| No service use | 55.5 | 0.0 |
| Months 1 through 3 | 12.8 | 28.7 |
| Months 4 through 6 | 11.8 | 26.5 |
| Months 7 through 9 | 6.6 | 14.7 |
| Months 10 through 12 | 4.3 | 9.6 |
| Months 13 through 15 | 3.6 | 8.1 |
| Months 16 through 18 | 3.6 | 8.1 |
| <u>Average total use of EBC^a</u> | | |
| Months with at least 1 session | 1.7 | 3.9 |
| Total sessions | 2.9 | 6.6 |
| <u>Hours in EBC services (%)</u> | | |
| No service use ^b | 56.0 | 1.1 |
| Less than 1 | 13.8 | 30.9 |
| 1 to less than 2 | 10.2 | 22.8 |
| 2 to less than 5 | 13.4 | 30.2 |
| 5 to less than 10 | 4.9 | 11.0 |
| 10 or more | 1.8 | 4.0 |
| Average total hours | 1.2 | 2.7 |
| Average total hours per session | | 0.4 |
| Average number of EBC calls without service use ^c | 2.0 | 4.2 |
| Sample size | 611 | 272 |

SOURCE: Calculations from records of CareGuide OneCareStreet management information system.

NOTES: ^aThis measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

^bA small number of AB Plus group members received EBC services but did not have service time recorded; these participants are included in the "No service use" category.

^cAB Plus staff followed a protocol to locate AB Plus group members. Hard-to-reach members were called nine times and then were sent a letter to encourage them to call AB Plus staff; 8.4 percent never used EBC services during the full follow-up period.

The Accelerated Benefits Demonstration

Appendix Table I.7

Use of Medical Case Management Services Through July 2010

| Service Use | AB Plus Group | Used Medical Case Management |
|---|---------------|------------------------------|
| Used medical case management services (%) | 46.5 | 100.0 |
| <u>Month of follow-up when first used medical case management services (%)</u> | | |
| No service use | 53.5 | 0.0 |
| Months 1 through 3 | 20.3 | 43.7 |
| Months 4 through 6 | 10.3 | 22.2 |
| Months 7 through 9 | 7.5 | 16.2 |
| Months 10 through 12 | 3.8 | 8.1 |
| Months 13 through 15 | 2.3 | 4.9 |
| Months 16 through 18 | 0.7 | 1.4 |
| <u>Average total use of medical case management services^a</u> | | |
| Months with at least 1 session | 0.7 | 1.5 |
| Total sessions | 0.9 | 1.9 |
| <u>Hours in medical case management services (%)</u> | | |
| No service use ^b | 53.9 | 0.7 |
| Less than 1 | 29.6 | 63.7 |
| 1 to less than 2 | 11.5 | 24.7 |
| 2 to less than 5 | 3.3 | 7.0 |
| 5 to less than 10 | 1.5 | 3.2 |
| 10 or more | 0.3 | 0.7 |
| Average total hours | 0.5 | 1.0 |
| Average total hours per session | | 0.5 |
| Average number of medical case management calls without service use ^c | 0.3 | 0.4 |
| Sample size | 611 | 284 |

SOURCE: Calculations from records of CareGuide OneCareStreet management information system.

NOTES: ^aThis measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

^bA small number of AB Plus group members received medical case management services but did not have service time recorded; these participants are included in the "No service use" category.

^cAB Plus staff followed a protocol to locate AB Plus group members. Hard-to-reach members were called nine times and then were sent a letter to encourage them to call AB Plus staff; 7.2 percent never used medical case management services during the full follow-up period.

The Accelerated Benefits Demonstration

Appendix Table L8

Use of AB Plus Services Through July 2010, by Selected Characteristics of Sample Members at Baseline

I-10

| Characteristic | Used an AB Plus Service (%) | Used Ongoing Service Coordination (%) | Used PGAP (%) | Completed PGAP Module 4 (%) | Used Employment and Benefits Counseling (%) | Used Medical Case Management (%) |
|--|-----------------------------|---------------------------------------|---------------|-----------------------------|---|----------------------------------|
| Primary diagnosis | | | | | | |
| Neoplasms | 86.2 | 56.9 *** | 29.2 ** | 10.8 ** | 35.4 | 56.9 * |
| Not neoplasms | 90.8 | 77.5 | 44.3 | 24.0 | 44.9 | 44.7 |
| Mental disorders (excluding retardation) | 88.6 | 75.6 | 41.5 | 26.0 | 41.5 | 52.0 |
| Not mental disorders | 90.8 | 75.2 | 43.0 | 21.7 | 44.5 | 44.5 |
| Months until Medicare-eligible | | | | | | |
| 19-24 | 91.3 | 77.2 | 43.9 | 23.0 | 45.3 | 48.0 |
| Other | 88.8 | 72.3 | 40.9 | 21.9 | 41.7 | 43.0 |
| Self-reported general health status | | | | | | |
| Fair or better | 89.5 | 74.4 | 44.8 | 24.4 | 48.5 ** | 42.9 |
| Poor | 91.3 | 76.3 | 40.4 | 20.6 | 38.7 | 49.5 |
| Body Mass Index (BMI) | | | | | | |
| Obese (BMI of 30 or higher) | 91.0 | 76.7 | 41.6 | 22.2 | 41.9 | 48.7 |
| Overweight or less | 89.7 | 73.9 | 43.6 | 23.0 | 45.5 | 43.3 |
| Educational attainment | | | | | | |
| High school /GED or higher | 91.9 ** | 78.5 *** | 45.4 *** | 25.6 *** | 47.3 *** | 47.9 * |
| Less than high school/GED | 84.7 | 63.4 | 32.8 | | 3 | 38.9 |
| Sample size (total = 611) | | | | | | |

SOURCES: Calculations from OneCareStreet records, AB baseline survey data, and Social Security Administration administrative records.

NOTES: For each comparison, a chi-square test was run to determine whether there is a difference in the distribution of the characteristics across AB Plus service use. Statistical significance levels are indicated as: *** = 1 percent; ** = 5 percent; * = 10 percent.

Two sample members with missing values for Body Mass Index (BMI) were excluded from the calculations of service use by body mass.

Appendix J

**Selected Outcomes for Sample Members
with Primary Diagnoses Other Than Neoplasms**

The Accelerated Benefits Demonstration

Appendix Table J.1

Impacts on Use of Health Care During the First Year of Follow-Up Among Sample Members Randomly Assigned Through November 6, 2008, with Primary Diagnoses Other Than Neoplasms

| Outcome | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | |
|---|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value |
| Primary care, specialty care, and prescription drugs | | | | | | | | | |
| Had primary or specialty care visit (%) | 96.6 | 95.9 | 89.8 | 6.8*** | 0.000 | 6.1*** | 0.001 | 0.7 | 0.720 |
| Internal medicine | 82.4 | 76.7 | 67.4 | 15.0*** | 0.000 | 9.2*** | 0.004 | 5.8* | 0.073 |
| Specialists | 66.8 | 65.9 | 50.7 | 16.1*** | 0.000 | 15.2*** | 0.000 | 0.9 | 0.798 |
| Mental health | 26.4 | 27.1 | 28.5 | -2.1 | 0.430 | -1.4 | 0.672 | -0.7 | 0.821 |
| Number of visits | 22.4 | 22.3 | 16.5 | 5.9*** | 0.000 | 5.8*** | 0.001 | 0.1 | 0.935 |
| Had a regular source of care (%) | 89.2 | 90.4 | 77.2 | 11.9*** | 0.000 | 13.2*** | 0.000 | -1.2 | 0.652 |
| Had 3 or more visits | 82.6 | 82.0 | 69.4 | 13.2*** | 0.000 | 12.7*** | 0.000 | 0.6 | 0.851 |
| Had a diagnostic test (%) | 70.4 | 61.8 | 46.9 | 23.5*** | 0.000 | 14.9*** | 0.000 | 8.6** | 0.019 |
| Regularly takes prescription drugs (%) | 90.5 | 93.6 | 83.7 | 6.7*** | 0.001 | 9.9*** | 0.000 | -3.1 | 0.192 |
| Hospital-based care (%) | | | | | | | | | |
| Visited emergency department | 48.1 | 49.3 | 47.1 | 1.0 | 0.732 | 2.2 | 0.553 | -1.2 | 0.755 |
| 1-2 visits | 30.0 | 32.8 | 28.2 | 1.8 | 0.540 | 4.5 | 0.197 | -2.8 | 0.431 |
| 3-5 visits | 12.9 | 11.0 | 14.8 | -1.9 | 0.375 | -3.7 | 0.147 | 1.9 | 0.470 |
| 6 or more visits | 5.3 | 5.5 | 4.1 | 1.2 | 0.390 | 1.4 | 0.388 | -0.3 | 0.874 |
| Admitted to hospital | 35.9 | 32.3 | 30.3 | 5.6* | 0.055 | 2.0 | 0.578 | 3.6 | 0.309 |
| 1-2 admissions | 26.7 | 22.7 | 21.0 | 5.7** | 0.034 | 1.7 | 0.596 | 4.0 | 0.225 |
| 3-5 admissions | 7.2 | 6.0 | 6.7 | 0.5 | 0.753 | -0.6 | 0.737 | 1.1 | 0.553 |
| 6 or more admissions | 2.1 | 3.5 | 2.6 | -0.6 | 0.575 | 0.9 | 0.455 | -1.5 | 0.227 |
| Underwent surgery | 29.5 | 26.2 | 18.4 | 11.1*** | 0.000 | 7.8** | 0.017 | 3.3 | 0.317 |
| Sample size (total = 1,278) | 506 | 260 | 512 | | | | | | |

(continued)

Appendix Table J.1 (continued)

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

The Accelerated Benefits Demonstration

Appendix Table J.2

Impacts on Unmet Medical and Prescription Needs and Out-of-Pocket Medical Expenditures
During the First Year of Follow-Up Among Sample Members Randomly Assigned Through
November 6, 2008 with Primary Diagnoses Other Than Neoplasms

| Outcome (%) | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | |
|--|------------------|-------------|------------------|------------------------|---------|------------------------|---------|------------------------|---------|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value |
| <u>Any unmet medical need</u> | 53.5 | 52.4 | 71.8 | -18.3*** | 0.000 | -19.4*** | 0.000 | 1.1 | 0.756 |
| Postponed getting medical care | 40.0 | 40.9 | 64.3 | -24.3*** | 0.000 | -23.3*** | 0.000 | -0.9 | 0.794 |
| Did not get medical care | 26.8 | 31.5 | 55.4 | -28.6*** | 0.000 | -23.9*** | 0.000 | -4.7 | 0.186 |
| Referred to doctor, but did not go | 10.6 | 12.4 | 16.1 | -5.5*** | 0.009 | -3.8 | 0.139 | -1.7 | 0.506 |
| Referred for tests, but did not go | 4.0 | 2.7 | 10.8 | -6.7*** | 0.000 | -8.1*** | 0.000 | 1.3 | 0.474 |
| Referred for surgery, but did not go | 14.7 | 12.3 | 18.6 | -3.9* | 0.088 | -6.3** | 0.024 | 2.4 | 0.389 |
| <u>Unmet medical needs due to cost or lack of insurance</u> | 25.1 | 30.2 | 61.6 | -36.5*** | 0.000 | -31.4*** | 0.000 | -5.0 | 0.146 |
| Postponed or did not get medical care | 21.5 | 27.5 | 59.5 | -38.0*** | 0.000 | -32.0*** | 0.000 | -6.0* | 0.078 |
| Referred to doctor, but did not go | 4.5 | 6.6 | 14.5 | -10.0*** | 0.000 | -7.9*** | 0.000 | -2.1 | 0.317 |
| Referred for tests, but did not go | 1.6 | 1.4 | 9.1 | -7.5*** | 0.000 | -7.7*** | 0.000 | 0.2 | 0.890 |
| Referred for surgery, but did not go | 5.6 | 6.3 | 13.8 | -8.2*** | 0.000 | -7.5*** | 0.001 | -0.7 | 0.757 |
| <u>Had unmet need for prescriptions</u> | 34.2 | 32.4 | 75.7 | -41.4*** | 0.000 | -43.3*** | 0.000 | 1.8 | 0.598 |
| Had reduced dosage due to cost | 24.7 | 25.9 | 59.4 | -34.7*** | 0.000 | -33.5*** | 0.000 | -1.3 | 0.714 |
| Does not take prescriptions regularly | 9.5 | 6.4 | 16.3 | -6.7*** | 0.001 | -9.9*** | 0.000 | 3.1 | 0.192 |
| <u>Out-of-pocket medical expenditures</u> | | | | | | | | | |
| Less than \$1,000 | 48.8 | 57.6 | 34.8 | 14.0*** | 0.000 | 22.8*** | 0.000 | -8.8** | 0.021 |
| \$1,000 to less than \$5,000 | 38.9 | 28.4 | 38.7 | 0.2 | 0.958 | -10.3*** | 0.006 | 10.5*** | 0.005 |
| \$5,000 or more | 12.4 | 14.0 | 26.5 | -14.1*** | 0.000 | -12.4*** | 0.000 | -1.7 | 0.571 |
| Sample size (total = 1,278) | 506 | 260 | 512 | | | | | | |

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

The Accelerated Benefits Demonstration

Appendix Table J.3

Impacts on Physical and Mental Health During the First Year of Follow-Up Among Sample Members Randomly Assigned Through November 6, 2008, with Primary Diagnoses Other Than Neoplasms

| Outcome | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | |
|---|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value |
| Self-reported health (%) | | | | | | | | | |
| Good, very good, or excellent | 27.9 | 31.6 | 21.5 | 6.4** | 0.012 | 10.1*** | 0.001 | -3.7 | 0.223 |
| Fair | 47.1 | 41.6 | 41.6 | 5.5* | 0.077 | 0.0 | 0.998 | 5.5 | 0.145 |
| Poor | 25.0 | 26.8 | 36.9 | -11.9*** | 0.000 | -10.1*** | 0.001 | -1.8 | 0.574 |
| Health compared with random assignment (%) | | | | | | | | | |
| Improved | 35.5 | 35.9 | 25.7 | 9.8*** | 0.000 | 10.2*** | 0.002 | -0.4 | 0.909 |
| Did not change | 54.9 | 53.1 | 57.7 | -2.8 | 0.380 | -4.6 | 0.230 | 1.8 | 0.631 |
| Worsened | 9.6 | 11.0 | 16.6 | -7.1*** | 0.000 | -5.6** | 0.019 | -1.5 | 0.544 |
| SF-36 health survey^a | | | | | | | | | |
| Component summary scores | | | | | | | | | |
| Physical | 32.2 | 33.5 | 32.4 | -0.3 | 0.660 | 1.0 | 0.175 | -1.3* | 0.086 |
| Mental | 39.4 | 38.2 | 36.6 | 2.8*** | 0.000 | 1.6* | 0.099 | 1.3 | 0.182 |
| Scales | | | | | | | | | |
| Physical functioning | 29.9 | 30.4 | 30.3 | -0.4 | 0.522 | 0.1 | 0.945 | -0.5 | 0.551 |
| Role physical | 33.7 | 33.7 | 32.5 | 1.2** | 0.023 | 1.3** | 0.049 | -0.1 | 0.911 |
| Bodily pain | 36.0 | 37.4 | 35.0 | 1.0 | 0.162 | 2.3*** | 0.006 | -1.4 | 0.107 |
| General health | 33.3 | 33.8 | 32.4 | 0.9 | 0.130 | 1.4** | 0.045 | -0.5 | 0.444 |
| Vitality | 38.6 | 39.3 | 37.9 | 0.8 | 0.184 | 1.5** | 0.035 | -0.7 | 0.310 |
| Social functioning | 33.4 | 32.9 | 31.6 | 1.8** | 0.010 | 1.3 | 0.122 | 0.5 | 0.569 |
| Role emotional | 36.6 | 35.8 | 33.9 | 2.7*** | 0.001 | 1.9** | 0.049 | 0.8 | 0.406 |
| Mental health | 37.9 | 36.4 | 35.5 | 2.4*** | 0.002 | 1.0 | 0.308 | 1.4 | 0.129 |
| Quality adjusted life years (0 = worst health state; 1 = best) | 0.541 | 0.536 | 0.528 | 0.014** | 0.029 | 0.008 | 0.264 | 0.005 | 0.493 |
| Sample size (total = 1,278) | 506 | 260 | 512 | | | | | | |

(continued)

Appendix Table J.3 (continued)

| Outcome | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | |
|---|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value |
| <u>Died since random assignment</u> ^b | 2.9 | 1.9 | 1.5 | 1.4 | 0.119 | 0.3 | 0.765 | 1.0 | 0.333 |
| Sample size (total = 1,403) | 546 | 281 | 576 | | | | | | |

SOURCES: Calculations from responses to the AB 12-month follow-up survey and Social Security Administration administrative data.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

^aAll SF-36® health survey measures (component summary scores and scales) are normed to a U.S. general population with a mean of 50 and standard deviation of 10. The eight health domain scales contribute to the physical and mental component summary measures. However, the physical functioning, role physical, bodily pain, and general health scales contribute most to the physical component summary measure. Similarly, the vitality, social functioning, role emotional, and mental health scales contribute most to the mental component summary measure. The individual scale scores have the following meanings. (Web site: <http://www.sf-36.org/tools/sf36.shtml#LIT>)

Physical functioning scale: lowest possible score is "very limited in performing all physical activities, including bathing or dressing"; highest possible score is "performs all types of physical activities including the most vigorous without limitations due to health."

Role physical scale: lowest possible score is "has problems with work or other daily activities as a result of physical health"; highest possible score is "has no problems with work or other daily activities."

Bodily pain scale: lowest possible score is "has very severe and extremely limiting pain"; highest possible score is "has no pain or limitations due to pain."

General health scale: lowest possible score is "evaluates personal health as poor and believes it is likely to get worse"; highest possible score is "evaluates personal health as excellent."

Vitality scale: lowest possible score is "feels tired and worn out all of the time"; highest possible score is "feels full of pep and energy all of the time."

Social functioning scale: lowest possible score is "extreme and frequent interference with normal social activities due to physical and emotional problems"; highest possible score is "performs normal social activities without interference due to physical or emotional problems."

Role emotional scale: lowest possible score is "has problems with work or other daily activities as a result of emotional problems"; highest possible score is "has no problems with work or other daily activities."

Mental health scale: lowest possible score is "has feelings of nervousness and depression all of the time"; highest possible score is "feels peaceful, happy, and calm all of the time."

^bThis measure is based on Social Security Administration administrative data and includes survey respondents (N = 1,278) as well as nonrespondents (N = 125). It shows only deaths that occurred within the one-year follow-up period.

The Accelerated Benefits Demonstration

Appendix Table J.4

Impacts on Efforts to Gain Employment During the First Year of Follow-Up Among Sample Members Randomly Assigned Through November 6, 2008 with Primary Diagnoses Other Than Neoplasms

| Outcome (%) | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | |
|--|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value |
| Looked for work | | | | | | | | | |
| Ever looked for work | 16.1 | 10.8 | 12.2 | 3.9* | 0.070 | -1.5 | 0.571 | 5.4** | 0.040 |
| During past 4 weeks | 9.8 | 7.6 | 7.8 | 2.0 | 0.250 | -0.2 | 0.934 | 2.2 | 0.304 |
| Full-time work | 4.2 | 4.0 | 3.8 | 0.4 | 0.732 | 0.2 | 0.899 | 0.2 | 0.877 |
| Employment-related services | | | | | | | | | |
| Received employment or vocational rehabilitation services | 9.5 | 3.8 | 5.2 | 4.3*** | 0.006 | -1.4 | 0.469 | 5.6*** | 0.003 |
| Ticket to Work program | 4.8 | 1.4 | 1.7 | 3.1*** | 0.003 | -0.3 | 0.839 | 3.4*** | 0.008 |
| Vocational rehabilitation services | 4.8 | 1.9 | 3.3 | 1.5 | 0.189 | -1.4 | 0.322 | 3.0** | 0.039 |
| Other employment services | 7.8 | 2.4 | 4.8 | 3.0** | 0.039 | -2.4 | 0.168 | 5.4*** | 0.002 |
| Information on work and benefits | | | | | | | | | |
| Tried to find out how benefits would be affected by work | 37.2 | 26.7 | 30.6 | 6.5** | 0.026 | -4.0 | 0.269 | 10.5*** | 0.003 |
| Received help understanding effect of employment on Social Security benefits | 44.1 | 31.0 | 31.6 | 12.5*** | 0.000 | -0.6 | 0.878 | 13.1*** | 0.000 |
| School enrollment | | | | | | | | | |
| Enrolled in school | 6.1 | 4.2 | 5.0 | 1.1 | 0.424 | -0.8 | 0.641 | 1.9 | 0.261 |
| Currently enrolled | 3.8 | 3.2 | 2.6 | 1.2 | 0.260 | 0.6 | 0.640 | 0.6 | 0.648 |
| Sample size (total = 1,278) | 506 | 260 | 512 | | | | | | |

(continued)

Appendix Table J.4 (continued)

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

The Accelerated Benefits Demonstration

Appendix Table J.5

Impacts on Employment and Earnings During the First Year of Follow-Up Among Sample Members Randomly Assigned Through November 6, 2008 with Primary Diagnoses Other Than Neoplasms

| Outcome | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | | |
|--|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|--|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value | |
| Employment since random assignment (%) | | | | | | | | | | |
| Ever employed | 10.1 | 10.2 | 9.8 | 0.3 | 0.866 | 0.3 | 0.883 | 0.0 | 0.993 | |
| Self-employed | 2.1 | 1.2 | 1.8 | 0.3 | 0.697 | -0.6 | 0.591 | 0.9 | 0.391 | |
| Participated in special work program | 1.0 | 1.2 | 0.8 | 0.2 | 0.800 | 0.4 | 0.624 | -0.2 | 0.778 | |
| Average monthly employment ^a | 6.2 | 6.9 | 6.7 | -0.5 | 0.744 | 0.3 | 0.867 | -0.8 | 0.663 | |
| Current employment | | | | | | | | | | |
| Currently employed (%) | 6.9 | 7.1 | 7.1 | -0.2 | 0.893 | 0.0 | 1.000 | -0.2 | 0.912 | |
| Self-employed | 1.1 | 0.1 | 1.2 | 0.0 | 0.949 | -1.1 | 0.136 | 1.1 | 0.150 | |
| Participating in special work program | 0.8 | 0.4 | 0.8 | 0.0 | 0.948 | -0.4 | 0.558 | 0.3 | 0.594 | |
| Average weekly earnings, current or most recent job (\$) | 22 | 15 | 25 | -3 | 0.663 | -10 | 0.174 | 7 | 0.316 | |
| Sample size (total = 1,278) | 506 | 260 | 512 | | | | | | | |

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTE: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

^aThis measure is a percentage indicating the number of months employed out of the total number of months of follow-up. The data include all sample members; those who were not employed received zero values.

The Accelerated Benefits Demonstration

Appendix Table J.6

Impacts on Difficulty Paying for Basic Necessities During the First Year of Follow-Up Among Sample Members Randomly Assigned Through November 6, 2008, with Primary Diagnoses Other Than Neoplasms

| Outcome (%) | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | |
|---|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value |
| Any difficulty paying for basic necessities | 65.3 | 59.4 | 71.5 | -6.2** | 0.032 | -12.2*** | 0.001 | 6.0* | 0.088 |
| Cut size of or skipped meals | 43.5 | 42.3 | 46.6 | -3.1 | 0.310 | -4.2 | 0.256 | 1.1 | 0.762 |
| Could not pay mortgage, rent, or utility bill | 45.6 | 45.1 | 47.8 | -2.3 | 0.456 | -2.7 | 0.468 | 0.4 | 0.910 |
| Moved in with others | 13.1 | 14.2 | 15.1 | -2.0 | 0.360 | -0.8 | 0.754 | -1.2 | 0.661 |
| Phone service discontinued | 26.7 | 27.4 | 25.9 | 0.7 | 0.790 | 1.5 | 0.655 | -0.8 | 0.819 |
| Sample size (total = 1,278) | 506 | 260 | 512 | | | | | | |

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

Appendix K

**Estimated Impacts on AB Group and Control Group
Members Randomly Assigned in Phases 1 Through 2b**

The Accelerated Benefits Demonstration

Appendix Table K.1

Impacts on Use of Health Care During the First Year of Follow-Up
Among All AB Group and Control Group Members

| Outcome | AB Group | Control Group | Difference_ (Impact) | P-Value |
|--|----------|---------------|----------------------|---------|
| <u>Primary care, specialty care, and prescription drugs</u> | | | | |
| Had primary or specialty care visit (%) | 95.0 | 90.0 | 5.0*** | 0.007 |
| Internal medicine | 74.9 | 67.2 | 7.7** | 0.013 |
| Specialists | 66.5 | 52.6 | 13.9*** | 0.000 |
| Mental health | 27.0 | 27.9 | -0.9 | 0.735 |
| Number of visits | 22.4 | 18.0 | 4.4*** | 0.008 |
| Had a regular source of care (%) | 88.6 | 76.4 | 12.2*** | 0.000 |
| Had 3 or more visits | 81.0 | 69.0 | 12.0*** | 0.000 |
| Had a diagnostic test (%) | 62.0 | 49.9 | 12.1*** | 0.000 |
| Regularly takes prescription drugs (%) | 91.9 | 84.2 | 7.7*** | 0.001 |
| <u>Hospital-based care (%)</u> | | | | |
| Visited emergency department | 49.0 | 48.8 | 0.2 | 0.950 |
| 1-2 visits | 32.0 | 28.9 | 3.1 | 0.318 |
| 3-5 visits | 11.5 | 15.2 | -3.7 | 0.117 |
| 6 or more visits | 5.4 | 4.7 | 0.8 | 0.603 |
| Number of hospital admissions | 34.3 | 31.9 | 2.4 | 0.443 |
| 1-2 admissions | 24.2 | 21.9 | 2.3 | 0.411 |
| 3-5 admissions | 6.5 | 6.8 | -0.3 | 0.844 |
| 6 or more admissions | 3.7 | 3.3 | 0.4 | 0.742 |
| Underwent surgery | 28.9 | 19.2 | 9.7*** | 0.001 |
| Sample size (total = 971) | 358 | 613 | | |

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

A weight was applied to control group members who were randomly assigned after November 6, 2008, to compensate for the change in sampling ratios.

The Accelerated Benefits Demonstration

Appendix Table K.2

Impacts on Unmet Medical and Prescription Needs and Out-of-Pocket
Medical Expenditures During the First Year of Follow-Up
Among All AB Group and Control Group Members

| Outcome (%) | AB Group | Control Group | Difference (Impact) | P-Value |
|--|------------|---------------|---------------------|---------|
| <u>Any unmet medical need</u> | 49.5 | 71.2 | -21.7*** | 0.000 |
| Postponed getting medical care | 38.8 | 63.9 | -25.1*** | 0.000 |
| Did not get medical care | 30.2 | 53.1 | -22.9*** | 0.000 |
| Referred to doctor, but did not go | 11.4 | 15.7 | -4.4* | 0.064 |
| Referred for tests, but did not go | 2.6 | 9.8 | -7.2*** | 0.000 |
| Referred for surgery, but did not go | 9.8 | 18.9 | -9.1*** | 0.000 |
| <u>Unmet medical needs due to cost or lack of insurance</u> | 28.3 | 60.3 | -31.9*** | 0.000 |
| Postponed or did not get medical care | 0.3 | 0.6 | -0.3*** | 0.000 |
| Referred to doctor, but did not go | 5.8 | 14.1 | -8.4*** | 0.000 |
| Referred for tests, but did not go | 1.4 | 8.5 | -7.2*** | 0.000 |
| Referred for surgery, but did not go | 5.4 | 14.0 | -8.6*** | 0.000 |
| <u>Had unmet need for prescriptions</u> | 33.2 | 75.0 | -41.8*** | 0.000 |
| Had reduced dosage due to cost | 25.0 | 59.2 | -34.3*** | 0.000 |
| Does not take prescriptions regularly | 8.1 | 15.8 | -7.7*** | 0.001 |
| <u>Out-of-pocket medical expenditures</u> | | | | |
| Less than \$1,000 | 54.3 | 35.7 | 18.5*** | 0.000 |
| \$1,000 to less than \$5,000 | 32.6 | 35.8 | -3.2 | 0.323 |
| \$5,000 or more | 13.1 | 28.4 | -15.3*** | 0.000 |
| Sample size (total = 971) | 358 | 613 | | |

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

A weight was applied to control group members who were randomly assigned after November 6, 2008, to compensate for the change in sampling ratios.

The Accelerated Benefits Demonstration

Appendix Table K.3

Impacts on Physical and Mental Health During the First Year of Follow-Up
Among All AB Group and Control Group Members

| Outcome | AB Group | Control Group | Difference_ (Impact) | P-Value |
|---|----------|---------------|----------------------|---------|
| <u>Self-reported health (%)</u> | | | | |
| Good, very good, or excellent | 32.0 | 21.9 | 10.1*** | 0.000 |
| Fair | 43.0 | 41.2 | 1.8 | 0.588 |
| Poor | 25.0 | 36.9 | -11.9*** | 0.000 |
| <u>Health compared with random assignment (%)</u> | | | | |
| Improved | 36.7 | 27.5 | 9.2*** | 0.002 |
| Did not change | 53.5 | 56.4 | -2.9 | 0.388 |
| Worsened | 9.9 | 16.1 | -6.2*** | 0.005 |
| <u>SF-36 health survey^a</u> | | | | |
| <u>Component summary scores</u> | | | | |
| Physical | 33.6 | 32.7 | 0.8 | 0.201 |
| Mental | 38.5 | 36.6 | 1.9** | 0.023 |
| <u>Scales</u> | | | | |
| Physical functioning | 30.6 | 30.5 | 0.1 | 0.841 |
| Role physical | 34.0 | 33.0 | 0.9 | 0.113 |
| Bodily pain | 37.5 | 35.4 | 2.1*** | 0.005 |
| General health | 33.9 | 32.2 | 1.8*** | 0.005 |
| Vitality | 39.3 | 37.7 | 1.6** | 0.010 |
| Social functioning | 33.3 | 32.0 | 1.4* | 0.067 |
| Role emotional | 36.0 | 33.7 | 2.3*** | 0.007 |
| Mental health | 36.9 | 35.9 | 1.0 | 0.227 |
| Quality adjusted life years (0 = worst health state; 1 = best) | 0.539 | 0.529 | 0.010 | 0.137 |
| Sample size (total = 971) | 358 | 613 | | |
| <u>Died since random assignment^b</u> | | | | |
| Sample size (total = 1,386) | 400 | 986 | | |

(continued)

Appendix Table K.3 (continued)

SOURCES: Calculations from responses to the AB 12-month follow-up survey and Social Security Administration administrative data.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

A weight was applied to control group members who were randomly assigned after November 6, 2008, to compensate for the change in sampling ratios.

^aAll SF-36® health survey measures (component summary scores and scales) are normed to a U.S. general population with a mean of 50 and standard deviation of 10. The eight health domain scales contribute to the physical and mental component summary measures. However, the physical functioning, role physical, bodily pain, and general health scales contribute most to the physical component summary measure. Similarly, the vitality, social functioning, role emotional, and mental health scales contribute most to the mental component summary measure. The individual scale scores have the following meanings. (Web site: <http://www.sf-36.org/tools/sf36.shtml#LIT>)

Physical functioning scale: lowest possible score is "very limited in performing all physical activities, including bathing or dressing"; highest possible score is "performs all types of physical activities including the most vigorous without limitations due to health."

Role physical scale: lowest possible score is "has problems with work or other daily activities as a result of physical health"; highest possible score is "has no problems with work or other daily activities."

Bodily pain scale: lowest possible score is "has very severe and extremely limiting pain"; highest possible score is "has no pain or limitations due to pain."

General health scale: lowest possible score is "evaluates personal health as poor and believes it is likely to get worse"; highest possible score is "evaluates personal health as excellent."

Vitality scale: lowest possible score is "feels tired and worn out all of the time"; highest possible score is "feels full of pep and energy all of the time."

Social functioning scale: lowest possible score is "extreme and frequent interference with normal social activities due to physical and emotional problems"; highest possible score is "performs normal social activities without interference due to physical or emotional problems."

Role emotional scale: lowest possible score is "has problems with work or other daily activities as a result of emotional problems"; highest possible score is "has no problems with work or other daily activities."

Mental health scale: lowest possible score is "has feelings of nervousness and depression all of the time"; highest possible score is "feels peaceful, happy, and calm all of the time."

^bThis measure is based on Social Security Administration administrative data and includes survey respondents (N = 971) as well as nonrespondents and those who were not fielded (N = 415). It shows only deaths that occurred within the one-year follow-up period.

The Accelerated Benefits Demonstration

Appendix Table K.4

**Impacts on Efforts to Gain Employment During the First Year of Follow-Up
Among All AB Group and Control Group Members**

| Outcome (%) | AB Group | Control Group | Difference_ (Impact) | P-Value |
|---|-------------|------------------|-------------------------|---------|
| <u>Looked for work</u> | | | | |
| Ever looked for work | 11.4 | 11.9 | -0.4 | 0.851 |
| During past 4 weeks | 7.8 | 7.8 | -0.1 | 0.965 |
| Full-time work | 0.0 | 0.0 | 0.0 | 0.809 |
| <u>Employment-related services</u> | | | | |
| Received employment or vocational rehabilitation services | 3.8 | 4.7 | -1.0 | 0.493 |
| Ticket to Work program | 1.2 | 1.8 | -0.5 | 0.527 |
| Vocational rehabilitation services | 1.7 | 3.3 | -1.5 | 0.175 |
| Other employment services | 2.4 | 4.3 | -1.9 | 0.146 |
| <u>Information on work and benefits</u> | | | | |
| Tried to find out how benefits would be affected by work | 26.1 | 31.5 | -5.4* | 0.079 |
| Received help understanding effect of employment on Social Security benefits | 30.4 | 31.2 | -0.8 | 0.802 |
| <u>School enrollment</u> | | | | |
| Enrolled in school | 4.5 | 4.4 | 0.1 | 0.940 |
| Currently enrolled | 3.0 | 2.4 | 0.6 | 0.579 |
| Sample size (total = 971) | 358 | 613 | | |

SOURCE: MDRC calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

A weight was applied to control group members who were randomly assigned after November 6, 2008, to compensate for the change in sampling ratios.

The Accelerated Benefits Demonstration

Appendix Table K.5

**Impacts on Employment and Earnings During the First Year of Follow-Up
Among All AB Group and Control Group Members**

| Outcome | AB Group | Control Group | Difference_ (Impact) | P-Value |
|---|-------------|------------------|-------------------------|---------|
| <u>Employment since random assignment (%)</u> | | | | |
| Ever employed | 10.8 | 9.2 | 1.6 | 0.427 |
| Self-employed | 1.2 | 1.8 | -0.7 | 0.439 |
| Participated in special work program | 1.2 | 0.6 | 0.7 | 0.277 |
| Average monthly employment ^a | 7.6 | 6.2 | 1.4 | 0.354 |
| <u>Current employment</u> | | | | |
| Currently employed (%) | 7.7 | 6.6 | 1.1 | 0.528 |
| Self-employed | 0.3 | 1.4 | -1.1 | 0.126 |
| Participating in special work program | 0.6 | 0.5 | 0.1 | 0.841 |
| Average weekly earnings, current or most recent job (\$) | 18 | 23 | -5 | 0.432 |
| Sample size (total= 971) | 358 | 613 | | |

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTE: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

A weight was applied to control group members who were randomly assigned after November 6, 2008, to compensate for the change in sampling ratios.

^aThis measure is a percentage indicating the number of months employed out of the total number of months of follow-up. The data include all sample members; those who were not employed received zero values.

The Accelerated Benefits Demonstration

Appendix Table K.6

**Impacts on Difficulty Paying for Basic Necessities During the First Year of Follow-Up
Among All AB Group and Control Group Members**

| Outcome (%) | AB Group | Control Group | Difference_ (Impact) | P-Value |
|---|------------|---------------|----------------------|---------|
| Any difficulty paying for basic necessities | 61.3 | 72.1 | -10.7*** | 0.000 |
| Cut size of or skipped meals | 44.0 | 46.9 | -2.9 | 0.378 |
| Could not pay mortgage, rent, or utility bill | 46.3 | 49.6 | -3.3 | 0.319 |
| Moved in with others | 14.1 | 16.1 | -2.0 | 0.407 |
| Phone service discontinued | 27.7 | 29.0 | -1.3 | 0.668 |
| Sample size (total = 971) | 358 | 613 | | |

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

A weight was applied to control group members who were randomly assigned after November 6, 2008, to compensate for the change in sampling ratios.

Appendix L

Selected Findings for Subgroups

The Accelerated Benefits Demonstration

Appendix Table L.1

Summary of Estimated Effects Across Domains During the First Year of Follow-Up, by Impairment at Baseline

| Outcome | Mental Health Impairments | | | Other Impairments | | |
|---|---|--------------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|
| | AB Plus-Control Difference (Impact) | AB-Control Difference (Impact) | AB Plus-AB Difference (Impact) | AB Plus-Control Difference (Impact) | AB-Control Difference (Impact) | AB Plus-AB Difference (Impact) |
| Direct outcomes | | | | | | |
| Had a regular source of care (%) | 7.9* | 8.9* | -1.0 | 13.0*** | 14.4*** | -1.4 |
| Had 3 or more visits | 15.0*** | 14.0** | 1.0 | 13.5*** | 12.6*** | 0.9 |
| Had any unmet medical needs (%) | -13.6** | -19.9*** | 6.3 | -19.9*** | -20.5*** | 0.6 |
| Total out-of-pocket health care expenditures (%) | | | | | | |
| Less than \$1,000 | 13.2** | 13.1* | 0.0 | 11.8*** | 23.9*** | -12.1*** |
| \$1,000 to less than \$5,000 | -1.5 | -5.8 | 4.4 | 2.1 | -10.0** | 12.2*** |
| \$5,000 or more | -11.7** | -7.3 | -4.4 | -13.9*** | -13.9*** | 0.0 |
| Number of doctor visits | 10.0*** | 5.5 | 4.5 | 4.8*** | 5.4*** | -0.7 |
| Mediating outcomes | | | | | | |
| Self-reported health is good, very good, or excellent (%) | 3.3 | 9.0 | -5.7 | 8.1*** | 11.3*** | -3.2 |
| Received employment or vocational rehabilitation services (%) | -2.1 | -3.6 | 1.5 | 5.8*** | -0.5 | 6.3*** |
| Looked for work (%) | 3.8 | -2.8 | 6.6 | 3.4 | -0.7 | 4.1 |
| Ultimate outcome | | | | | | |
| Ever employed (%) | -6.5 | -5.3 | -1.2 | 3.4* | 3.8 | -0.4 |
| Sample size (total = 1,360) | | | | | | |
| Died since random assignment^a | 1.7 | 0.6 | 1.1 | 3.3** | 2.9 | 0.4 |
| Sample size (total = 1,531) | | | | | | |

(continued)

Appendix Table L.1 (continued)

SOURCES: Calculations from responses to the AB 12-month follow-up survey and Social Security Administration administrative data.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

Survey outcomes (all except for "died since random assignment") include a sample of 303 sample members with mental health disorders as their primary diagnosis (111 in AB Plus, 66 in AB, and 126 in the control group) and 1,057 sample members without primary diagnoses of mental health disorders (437 in AB Plus, 208 in AB, and 412 in the control group).

The "died since random assignment" measure includes a sample of 342 sample members with mental health disorders as their primary diagnosis (123 in AB Plus, 76 in AB, and 143 in the control group) and 1,189 sample members without primary diagnoses of mental health disorders (488 in AB Plus, 229 in AB, and 472 in the control group).

^aThis measure is based on Social Security Administration administrative data and includes survey respondents (N = 1,360) and nonrespondents (N = 171). It shows only deaths that occurred within the one-year follow-up period.

The Accelerated Benefits Demonstration

Appendix Table L.2

Summary of Estimated Effects Across Domains During the First Year of Follow-Up, by Age at Baseline

| Outcome | Under Age 50 | | | Age 50 or Older | | |
|---|---|--------------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|
| | AB Plus-Control Difference (Impact) | AB-Control Difference (Impact) | AB Plus-AB Difference (Impact) | AB Plus-Control Difference (Impact) | AB-Control Difference (Impact) | AB Plus-AB Difference (Impact) |
| Direct outcomes | | | | | | |
| Had a regular source of care (%) | 11.1*** | 11.1*** | 0.0 | 11.8*** | 15.6*** | -3.8 |
| Had 3 or more visits | 11.7*** | 12.1*** | -0.3 | 14.1*** | 13.6*** | 0.5 |
| Had any unmet medical needs (%) | -17.1*** | -14.2*** | -2.9 | -17.9*** | -25.9*** | 7.9 |
| Total out-of-pocket health care expenditures (%) | | | | | | |
| Less than \$1,000 | 10.4** | 15.1*** | -4.7 | 12.8*** | 26.7*** | -13.9*** |
| \$1,000 to less than \$5,000 | 0.4 | -7.8 | 8.2 | 3.5 | -9.0* | 12.6** |
| \$5,000 or more | -10.8*** | -7.3* | -3.5 | -16.4*** | -17.7*** | 1.3 |
| Number of doctor visits | 4.7** | 8.0*** | -3.4 | 6.0*** | 2.6 | 3.4 |
| Mediating outcomes | | | | | | |
| Self-reported health is good, very good, or excellent (%) | 4.7 | 7.8* | -3.1 | 7.7** | 13.5*** | -5.9 |
| Received employment or vocational rehabilitation services (%) | 3.5 | -2.8 | 6.2** | 4.6** | -0.2 | 4.8** |
| Looked for work (%) | 0.1 | -2.5 | 2.6 | 5.8** | -0.5 | 6.3* |
| Ultimate outcomes | | | | | | |
| Ever employed (%) | -0.9 | 1.9 | -2.8 | 3.1 | 0.3 | 2.8 |
| Sample size (total = 1,360) | | | | | | |
| Died since random assignment^a | 1.8 | 0.0 | 1.8 | 1.7 | 3.8* | -2.1 |
| Sample size (total = 1,531) | | | | | | |

(continued)

Appendix Table L.2 (continued)

SOURCES: Calculations from responses to the AB 12-month follow-up survey and Social Security Administration administrative data.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

Survey outcomes (all except for "died since random assignment") include a sample of 677 sample members under age 50 at time of random assignment (272 in AB Plus, 141 in AB, and 264 in the control group) and 683 sample members age 50 or older (276 in AB Plus, 133 in AB, and 274 in the control group).

The "died since random assignment" measure includes a sample of 766 under age 50 at time of random assignment (304 in AB Plus, 157 in AB, and 305 in the control group) and 765 sample members age 50 or older (307 in AB Plus, 148 in AB, and 310 in the control group).

^aThis measure is based on Social Security Administration administrative data and includes survey respondents (N = 1,360) and nonrespondents (N = 171). It shows only deaths that occurred within the one-year follow-up period.

The Accelerated Benefits Demonstration

Appendix Table L.3

Summary of Estimated Effects Across Domains During the First Year of Follow-Up, by Self-Reported Health at Baseline

| Outcome | Fair or Better Health | | | Poor Health | | |
|---|---|--------------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|
| | AB Plus-Control Difference (Impact) | AB-Control Difference (Impact) | AB Plus-AB Difference (Impact) | AB Plus-Control Difference (Impact) | AB-Control Difference (Impact) | AB Plus-AB Difference (Impact) |
| Direct outcomes | | | | | | |
| Had a regular source of care (%) | 12.2*** | 15.8*** | -3.6 | 9.6*** | 8.4** | 1.2 |
| Had 3 or more visits | 14.2*** | 13.4*** | 0.8 | 10.1*** | 9.2** | 0.9 |
| Had any unmet medical needs (%) | -16.2*** | -23.0*** | 6.8 | -17.4*** | -15.9*** | -1.5 |
| Total out-of-pocket health care expenditures (%) | | | | | | |
| Less than \$1,000 | 11.7*** | 21.8*** | -10.1** | 13.8*** | 20.6*** | -6.8 |
| \$1,000 to less than \$5,000 | 1.5 | -12.1** | 13.7*** | 1.2 | -4.4 | 5.6 |
| \$5,000 or more | -13.2*** | -9.6** | -3.6 | -14.9*** | -16.1*** | 1.2 |
| Number of doctor visits | 5.9*** | 4.2* | 1.7 | 4.4* | 6.2** | -1.8 |
| Mediating outcomes | | | | | | |
| Self-reported health is good, very good, or excellent(%) | 8.4** | 15.8*** | -7.4 | 3.2 | 3.3 | -0.2 |
| Received employment or vocational rehabilitation services (%) | 3.3 | -1.6 | 4.9* | 5.0*** | -1.3 | 6.3*** |
| Looked for work (%) | 3.8 | -3.4 | 7.2* | 2.1 | -0.3 | 2.4 |
| Ultimate outcomes | | | | | | |
| Ever employed (%) | -1.9 | 1.9 | -3.7 | 4.9** | 0.8 | 4.1 |
| Sample size (total = 1,359) | | | | | | |
| Died since random assignment^a | -0.5 | -0.1 | -0.4 | 4.4** | 4.4* | 0.0 |
| Sample size (total = 1,530) | | | | | | |

(continued)

Appendix Table L.3 (continued)

SOURCES: Calculations from responses to the AB 12-month follow-up survey and Social Security Administration administrative data.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

Survey outcomes (all except for "died since random assignment") include a sample of 742 sample members who reported fair or better health at time of random assignment (302 in AB Plus, 154 in AB, and 286 in the control group) and 617 sample members who were in poor health (246 in AB Plus, 119 in AB, and 252 in the control group).

The "died since random assignment" measure includes a sample of 817 sample members who reported fair or better health at time of random assignment (324 in AB Plus, 170 in AB, and 323 in the control group) and 713 sample members who were in poor health (287 in AB Plus, 134 in AB, and 292 in the control group). One sample member did not answer the question about general health status at baseline and has been excluded from this table.

^aThis measure is based on Social Security Administration administrative data and includes survey respondents (N = 1,359) and nonrespondents (N = 171). It shows only deaths that occurred within the one-year follow-up period.

Appendix M

Regression Coefficients for Selected Impact Estimates

The Accelerated Benefits Demonstration

Appendix Table M.1

Regression Coefficients for Selected Impact Estimates

Sample Members Randomly Assigned Through November 6, 2008

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|---|--------------------|----------------|---------|
| <u>Had a regular source of care during the first year of follow-up (%)</u> | | | |
| Intercept | 60.635 | 5.090 | <.0001 |
| AB Plus group | 11.466 | 2.136 | <.0001 |
| AB group | 13.014 | 2.614 | <.0001 |
| Primary diagnosis of mental disorders | 3.845 | 2.472 | 0.120 |
| Primary diagnosis of neoplasms | 5.343 | 4.119 | 0.195 |
| Poor self-reported general health | 6.072 | 1.963 | 0.002 |
| Obese body mass | 2.923 | 1.951 | 0.134 |
| Mostly or always felt downhearted and blue | -1.225 | 2.165 | 0.572 |
| 19-24 months until Medicare-eligible | 2.869 | 2.192 | 0.191 |
| 25-28 months until Medicare-eligible | 5.791 | 3.534 | 0.102 |
| Any unmet medical need | -0.018 | 2.140 | 0.993 |
| Under 50 years old | -0.190 | 1.966 | 0.923 |
| \$40,000 or more in total annual household income | -3.672 | 2.303 | 0.111 |
| Midwest region | 6.286 | 3.153 | 0.046 |
| Northeast region | 6.217 | 3.211 | 0.053 |
| Southern region | 6.109 | 2.618 | 0.020 |
| Relative month of random assignment | -0.064 | 0.348 | 0.854 |
| Female | 9.025 | 1.947 | <.0001 |
| Highest degree is high school diploma or GED | -1.373 | 1.966 | 0.485 |
| White race/ethnicity | 4.088 | 1.996 | 0.041 |
| Missing value: Poor self-reported general health | 17.377 | 35.079 | 0.620 |
| Missing value: Obese body mass | -0.177 | 12.496 | 0.989 |
| Missing value: Mostly or always felt downhearted and blue | 17.614 | 9.785 | 0.072 |
| Missing value: \$40,000 or more in total annual household income | 0.854 | 4.400 | 0.846 |
| Missing value: Highest degree is high school diploma or GED | 22.689 | 35.023 | 0.517 |
| Missing value: White race/ethnicity | 3.149 | 11.759 | 0.789 |
| R-square (0.068) | | | |
| Sample size | 1,358 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|---|--------------------|----------------|---------|
| <u>Had 3 or more visits to regular source of care during the first year of follow-up (%)</u> | | | |
| Intercept | 48.756 | 5.932 | <.0001 |
| AB Plus group | 13.091 | 2.489 | <.0001 |
| AB group | 12.223 | 3.045 | <.0001 |
| Primary diagnosis of mental disorders | 5.131 | 2.884 | 0.075 |
| Primary diagnosis of neoplasms | 6.717 | 4.793 | 0.161 |
| Poor self-reported general health | 10.713 | 2.287 | <.0001 |
| Obese body mass | 2.434 | 2.272 | 0.284 |
| Mostly or always felt downhearted and blue | -2.308 | 2.526 | 0.361 |
| 19-24 months until Medicare-eligible | 4.517 | 2.556 | 0.077 |
| 25-28 months until Medicare-eligible | 6.081 | 4.114 | 0.140 |
| Any unmet medical need | 2.933 | 2.495 | 0.240 |
| Under 50 years old | 0.690 | 2.290 | 0.763 |
| \$40,000 or more in total annual household income | -4.923 | 2.680 | 0.066 |
| Midwest region | 4.818 | 3.669 | 0.189 |
| Northeast region | 4.470 | 3.742 | 0.232 |
| Southern region | 6.524 | 3.048 | 0.033 |
| Relative month of random assignment | -0.151 | 0.406 | 0.710 |
| Female | 9.978 | 2.267 | <.0001 |
| Highest degree is high school diploma or GED | -1.192 | 2.289 | 0.603 |
| White race/ethnicity | 3.448 | 2.327 | 0.139 |
| Missing value: Poor self-reported general health | 27.164 | 40.814 | 0.506 |
| Missing value: Obese body mass | 8.450 | 14.539 | 0.561 |
| Missing value: Mostly or always felt downhearted and blue | 24.527 | 11.386 | 0.031 |
| Missing value: \$40,000 or more in total annual household income | -3.071 | 5.159 | 0.552 |
| Missing value: Highest degree is high school diploma or GED | 24.874 | 40.749 | 0.542 |
| Missing value: White race/ethnicity | 12.636 | 13.682 | 0.356 |
| R-square (0.072) | | | |
| Sample size | 1,355 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| <u>Had any unmet medical needs during the first year of follow-up (%)</u> | | | |
| Intercept | 36.910 | 6.720 | <.0001 |
| AB Plus group | -17.678 | 2.818 | <.0001 |
| AB group | -19.972 | 3.448 | <.0001 |
| Primary diagnosis of mental disorders | 5.978 | 3.260 | 0.067 |
| Primary diagnosis of neoplasms | -17.389 | 5.406 | 0.001 |
| Poor self-reported general health | 6.648 | 2.590 | 0.010 |
| Obese body mass | 3.550 | 2.572 | 0.168 |
| Mostly or always felt downhearted and blue | 3.501 | 2.861 | 0.221 |
| 19-24 months until Medicare-eligible | -1.525 | 2.892 | 0.598 |
| 25-28 months until Medicare-eligible | -6.553 | 4.661 | 0.160 |
| Any unmet medical need | 23.710 | 2.822 | <.0001 |
| Under 50 years old | 1.482 | 2.593 | 0.568 |
| \$40,000 or more in total annual household income | 3.233 | 3.037 | 0.287 |
| Midwest region | 2.738 | 4.156 | 0.510 |
| Northeast region | -3.277 | 4.237 | 0.440 |
| Southern region | 2.811 | 3.450 | 0.415 |
| Relative month of random assignment | 0.298 | 0.460 | 0.517 |
| Female | 9.390 | 2.568 | 0.000 |
| Highest degree is high school diploma or GED | 1.591 | 2.592 | 0.540 |
| White race/ethnicity | 1.590 | 2.633 | 0.546 |
| Missing value: Poor self-reported general health | -33.181 | 46.272 | 0.473 |
| Missing value: Obese body mass | 1.538 | 16.482 | 0.926 |
| Missing value: Mostly or always felt downhearted and blue | -22.502 | 12.908 | 0.082 |
| Missing value: \$40,000 or more in total annual household income | -0.337 | 5.806 | 0.954 |
| Missing value: Highest degree is high school diploma or GED | 21.831 | 46.197 | 0.637 |
| Missing value: White race/ethnicity | 28.459 | 15.511 | 0.067 |
| R-square (0.144) | | | |
| Sample size | 1,358 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| <u>Less than \$1,000 in total out-of-pocket health care expenditures during the first year of follow-up (%)</u> | | | |
| Intercept | 49.113 | 7.195 | <.0001 |
| AB Plus group | 12.065 | 3.031 | <.0001 |
| AB group | 21.366 | 3.695 | <.0001 |
| Primary diagnosis of mental disorders | 4.224 | 3.523 | 0.231 |
| Primary diagnosis of neoplasms | -6.089 | 5.805 | 0.294 |
| Poor self-reported general health | -5.435 | 2.781 | 0.051 |
| Obese body mass | 5.976 | 2.764 | 0.031 |
| Mostly or always felt downhearted and blue | -3.075 | 3.076 | 0.318 |
| 19-24 months until Medicare-eligible | -2.455 | 3.107 | 0.430 |
| 25-28 months until Medicare-eligible | -1.541 | 5.005 | 0.758 |
| Any unmet medical need | -4.684 | 3.031 | 0.123 |
| Under 50 years old | 0.432 | 2.781 | 0.877 |
| \$40,000 or more in total annual household income | -3.835 | 3.265 | 0.240 |
| Midwest region | -9.648 | 4.457 | 0.031 |
| Northeast region | -5.314 | 4.535 | 0.241 |
| Southern region | -11.322 | 3.699 | 0.002 |
| Relative month of random assignment | 0.139 | 0.493 | 0.777 |
| Female | -3.143 | 2.753 | 0.254 |
| Highest degree is high school diploma or GED | 5.605 | 2.782 | 0.044 |
| White race/ethnicity | -5.393 | 2.829 | 0.057 |
| Missing value: Poor self-reported general health | -63.387 | 49.104 | 0.197 |
| Missing value: Obese body mass | 6.614 | 17.497 | 0.706 |
| Missing value: Mostly or always felt downhearted and blue | 1.526 | 13.701 | 0.911 |
| Missing value: \$40,000 or more in total annual household income | 1.515 | 6.252 | 0.809 |
| Missing value: Highest degree is high school diploma or GED | 62.271 | 49.023 | 0.204 |
| Missing value: White race/ethnicity | 11.580 | 18.657 | 0.535 |
| R-square (0.057) | | | |
| Sample size | 1,327 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|---|--------------------|----------------|---------|
| <u>\$1,000 to less than \$5,000 in total out-of-pocket health care expenditures during the first year of follow-up (%)</u> | | | |
| Intercept | 20.411 | 7.057 | 0.004 |
| AB Plus group | 1.622 | 2.973 | 0.586 |
| AB group | -8.851 | 3.624 | 0.015 |
| Primary diagnosis of mental disorders | -2.147 | 3.456 | 0.535 |
| Primary diagnosis of neoplasms | -2.477 | 5.694 | 0.664 |
| Poor self-reported general health | 0.792 | 2.727 | 0.772 |
| Obese body mass | -4.224 | 2.711 | 0.120 |
| Mostly or always felt downhearted and blue | 1.694 | 3.016 | 0.575 |
| 19-24 months until Medicare-eligible | 0.857 | 3.047 | 0.779 |
| 25-28 months until Medicare-eligible | 0.307 | 4.909 | 0.950 |
| Any unmet medical need | 7.608 | 2.973 | 0.011 |
| Under 50 years old | -1.128 | 2.727 | 0.679 |
| \$40,000 or more in total annual household income | 2.266 | 3.202 | 0.479 |
| Midwest region | 6.499 | 4.372 | 0.137 |
| Northeast region | 4.100 | 4.448 | 0.357 |
| Southern region | 5.763 | 3.628 | 0.112 |
| Relative month of random assignment | 0.687 | 0.484 | 0.156 |
| Female | 2.887 | 2.700 | 0.285 |
| Highest degree is high school diploma or GED | -4.337 | 2.729 | 0.112 |
| White race/ethnicity | 6.355 | 2.774 | 0.022 |
| Missing value: Poor self-reported general health | 84.075 | 48.160 | 0.081 |
| Missing value: Obese body mass | -2.254 | 17.160 | 0.896 |
| Missing value: Mostly or always felt downhearted and blue | -3.843 | 13.438 | 0.775 |
| Missing value: \$40,000 or more in total annual household income | -10.419 | 6.132 | 0.090 |
| Missing value: Highest degree is high school diploma or GED | -34.765 | 48.081 | 0.470 |
| Missing value: White race/ethnicity | -24.903 | 18.298 | 0.174 |
| R-square (0.033) | | | |
| Sample size | 1,327 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| <u>\$5,000 or more in total out-of-pocket health care expenditures during the first year of follow-up (%)</u> | | | |
| Intercept | 30.476 | 5.694 | <.0001 |
| AB Plus group | -13.687 | 2.399 | <.0001 |
| AB group | -12.514 | 2.924 | <.0001 |
| Primary diagnosis of mental disorders | -2.077 | 2.789 | 0.457 |
| Primary diagnosis of neoplasms | 8.567 | 4.595 | 0.063 |
| Poor self-reported general health | 4.643 | 2.201 | 0.035 |
| Obese body mass | -1.752 | 2.188 | 0.423 |
| Mostly or always felt downhearted and blue | 1.381 | 2.434 | 0.571 |
| 19-24 months until Medicare-eligible | 1.598 | 2.459 | 0.516 |
| 25-28 months until Medicare-eligible | 1.234 | 3.961 | 0.755 |
| Any unmet medical need | -2.923 | 2.399 | 0.223 |
| Under 50 years old | 0.696 | 2.201 | 0.752 |
| \$40,000 or more in total annual household income | 1.569 | 2.584 | 0.544 |
| Midwest region | 3.148 | 3.528 | 0.372 |
| Northeast region | 1.214 | 3.589 | 0.735 |
| Southern region | 5.560 | 2.928 | 0.058 |
| Relative month of random assignment | -0.826 | 0.390 | 0.034 |
| Female | 0.256 | 2.179 | 0.906 |
| Highest degree is high school diploma or GED | -1.268 | 2.202 | 0.565 |
| White race/ethnicity | -0.962 | 2.239 | 0.667 |
| Missing value: Poor self-reported general health | -20.688 | 38.863 | 0.595 |
| Missing value: Obese body mass | -4.360 | 13.848 | 0.753 |
| Missing value: Mostly or always felt downhearted and blue | 2.318 | 10.844 | 0.831 |
| Missing value: \$40,000 or more in total annual household income | 8.904 | 4.948 | 0.072 |
| Missing value: Highest degree is high school diploma or GED | -27.506 | 38.799 | 0.479 |
| Missing value: White race/ethnicity | 13.323 | 14.766 | 0.367 |
| R-square (0.048) | | | |
| Sample size | 1,327 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| <u>Number of doctor visits during the first year of follow-up</u> | | | |
| Intercept | 11.009 | 3.363 | 0.001 |
| AB Plus group | 5.518 | 1.410 | <.0001 |
| AB group | 5.219 | 1.725 | 0.003 |
| Primary diagnosis of mental disorders | 3.247 | 1.628 | 0.046 |
| Primary diagnosis of neoplasms | 7.942 | 2.701 | 0.003 |
| Poor self-reported general health | 4.921 | 1.295 | 0.000 |
| Obese body mass | 0.289 | 1.287 | 0.822 |
| Mostly or always felt downhearted and blue | 3.654 | 1.430 | 0.011 |
| 19-24 months until Medicare-eligible | 0.321 | 1.447 | 0.825 |
| 25-28 months until Medicare-eligible | 0.910 | 2.335 | 0.697 |
| Any unmet medical need | 1.596 | 1.412 | 0.259 |
| Under 50 years old | 3.478 | 1.298 | 0.007 |
| \$40,000 or more in total annual household income | 1.485 | 1.517 | 0.328 |
| Midwest region | 3.784 | 2.083 | 0.070 |
| Northeast region | 3.073 | 2.122 | 0.148 |
| Southern region | 3.558 | 1.730 | 0.040 |
| Relative month of random assignment | -0.383 | 0.230 | 0.096 |
| Female | 2.855 | 1.284 | 0.026 |
| Highest degree is high school diploma or GED | -2.957 | 1.299 | 0.023 |
| White race/ethnicity | -1.968 | 1.318 | 0.136 |
| Missing value: Poor self-reported general health | -5.955 | 22.991 | 0.796 |
| Missing value: Obese body mass | -12.722 | 8.191 | 0.121 |
| Missing value: Mostly or always felt downhearted and blue | -1.169 | 6.414 | 0.856 |
| Missing value: \$40,000 or more in total annual household income | 4.011 | 2.930 | 0.171 |
| Missing value: Highest degree is high school diploma or GED | 91.751 | 22.954 | <.0001 |
| Missing value: White race/ethnicity | 6.964 | 7.708 | 0.366 |
| R-square (0.084) | | | |
| Sample size | 1,340 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| <u>Good, very good, or excellent self-reported health (%)</u> | | | |
| Intercept | 40.492 | 5.845 | <.0001 |
| AB Plus group | 6.644 | 2.450 | 0.007 |
| AB group | 10.394 | 2.999 | 0.001 |
| Primary diagnosis of mental disorders | 3.868 | 2.835 | 0.173 |
| Primary diagnosis of neoplasms | 0.082 | 4.701 | 0.986 |
| Poor self-reported general health | -29.729 | 2.251 | <.0001 |
| Obese body mass | 3.312 | 2.237 | 0.139 |
| Mostly or always felt downhearted and blue | -11.551 | 2.483 | <.0001 |
| 19-24 months until Medicare-eligible | -2.720 | 2.515 | 0.280 |
| 25-28 months until Medicare-eligible | -3.555 | 4.054 | 0.381 |
| Any unmet medical need | -7.594 | 2.454 | 0.002 |
| Under 50 years old | 6.741 | 2.254 | 0.003 |
| \$40,000 or more in total annual household income | 1.685 | 2.642 | 0.524 |
| Midwest region | -3.243 | 3.614 | 0.370 |
| Northeast region | -5.099 | 3.680 | 0.166 |
| Southern region | -3.053 | 2.999 | 0.309 |
| Relative month of random assignment | 0.091 | 0.401 | 0.820 |
| Female | -4.754 | 2.232 | 0.033 |
| Highest degree is high school diploma or GED | 3.316 | 2.253 | 0.141 |
| White race/ethnicity | 3.201 | 2.290 | 0.162 |
| Missing value: Poor self-reported general health | -47.309 | 40.241 | 0.240 |
| Missing value: Obese body mass | -27.242 | 14.334 | 0.058 |
| Missing value: Mostly or always felt downhearted and blue | -4.628 | 11.225 | 0.680 |
| Missing value: \$40,000 or more in total annual household income | 3.239 | 4.977 | 0.515 |
| Missing value: Highest degree is high school diploma or GED | 1.682 | 40.177 | 0.967 |
| Missing value: White race/ethnicity | -8.607 | 13.489 | 0.524 |
| R-square (0.188) | | | |
| Sample size | 1,359 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| <u>Had employment or vocational rehabilitation during the first year of follow-up (%)</u> | | | |
| Intercept | 6.291 | 3.520 | 0.074 |
| AB Plus group | 4.102 | 1.474 | 0.006 |
| AB group | -1.307 | 1.801 | 0.468 |
| Primary diagnosis of mental disorders | 0.020 | 1.703 | 0.991 |
| Primary diagnosis of neoplasms | -5.298 | 2.820 | 0.061 |
| Poor self-reported general health | -5.851 | 1.354 | <.0001 |
| Obese body mass | 0.596 | 1.344 | 0.657 |
| Mostly or always felt downhearted and blue | 1.928 | 1.495 | 0.198 |
| 19-24 months until Medicare-eligible | 1.455 | 1.513 | 0.336 |
| 25-28 months until Medicare-eligible | 4.304 | 2.441 | 0.078 |
| Any unmet medical need | -0.390 | 1.473 | 0.791 |
| Under 50 years old | 3.817 | 1.354 | 0.005 |
| \$40,000 or more in total annual household income | 2.386 | 1.588 | 0.133 |
| Midwest region | -2.208 | 2.179 | 0.311 |
| Northeast region | -2.813 | 2.220 | 0.205 |
| Southern region | -2.234 | 1.812 | 0.218 |
| Relative month of random assignment | 0.010 | 0.240 | 0.966 |
| Female | -0.239 | 1.341 | 0.859 |
| Highest degree is high school diploma or GED | -1.733 | 1.354 | 0.201 |
| White race/ethnicity | -0.152 | 1.378 | 0.912 |
| Missing value: Poor self-reported general health | -6.686 | 24.135 | 0.782 |
| Missing value: Obese body mass | 21.610 | 9.192 | 0.019 |
| Missing value: Mostly or always felt downhearted and blue | 1.827 | 6.733 | 0.786 |
| Missing value: \$40,000 or more in total annual household income | 2.692 | 3.005 | 0.371 |
| Missing value: Highest degree is high school diploma or GED | -0.299 | 24.097 | 0.990 |
| Missing value: White race/ethnicity | -8.796 | 8.091 | 0.277 |
| R-square (0.044) | | | |
| Sample size | 1,352 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| <u>Looked for work during the first year of follow-up (%)</u> | | | |
| Intercept | 16.644 | 4.941 | 0.001 |
| AB Plus group | 3.041 | 2.072 | 0.142 |
| AB group | -1.988 | 2.536 | 0.433 |
| Primary diagnosis of mental disorders | 0.477 | 2.398 | 0.842 |
| Primary diagnosis of neoplasms | -2.592 | 3.976 | 0.515 |
| Poor self-reported general health | -7.012 | 1.904 | 0.000 |
| Obese body mass | -1.311 | 1.892 | 0.488 |
| Mostly or always felt downhearted and blue | 0.263 | 2.100 | 0.900 |
| 19-24 months until Medicare-eligible | -1.863 | 2.127 | 0.381 |
| 25-28 months until Medicare-eligible | -3.746 | 3.429 | 0.275 |
| Any unmet medical need | 1.885 | 2.075 | 0.364 |
| Under 50 years old | 3.151 | 1.907 | 0.099 |
| \$40,000 or more in total annual household income | 2.244 | 2.235 | 0.316 |
| Midwest region | -1.864 | 3.057 | 0.542 |
| Northeast region | 2.201 | 3.117 | 0.480 |
| Southern region | -0.073 | 2.537 | 0.977 |
| Relative month of random assignment | 0.154 | 0.338 | 0.648 |
| Female | -3.987 | 1.889 | 0.035 |
| Highest degree is high school diploma or GED | -0.649 | 1.907 | 0.734 |
| White race/ethnicity | -2.228 | 1.937 | 0.250 |
| Missing value: Poor self-reported general health | -14.053 | 34.042 | 0.680 |
| Missing value: Obese body mass | -11.404 | 12.126 | 0.347 |
| Missing value: Mostly or always felt downhearted and blue | -5.280 | 9.496 | 0.578 |
| Missing value: \$40,000 or more in total annual household income | 0.458 | 4.240 | 0.914 |
| Missing value: Highest degree is high school diploma or GED | -6.360 | 33.987 | 0.852 |
| Missing value: White race/ethnicity | 17.815 | 11.412 | 0.119 |
| R-square (0.029) | | | |
| Sample size | 1,359 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| Ever employed during the first year of follow-up (%) | | | |
| Intercept | 10.140 | 4.374 | 0.021 |
| AB Plus group | 1.217 | 1.835 | 0.507 |
| AB group | 1.438 | 2.245 | 0.522 |
| Primary diagnosis of mental disorders | 3.755 | 2.126 | 0.078 |
| Primary diagnosis of neoplasms | 2.066 | 3.520 | 0.557 |
| Poor self-reported general health | -7.047 | 1.685 | <.0001 |
| Obese body mass | 0.264 | 1.675 | 0.875 |
| Mostly or always felt downhearted and blue | -3.242 | 1.860 | 0.082 |
| 19-24 months until Medicare-eligible | 0.536 | 1.885 | 0.776 |
| 25-28 months until Medicare-eligible | 1.282 | 3.037 | 0.673 |
| Any unmet medical need | 2.859 | 1.837 | 0.120 |
| Under 50 years old | 3.014 | 1.688 | 0.074 |
| \$40,000 or more in total annual household income | 0.150 | 1.981 | 0.940 |
| Midwest region | -1.666 | 2.709 | 0.539 |
| Northeast region | -0.185 | 2.759 | 0.947 |
| Southern region | 0.253 | 2.249 | 0.910 |
| Relative month of random assignment | -0.211 | 0.299 | 0.481 |
| Female | -1.010 | 1.672 | 0.546 |
| Highest degree is high school diploma or GED | 0.286 | 1.688 | 0.865 |
| White race/ethnicity | 1.833 | 1.716 | 0.286 |
| Missing value: Poor self-reported general health | -11.406 | 30.138 | 0.705 |
| Missing value: Obese body mass | -9.401 | 10.736 | 0.381 |
| Missing value: Mostly or always felt downhearted and blue | 8.392 | 8.406 | 0.318 |
| Missing value: \$40,000 or more in total annual household income | -3.597 | 3.728 | 0.335 |
| Missing value: Highest degree is high school diploma or GED | -4.173 | 30.090 | 0.890 |
| Missing value: White race/ethnicity | -8.473 | 10.103 | 0.402 |
| R-square (0.031) | | | |
| Sample size | 1,359 | | |

(continued)

Appendix Table M.1 (continued)

| Dependent Variable and Coefficients | Parameter Estimate | Standard Error | P-Value |
|--|--------------------|----------------|---------|
| <u>Died during the first year of follow-up (%)</u> | | | |
| Intercept | -0.111 | 2.629 | 0.966 |
| AB Plus group | 1.771 | 1.104 | 0.109 |
| AB group | 1.726 | 1.356 | 0.203 |
| Primary diagnosis of mental disorders | -0.151 | 1.282 | 0.906 |
| Primary diagnosis of neoplasms | 27.253 | 1.839 | <.0001 |
| Poor self-reported general health | 3.075 | 1.016 | 0.003 |
| Obese body mass | -0.621 | 1.011 | 0.539 |
| Mostly or always felt downhearted and blue | 0.479 | 1.115 | 0.668 |
| 19-24 months until Medicare-eligible | 1.030 | 1.138 | 0.365 |
| 25-28 months until Medicare-eligible | 4.905 | 1.799 | 0.007 |
| Any unmet medical need | 0.480 | 1.100 | 0.663 |
| Under 50 years old | -0.651 | 1.015 | 0.521 |
| \$40,000 or more in total annual household income | -0.343 | 1.200 | 0.775 |
| Midwest region | 2.019 | 1.623 | 0.214 |
| Northeast region | -1.929 | 1.671 | 0.249 |
| Southern region | 0.471 | 1.352 | 0.727 |
| Relative month of random assignment | -0.001 | 0.177 | 0.995 |
| Female | -2.307 | 1.006 | 0.022 |
| Highest degree is high school diploma or GED | -0.804 | 1.013 | 0.428 |
| White race/ethnicity | 0.408 | 1.030 | 0.692 |
| Missing value: Poor self-reported general health | -2.122 | 19.270 | 0.912 |
| Missing value: Obese body mass | -2.582 | 6.142 | 0.674 |
| Missing value: Mostly or always felt downhearted and blue | 0.750 | 4.488 | 0.867 |
| Missing value: \$40,000 or more in total annual household income | 1.234 | 2.183 | 0.572 |
| Missing value: Highest degree is high school diploma or GED | -5.083 | 11.308 | 0.653 |
| Missing value: White race/ethnicity | -2.504 | 6.132 | 0.683 |
| R-square (0.163) | | | |
| Sample size | 1,531 | | |

SOURCES: Calculations from responses to the AB baseline survey, 12-month survey, and Social Security Administration administrative data.

NOTE: Sample sizes vary because of missing data.

Appendix N

**Selected Regression Results Comparing
Logistic and Linear Models**

The Accelerated Benefits Demonstration

Appendix Table N.1

Summary of Estimated Effects for Selected Outcomes During the First Year of Follow-Up,
Calculated with Logistic Regression

| Outcome (%) | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | |
|---|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value |
| <u>Direct outcomes</u> | | | | | | | | | |
| Had a regular source of care | 89.2 | 90.7 | 77.8 | 11.4*** | 0.000 | 12.9*** | 0.000 | -1.5 | 0.497 |
| Had 3 or more visits | 82.9 | 82.0 | 69.8 | 13.1*** | 0.000 | 12.2*** | 0.000 | 0.9 | 0.750 |
| Had any unmet medical needs | 52.4 | 49.9 | 70.2 | -17.8*** | 0.000 | -20.3*** | 0.000 | 2.5 | 0.479 |
| Total out-of-pocket medical expenditures | | | | | | | | | |
| Less than \$1,000 | 47.5 | 56.6 | 35.6 | 12.0*** | 0.000 | 21.0*** | 0.000 | -9.0** | 0.015 |
| \$1,000 to less than \$5,000 | 39.1 | 29.0 | 37.5 | 1.6 | 0.582 | -8.4** | 0.018 | 10.0*** | 0.005 |
| \$5,000 or more | 13.4 | 14.4 | 27.0 | -13.7*** | 0.000 | -12.6*** | 0.000 | -1.0 | 0.692 |
| <u>Mediating outcomes</u> | | | | | | | | | |
| Good, very good, or excellent self-reported health | 27.9 | 31.5 | 21.5 | 6.4*** | 0.008 | 10.0*** | 0.001 | -3.6 | 0.231 |
| Received employment or vocational rehabilitation services | 9.2 | 3.7 | 4.9 | 4.3*** | 0.006 | -1.1 | 0.443 | 5.4*** | 0.005 |
| Ever looked for work | 15.5 | 10.5 | 12.5 | 3.1 | 0.145 | -2.0 | 0.409 | 5.0** | 0.047 |
| <u>Ultimate outcome</u> | | | | | | | | | |
| Ever employed | 10.4 | 10.7 | 9.4 | 1.0 | 0.577 | 1.3 | 0.571 | -0.2 | 0.914 |
| Sample size (total = 1,360) | 548 | 274 | 538 | | | | | | |

(continued)

Appendix Table N.1 (continued)

| Outcome | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | |
|--|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value |
| <u>Died since random assignment^a</u> | 5.1 | 5.2 | 3.4 | 1.7 | 0.120 | 1.8 | 0.183 | -0.1 | 0.951 |
| Sample size (total = 1,531) | 611 | 305 | 615 | | | | | | |

SOURCES: Calculations from responses to the Accelerated Benefits 12-month follow-up survey and Social Security Administration administrative data.

NOTE: Estimates were regression-adjusted using baseline information. For each comparison, a Wald chi-square test was applied to differences among outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent.

Sample sizes may vary because of missing data.

^aThis measure is based on Social Security Administration administrative data and includes survey respondents (N = 1,360) and nonrespondents (N = 171). It shows only deaths that occurred within the one-year follow-up period.

Accelerated Benefits Demonstration

Appendix Table N.2

**Comparison of Estimated AB-Control Group Differences (Impacts) for Selected Outcomes,
Calculated with Ordinary Least Squares (OLS) Regression and Logistic Regression**

| Outcome (%) | OLS Regression | | | Logistic Regression | | |
|--|--|---------|--|---|---------|--|
| | Impact Estimate: Difference in Proportions | P-Value | Percentage Change in Proportions | Impact Estimate: Difference in Log of Odds Ratios | P-Value | Percentage Change in Probability |
| <u>Direct outcomes</u> | | | | | | |
| Had a regular source of care | 0.130*** | 0.000 | 16.7 | 1.068*** | 0.000 | 17.0 |
| Had 3 or more visits | 0.122*** | 0.000 | 17.5 | 0.717*** | 0.000 | 18.0 |
| Had any unmet medical needs | -0.200*** | 0.000 | -28.5 | -0.976*** | 0.000 | -33.1 |
| Total out-of-pocket health care expenditures | | | | | | |
| Less than \$1,000 | 0.214*** | 0.000 | 60.3 | 0.886*** | 0.000 | 61.2 |
| \$1,000 to less than \$5,000 | -0.089** | 0.015 | -23.5 | -0.390** | 0.018 | -22.9 |
| \$5,000 or more | -0.125*** | 0.000 | -46.4 | -0.809*** | 0.000 | -47.7 |
| <u>Mediating outcomes</u> | | | | | | |
| Good, very good, or excellent self-reported health | 0.104*** | 0.001 | 48.7 | 0.642*** | 0.001 | 59.6 |
| Had employment or vocational rehabilitation | -0.013 | 0.468 | -26.6 | -0.290 | 0.443 | -24.2 |
| Looked for work | -0.020 | 0.433 | -15.9 | -0.199 | 0.409 | -16.2 |
| <u>Ultimate outcome</u> | | | | | | |
| Ever employed | 0.014 | 0.522 | 15.5 | 0.143 | 0.571 | 13.7 |
| Sample size (total = 1,360) | | | | | | |
| <u>Died since random assignment^a</u> | 0.017 | 0.203 | 49.9 | 0.533 | 0.183 | 67.0 |
| Sample size (total = 1,531) | | | | | | |

(continued)

Appendix Table N.2 (continued)

SOURCES: Calculations from responses to the AB 12-month follow-up survey and Social Security Administration administrative data.

NOTES: For each ordinary least squares regression comparison, a two-tailed t-test was applied to differences between outcomes for the AB group and the control group. For each logistic regression comparison, a Wald chi-square test was applied to differences between the log of odds ratios for the AB group and the control group. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent.

^aThis measure is based on Social Security Administration administrative data and includes survey respondents (N = 1,360) and nonrespondents (N = 171). It shows only deaths that occurred within the one-year follow-up period.

Appendix O

**Survey Response Analysis and Selected Outcomes for
Survey Respondents, Nonrespondents, and
All Sample Members**

The Accelerated Benefits Demonstration

Appendix Table O.1

Number of Survey Completions, by Month of Follow-Up

| Month of Follow-Up | AB Plus | | AB Group | | Control Group | | Total | |
|--------------------------------------|------------|------|------------|------|---------------|------|--------------|------|
| | N | % | N | % | N | % | N | % |
| 12 months or less (up to 365 days) | 407 | 74.3 | 285 | 79.6 | 467 | 76.2 | 1,159 | 76.3 |
| 13 months (366-395 days) | 83 | 15.1 | 46 | 12.8 | 80 | 13.1 | 209 | 13.8 |
| 14 months (396-425 days) | 23 | 4.2 | 12 | 3.4 | 34 | 5.5 | 69 | 4.5 |
| 15 months or more (426 days or more) | 35 | 6.4 | 15 | 4.2 | 32 | 5.2 | 82 | 5.4 |
| Sample size | 548 | | 358 | | 613 | | 1,519 | |

SOURCE: Calculations based on data from the AB 12-month follow-up survey tracking system.

The Accelerated Benefits Demonstration

Appendix Table O.2

Survey Response Rates, by Research Group

| Sample | AB Plus Group | AB Group | Control Group | Total |
|--------------------------------|---------------|----------|---------------|-------|
| Released | 611 | 400 | 709 | 1,720 |
| Ineligible or deceased | 37 | 19 | 25 | 81 |
| Final sample ^a | 574 | 381 | 684 | 1,639 |
| Completed interviews | 548 | 358 | 613 | 1,519 |
| Response rate ^b (%) | 95.5 | 94.0 | 89.6 | 92.7 |

SOURCE: Calculations based on data from the AB 12-month follow-up survey tracking system.

NOTES: ^aThe final sample is calculated by subtracting the ineligible sample from the released sample.

^bThe response rate is calculated by dividing the number of completed interviews by the final sample.

The Accelerated Benefits Demonstration

Appendix Table O.3

Survey Refusal Conversion Rates, by Research Group

| Research Group | Initial Refusals | Successful Conversions | Percentage Converted |
|----------------|------------------|------------------------|----------------------|
| AB Plus | 11 | 7 | 63.6 |
| AB | 9 | 8 | 88.9 |
| Control | 37 | 13 | 35.1 |
| Total | 57 | 28 | 49.1 |

SOURCE: Calculations based on data from the AB 12-month follow-up survey tracking system.

The Accelerated Benefits Demonstration

Appendix Table O.4

Locating Efforts, by Research Group

| Research Group | Cases Requiring Locating | Number Located | Percentage Located |
|----------------|--------------------------|----------------|--------------------|
| AB Plus | 130 | 117 | 90.0 |
| AB | 78 | 70 | 89.7 |
| Control | 177 | 151 | 85.3 |
| Total | 385 | 338 | 87.8 |

SOURCE: Calculations based on data from the AB 12-month follow-up survey tracking system.

The Accelerated Benefits Demonstration

Appendix Table O.5

Selected Characteristics at Baseline of 12-Month Survey Respondents Randomly Assigned from October 10, 2007, Through November 6, 2008, by Research Group

| Characteristic | AB Plus Group | AB Control Group | Total | P-value | |
|---|---------------|------------------|-------|---------|-------|
| <u>Health and functional limitations (%)</u> | | | | | |
| Primary diagnosis | | | | 0.585 | |
| Mental disorders (excluding retardation) | 20.3 | 24.1 | 23.4 | 22.3 | |
| Neoplasms | 7.7 | 5.1 | 4.8 | 6.0 | |
| Diseases of the: | | | | | |
| Circulatory system | 12.6 | 11.3 | 11.7 | 12.0 | |
| Musculoskeletal system and connective tissue | 20.6 | 20.4 | 19.7 | 20.2 | |
| Nervous system and sense organs | 16.1 | 16.1 | 19.1 | 17.3 | |
| Other | 22.8 | 23.0 | 21.2 | 22.2 | |
| Difficulty with any instrumental activities of daily living (IADLs) | 94.0 | 93.4 | 94.1 | 93.9 | 0.936 |
| Difficulty with any activities of daily living (ADLs) | 27.4 | 31.0 | 25.8 | 27.5 | 0.293 |
| Self-reported general health | | | | 0.836 | |
| Good, very good, or excellent | 19.2 | 21.6 | 19.0 | 19.6 | |
| Fair | 35.9 | 34.8 | 34.2 | 35.0 | |
| Poor | 44.9 | 43.6 | 46.8 | 45.4 | |
| Obese (Body Mass Index of 30 or higher) | 47.8 | 47.6 | 43.6 | 46.1 | 0.320 |
| <u>Medical coverage and care (%)</u> | | | | | |
| Date of last health insurance coverage | | | | 0.642 | |
| Less than 6 months ago | 35.6 | 40.4 | 34.2 | 36.0 | |
| 6 months to less than 1 year ago | 26.9 | 25.0 | 27.0 | 26.5 | |
| 1 year ago or more | 33.8 | 31.6 | 34.2 | 33.5 | |
| Never insured | 3.7 | 2.9 | 4.7 | 4.0 | |
| Number of months until Medicare-eligible | | | | 0.301 | |
| 15-17 | 16.1 | 18.6 | 14.9 | 16.1 | |
| 18-24 | 73.4 | 69.7 | 76.6 | 73.9 | |
| 25-28 | 10.6 | 11.7 | 8.6 | 10.0 | |
| In the past 6 months: | | | | | |
| Any unmet medical need | 70.8 | 71.9 | 68.4 | 70.1 | 0.524 |
| Any unmet prescription need | 70.4 | 69.0 | 66.9 | 68.8 | 0.455 |
| Seen or talked to a doctor | 79.3 | 84.3 | 81.3 | 81.1 | 0.218 |
| Any emergency room visits | 36.9 | 42.7 | 41.1 | 39.7 | 0.192 |
| Spent one or more nights in the hospital | 29.7 | 26.7 | 26.9 | 28.0 | 0.519 |
| Any nursing home stays | 4.6 | 8.4 | 5.8 | 5.8 * | 0.084 |

(continued)

Appendix Table O.5 (continued)

| Characteristic | AB Plus Group | AB Control Group | Control Group | Total | P-Value |
|---|------------------|---------------------|------------------|--------------|---------|
| <u>Employment (%)</u> | | | | | |
| Currently working | 4.2 | 4.7 | 4.8 | 4.6 | 0.870 |
| <u>Demographic and socioeconomic data</u> | | | | | |
| Total annual household income (%) | | | | | 0.951 |
| Less than \$20,000 | 38.2 | 37.5 | 39.1 | 38.4 | |
| \$20,000 to less than \$40,000 | 37.2 | 38.3 | 38.3 | 37.9 | |
| \$40,000 or higher | 24.6 | 24.1 | 22.6 | 23.7 | |
| Not living with spouse/partner (%) | 52.4 | 52.9 | 55.8 | 53.8 | 0.505 |
| Highest education (%) | | | | | 0.170 |
| General Educational Development (GED) certificate | 6.9 | 7.3 | 7.8 | 7.4 | |
| High school diploma | 55.1 | 52.6 | 49.9 | 52.5 | |
| Technical certificate/associate's degree/2-year college program | 9.3 | 13.9 | 9.7 | 10.4 | |
| 4 years (or more) of college | 7.3 | 6.6 | 10.8 | 8.5 | |
| None of the above | 21.4 | 19.7 | 21.8 | 21.2 | |
| Average age (years) | 47.2 | 46.1 | 46.6 | 46.8* | 0.097 |
| Under 50 years old (%) | 49.6 | 51.5 | 49.1 | 49.8 | 0.810 |
| Female (%) | 48.4 | 53.3 | 50.6 | 50.2 | 0.404 |
| White race/ethnicity (%) | 60.7 | 57.1 | 59.7 | 59.6 | 0.619 |
| Census region (%) | | | | | 0.446 |
| South | 47.8 | 43.8 | 47.6 | 46.9 | |
| Northeast | 16.6 | 19.0 | 14.5 | 16.3 | |
| Midwest | 16.6 | 20.8 | 18.4 | 18.2 | |
| West/Pacific | 19.0 | 16.4 | 19.5 | 18.7 | |
| <u>Enrollment data (%)</u> | | | | | |
| Month of random assignment | | | | | 1.000 |
| October 2007 | 3.6 | 3.3 | 3.5 | 3.5 | |
| November 2007 | 0.4 | 0.4 | 0.0 | 0.2 | |
| March 2008 | 7.5 | 7.3 | 7.2 | 7.4 | |
| April 2008 | 12.8 | 11.7 | 12.8 | 12.6 | |
| May 2008 | 14.2 | 14.6 | 14.7 | 14.5 | |
| June 2008 | 11.5 | 12.4 | 11.2 | 11.5 | |
| July 2008 | 12.0 | 14.2 | 12.6 | 12.7 | |
| August 2008 | 11.7 | 12.0 | 12.6 | 12.1 | |
| September 2008 | 12.4 | 11.7 | 12.6 | 12.4 | |
| October 2008 | 12.4 | 10.9 | 11.2 | 11.6 | |
| November 2008 | 1.5 | 1.5 | 1.5 | 1.5 | |
| Sample size | 548 | 274 | 538 | 1,360 | |

SOURCES: Calculations from AB baseline survey and Social Security Administration administrative data.

NOTES: A chi-square test for categorical variables and a t-test for continuous variables were run to determine whether there is a difference in the distribution of the characteristics across research groups. Statistical significance levels are indicated as: *** = 1 percent; ** = 5 percent; * = 10 percent. Sample sizes may vary because of missing data.

The Accelerated Benefits Demonstration

Appendix Table O.6

Selected Characteristics at Baseline of 12-Month Survey Respondents and Nonrespondents
Randomly Assigned from October 10, 2007, Through November 6, 2008

| Characteristic | Research Respondents | Survey Non-Respondents | Respondents Versus Research Nonrespondents | | Respondents Versus Survey Nonrespondents | | |
|---|----------------------|------------------------|--|----------|--|---------|-------|
| | | | Difference | P-Value | Difference | P-Value | |
| Health and functional limitations (%) | | | | | | | |
| Primary diagnosis | | | | *** | 0.000 | ** | 0.021 |
| Mental disorders (excluding retardation) | 22.3 | 22.8 | 34.0 | -0.5 | | -11.7 | |
| Neoplasms | 6.0 | 26.9 | 7.0 | -20.9 | | -1.0 | |
| Diseases of the: | | | | | | | |
| Circulatory system | 12.0 | 8.8 | 10.0 | 3.2 | | 2.0 | |
| Musculoskeletal system and connective tissue | 20.2 | 4.7 | 8.0 | 15.5 | | 12.2 | |
| Nervous system and sense organs | 17.3 | 11.7 | 17.0 | 5.6 | | 0.3 | |
| Other | 22.2 | 25.1 | 24.0 | -2.9 | | -1.8 | |
| Difficulty with any instrumental activities of daily living (IADLs) | 93.9 | 95.3 | 93.0 | -1.4 | 0.458 | 0.9 | 0.719 |
| Difficulty with any activities of daily living (ADLs) | 27.5 | 28.7 | 21.0 | -1.2 | 0.750 | 6.5 | 0.158 |
| Self-reported general health | | | | ** | 0.017 | | 0.338 |
| Good, very good, or excellent | 19.6 | 12.9 | 14.0 | 6.7 | | 5.6 | |
| Fair | 35.0 | 31.0 | 40.0 | 4.0 | | -5.0 | |
| Poor | 45.4 | 56.1 | 46.0 | -10.7 | | -0.6 | |
| Obese (Body Mass Index of 30 or higher) | 46.1 | 34.3 | 36.7 | 11.8 *** | 0.004 | 9.3 * | 0.073 |

(continued)

Appendix Table O.6 (continued)

| Characteristic | Respondents | Research | Survey | Respondents Versus | | Respondents Versus | | |
|---|-------------|-----------------|-----------------|-------------------------|---------|-----------------------|---------|--|
| | | Non-Respondents | Non-Respondents | Research Nonrespondents | P-Value | Survey Nonrespondents | P-Value | |
| Medical coverage and care (%) | | | | | | | | |
| Date of last health insurance coverage | | | | | 0.195 | | 0.581 | |
| Less than 6 months ago | 36.0 | 38.8 | 35.0 | -2.8 | | 1.0 | | |
| 6 months to less than 1 year ago | 26.5 | 22.9 | 30.0 | 3.6 | | -3.5 | | |
| 1 year ago or more | 33.5 | 31.2 | 29.0 | 2.3 | | 4.5 | | |
| Never insured | 4.0 | 7.1 | 6.0 | -3.1 | | -2.0 | | |
| Number of months until Medicare-eligible | | | | | 0.104 | | 0.747 | |
| 15-17 | 16.1 | 16.4 | 18.0 | -0.3 | | -1.9 | | |
| 18-24 | 73.9 | 68.4 | 74.0 | 5.5 | | -0.1 | | |
| 25-28 | 10.0 | 15.2 | 8.0 | -5.2 | | 2.0 | | |
| In the past 6 months: | | | | | | | | |
| Any unmet medical need | 70.1 | 69.6 | 73.0 | 0.5 | 0.897 | -2.9 | 0.537 | |
| Any unmet prescription need | 68.8 | 68.4 | 69.0 | 0.3 | 0.930 | -0.3 | 0.958 | |
| Seen or talked to a doctor | 81.1 | 80.5 | 79.8 | 0.6 | 0.846 | 1.3 | 0.751 | |
| Any emergency room visits | 39.7 | 55.0 | 48.0 | -15.3 *** | 0.000 | -8.3 | 0.103 | |
| Spent one or more nights in the hospital | 28.0 | 45.6 | 35.7 | -17.6 *** | 0.000 | -7.7 | 0.101 | |
| Any nursing home stays | 5.8 | 7.0 | 8.0 | -1.2 | 0.533 | -2.2 | 0.375 | |
| Employment (%) | | | | | | | | |
| Currently working | 4.6 | 4.1 | 6.0 | 0.5 | 0.782 | -1.4 [] | 0.509 | |
| Demographic and socioeconomic data | | | | | | | | |
| Total annual household income (%) | | | | | 0.827 | | 0.604 | |
| Less than \$20,000 | 38.4 | 37.2 | 33.3 | 1.2 | | 5.1 | | |
| \$20,000 to less than \$40,000 | 37.9 | 40.4 | 42.2 | -2.5 | | -4.3 | | |
| \$40,000 or higher | 23.7 | 22.4 | 24.4 | 1.3 | | -0.7 | | |
| Not living with spouse/partner (%) | 53.8 | 55.6 | 59.0 | -1.7 | 0.668 | -5.2 | 0.316 | |

(continued)

Appendix Table O.6 (continued)

| Characteristic | Respondents | Research | Survey | Respondents Versus | | Respondents Versus | |
|---|-------------|---------------------|---------------------|----------------------------|---------|--------------------------|---------|
| | | Non- Respondents | Non- Respondents | Research Nonrespondents | P-Value | Survey Nonrespondents | P-Value |
| Highest education (%) | | | | | 0.223 | | 0.933 |
| General Educational Development (GED) certificate | 7.4 | 11.8 | 9.2 | -4.5 | | -1.8 | |
| High school diploma | 52.5 | 46.7 | 50.0 | 5.8 | | 2.5 | |
| Technical certificate/associate's degree/ 2-year college program | 10.4 | 9.5 | 10.2 | 0.9 | | 0.2 | |
| 4 years (or more) of college | 8.5 | 10.7 | 10.2 | -2.1 | | -1.7 | |
| None of the above | 21.2 | 21.3 | 20.4 | -0.1 | | 0.8 | |
| Average age (years) | 46.8 | 47.0 | 45.4 | -0.2 | 0.697 | 1.3* | 0.082 |
| Under 50 years old (%) | 49.8 | 52.0 | 58.0 | -2.3 | 0.576 | -8.2 | 0.113 |
| Female (%) | 50.2 | 45.6 | 52.0 | 4.6 | 0.256 | -1.8 | 0.731 |
| White race/ethnicity (%) | 59.6 | 59.4 | 58.6 | 0.2 | 0.965 | 1.0 | 0.845 |
| Census region (%) | | | | | 0.505 | | 0.953 |
| South | 46.9 | 50.3 | 49.0 | -3.4 | | -2.1 | |
| Northeast | 16.3 | 12.9 | 16.0 | 3.4 | | 0.3 | |
| Midwest | 18.2 | 20.5 | 16.0 | -2.3 | | 2.2 | |
| West/Pacific | 18.7 | 16.4 | 19.0 | 2.3 | | -0.3 | |

(continued)

Appendix Table O.6 (continued)

| Characteristic | Respondents | Research | Survey | Respondents Versus | | Respondents Versus | | |
|----------------------------|-------------|---------------------|---------------------|------------------------|---------------------------|----------------------|---------------------------|--|
| | | Non- Respondents | Non- Respondents | Research Difference | Nonrespondents P-Value | Survey Difference | Nonrespondents P-Value | |
| Enrollment data (%) | | | | | | | | |
| Month of random assignment | | | | *** | 0.001 | *** | 0.000 | |
| October 2007 | 3.5 | 5.3 | 4.0 | -1.7 | | -0.5 | | |
| November 2007 | 0.2 | 2.3 | 4.0 | -2.1 | | -3.8 | | |
| March 2008 | 7.4 | 5.3 | 2.0 | 2.1 | | 5.4 | | |
| April 2008 | 12.6 | 9.9 | 9.0 | 2.6 | | 3.6 | | |
| May 2008 | 14.5 | 7.6 | 6.0 | 6.9 | | 8.5 | | |
| June 2008 | 11.5 | 11.1 | 9.0 | 0.4 | | 2.5 | | |
| July 2008 | 12.7 | 11.1 | 12.0 | 1.6 | | 0.7 | | |
| August 2008 | 12.1 | 16.4 | 16.0 | -4.2 | | -3.9 | | |
| September 2008 | 12.4 | 14.0 | 15.0 | -1.7 | | -2.6 | | |
| October 2008 | 11.6 | 14.0 | 19.0 | -2.4 | | -7.4 | | |
| November 2008 | 1.5 | 2.9 | 4.0 | -1.5 | | -2.5 | | |
| Sample size | 1,360 | 171 | 100 | | | | | |

SOURCES: Calculations from AB baseline survey and Social Security Administration administrative data.

NOTES: A chi-square test for categorical variables and a t-test for continuous variables were run to determine whether there is a difference in the distribution of the characteristics across survey respondent status. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent.

The Accelerated Benefits Demonstration

Appendix Table O.7

Testing the Sensitivity of Estimated Effects to Nonresponse:
Effects on First-Year Outcomes for the Full Sample, Including Predicted Outcomes for Nonrespondents

All Sample Members Randomly Assigned Through November 6, 2008

| Outcome | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | | |
|--|---------------|----------|---------------|---------------------|---------|---------------------|---------|---------------------|---------|--|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value | |
| Direct outcomes | | | | | | | | | | |
| Had a regular source of care (%) | 89.3 | 91.1 | 78.0 | 11.3*** | 0.000 | 13.0*** | 0.000 | -1.7*** | 0.001 | |
| Had 3 or more visits | 83.1 | 82.3 | 70.4 | 12.6*** | 0.000 | 11.9*** | 0.000 | 0.7 | 0.284 | |
| Had any unmet medical needs (%) | 51.6 | 50.6 | 69.6 | -18.1*** | 0.000 | -19.1*** | 0.000 | 1.0 | 0.404 | |
| Total out-of-pocket health care expenditures (%) | | | | | | | | | | |
| Less than \$1,000 | 47.2 | 56.4 | 35.5 | 11.6*** | 0.000 | 20.9*** | 0.000 | -9.3*** | 0.000 | |
| \$1,000 to less than \$5,000 | 38.9 | 29.3 | 37.3 | 1.7*** | 0.000 | -8.0*** | 0.000 | 9.7*** | 0.000 | |
| \$5,000 or more | 13.9 | 14.3 | 27.2 | -13.3*** | 0.000 | -12.9*** | 0.000 | -0.4 | 0.355 | |
| Number of doctor visits | 23.0 | 23.0 | 17.7 | 5.4*** | 0.000 | 5.4*** | 0.000 | 0.0 | 0.970 | |
| Mediating outcomes (%) | | | | | | | | | | |
| Good, very good, or excellent self-reported health | 27.7 | 30.9 | 21.0 | 6.8*** | 0.000 | 9.9*** | 0.000 | -3.1** | 0.016 | |
| Had employment or vocational rehabilitation | 8.6 | 3.8 | 4.9 | 3.8*** | 0.000 | -1.0*** | 0.002 | 4.8*** | 0.000 | |
| Looked for work | 15.5 | 10.5 | 12.2 | 3.4*** | 0.000 | -1.7*** | 0.000 | 5.1*** | 0.000 | |
| Ultimate outcome | | | | | | | | | | |
| Ever employed (%) | 10.6 | 10.6 | 9.2 | 1.4*** | 0.000 | 1.4*** | 0.000 | -0.1 | 0.874 | |
| Sample size (total = 1,531) | 611 | 305 | 615 | | | | | | | |

(continued)

Appendix Table O.7 (continued)

SOURCE: Calculations from responses to the AB 12-month follow-up survey.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent. Sample sizes may vary because of missing data.

The Accelerated Benefits Demonstration

Appendix Table O.8

Incurred Health Claims During the First Year of Follow-Up,
by 12-Month Survey Response Status
Among Sample Members Randomly Assigned Through November 6, 2008

| Outcome | Total | AB Plus Group | AB Group | AB Plus-AB Difference (Impact) | P-Value |
|--------------------------------|--------|------------------|-------------|--------------------------------------|---------|
| Full sample | | | | | |
| Received paid claim (%) | 89.2 | 89.6 | 88.3 | 1.3 | 0.551 |
| Medical claim | 85.0 | 86.2 | 82.8 | 3.4 | 0.173 |
| Inpatient hospital claim | 25.9 | 26.4 | 24.8 | 1.7 | 0.592 |
| Outpatient hospital claim | 60.9 | 64.5 | 53.7 | 10.8*** | 0.002 |
| Other medical claim | 82.0 | 83.4 | 79.1 | 4.4 | 0.103 |
| Dental claim | 20.0 | 19.6 | 20.7 | -1.1 | 0.696 |
| Prescription drug claim | 82.1 | 83.1 | 80.0 | 3.1 | 0.238 |
| Average total paid claims (\$) | 19,258 | 19,678 | 18,417 | 1,261 | 0.492 |
| Medical claims | 16,088 | 16,522 | 15,218 | 1,304 | 0.459 |
| Inpatient hospital claims | 6,840 | 6,731 | 7,057 | -326 | 0.801 |
| Outpatient hospital claims | 5,676 | 5,916 | 5,194 | 722 | 0.409 |
| Other medical claims | 3,572 | 3,874 | 2,967 | 908 | 0.106 |
| Dental claims | 96 | 103 | 81 | 23 | 0.200 |
| Prescription drug claims | 3,075 | 3,053 | 3,118 | -66 | 0.860 |
| Paid claims amount (%) | | | | | |
| \$0 | 10.8 | 10.4 | 11.7 | -1.3 | 0.551 |
| \$1-\$4,999 | 29.0 | 26.4 | 34.3 | -7.8** | 0.013 |
| \$5,000-\$9,999 | 15.9 | 17.6 | 12.7 | 4.9* | 0.060 |
| \$10,000-\$24,999 | 21.1 | 21.9 | 19.4 | 2.5 | 0.382 |
| \$25,000-\$49,999 | 10.9 | 11.3 | 10.1 | 1.3 | 0.566 |
| \$50,000-\$99,999 | 9.0 | 8.9 | 9.0 | -0.1 | 0.960 |
| \$100,000 or higher | 3.3 | 3.5 | 2.9 | 0.5 | 0.662 |
| Sample size | 916 | 611 | 305 | | |

(continued)

Appendix Table O.8 (continued)

| Outcome | Total | AB Plus Group | AB Group | AB Plus-AB Difference (Impact) | P-Value |
|---|--------|---------------|----------|--------------------------------|---------|
| <u>12-month survey respondents</u> | | | | | |
| Received paid claim (%) | 91.1 | 91.2 | 91.0 | 0.2 | 0.911 |
| Medical claim | 87.1 | 88.3 | 84.7 | 3.6 | 0.151 |
| Inpatient hospital claim | 24.8 | 25.7 | 23.0 | 2.7 | 0.400 |
| Outpatient hospital claim | 61.9 | 66.1 | 53.6 | 12.5*** | 0.000 |
| Other medical claim | 84.8 | 86.5 | 81.4 | 5.1* | 0.055 |
| Dental claim | 21.7 | 21.3 | 22.5 | -1.2 | 0.697 |
| Prescription drug claim | 84.7 | 85.7 | 82.6 | 3.1 | 0.235 |
| Average total paid claims (\$) | 18,547 | 18,944 | 17,754 | 1,190 | 0.518 |
| Medical claims | 15,227 | 15,621 | 14,438 | 1,183 | 0.500 |
| Inpatient hospital claims | 6,066 | 5,988 | 6,222 | -234 | 0.853 |
| Outpatient hospital claims | 5,497 | 5,561 | 5,369 | 193 | 0.824 |
| Other medical claims | 3,664 | 4,072 | 2,847 | 1,225** | 0.042 |
| Dental claims | 104 | 112 | 89 | 23 | 0.240 |
| Prescription drug claims | 3,216 | 3,211 | 3,227 | -16 | 0.968 |
| Paid claims amount (%) | | | | | |
| \$0 | 8.9 | 8.8 | 9.0 | -0.2 | 0.911 |
| \$1-\$4,999 | 30.2 | 27.1 | 36.2 | -9.1*** | 0.007 |
| \$5,000-\$9,999 | 16.5 | 17.9 | 13.8 | 4.1 | 0.144 |
| \$10,000-\$24,999 | 22.0 | 23.3 | 19.5 | 3.8 | 0.221 |
| \$25,000-\$49,999 | 11.2 | 11.8 | 10.1 | 1.7 | 0.474 |
| \$50,000-\$99,999 | 8.3 | 8.0 | 8.8 | -0.8 | 0.680 |
| \$100,000 or higher | 2.9 | 3.1 | 2.5 | 0.7 | 0.583 |
| Sample size | 822 | 548 | 274 | | |

SOURCE: Calculations from AB health plan claims records.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent.

The Accelerated Benefits Demonstration

Appendix Table O.9

Death Rates Through July 2010, by 12-Month Survey Response Status
Among Sample Members Randomly Assigned Through November 6, 2008

| Died (%) | AB Plus Group | AB Group | Control Group | AB Plus-Control | | AB-Control | | AB Plus-AB | | |
|--|------------------|-------------|------------------|------------------------|---------|------------------------|---------|------------------------|---------|--|
| | | | | Difference (Impact) | P-Value | Difference (Impact) | P-Value | Difference (Impact) | P-Value | |
| <u>All sample members</u> | | | | | | | | | | |
| Within 12 months of random assignment | 5.2 | 5.2 | 3.5 | 1.8 | 0.109 | 1.7 | 0.203 | 0.0 | 0.973 | |
| Within 21 months (longest common follow-up) | 9.0 | 7.2 | 6.5 | 2.6* | 0.064 | 0.8 | 0.653 | 1.8 | 0.288 | |
| At any point in follow-up | 10.0 | 8.2 | 7.0 | 3.0** | 0.036 | 1.3 | 0.476 | 1.8 | 0.320 | |
| Sample size (total = 1,531) | 611 | 305 | 615 | | | | | | | |
| <u>12-month survey respondents</u> | | | | | | | | | | |
| Within 12 months | 0.0 | 0.0 | 0.2 | -0.2 | 0.220 | -0.2 | 0.406 | 0.0 | 0.863 | |
| Within 21 months | 3.5 | 2.3 | 2.6 | 0.9 | 0.363 | -0.3 | 0.810 | 1.2 | 0.322 | |
| At any point in follow-up | 4.6 | 3.5 | 3.2 | 1.4 | 0.219 | 0.3 | 0.855 | 1.2 | 0.408 | |
| Sample size (total = 1,360) | 548 | 274 | 538 | | | | | | | |
| <u>12-month survey nonrespondents</u> | | | | | | | | | | |
| Within 12 months | 51.3 | 48.7 | 26.7 | 24.6*** | 0.001 | 22.0** | 0.015 | 2.6 | 0.772 | |
| Within 21 months | 58.2 | 48.3 | 32.9 | 25.3*** | 0.001 | 15.3* | 0.088 | 10.0 | 0.273 | |
| At any point in follow-up | 58.2 | 48.3 | 32.9 | 25.3*** | 0.001 | 15.3* | 0.088 | 10.0 | 0.273 | |
| Sample size (total = 171) | 63 | 31 | 77 | | | | | | | |

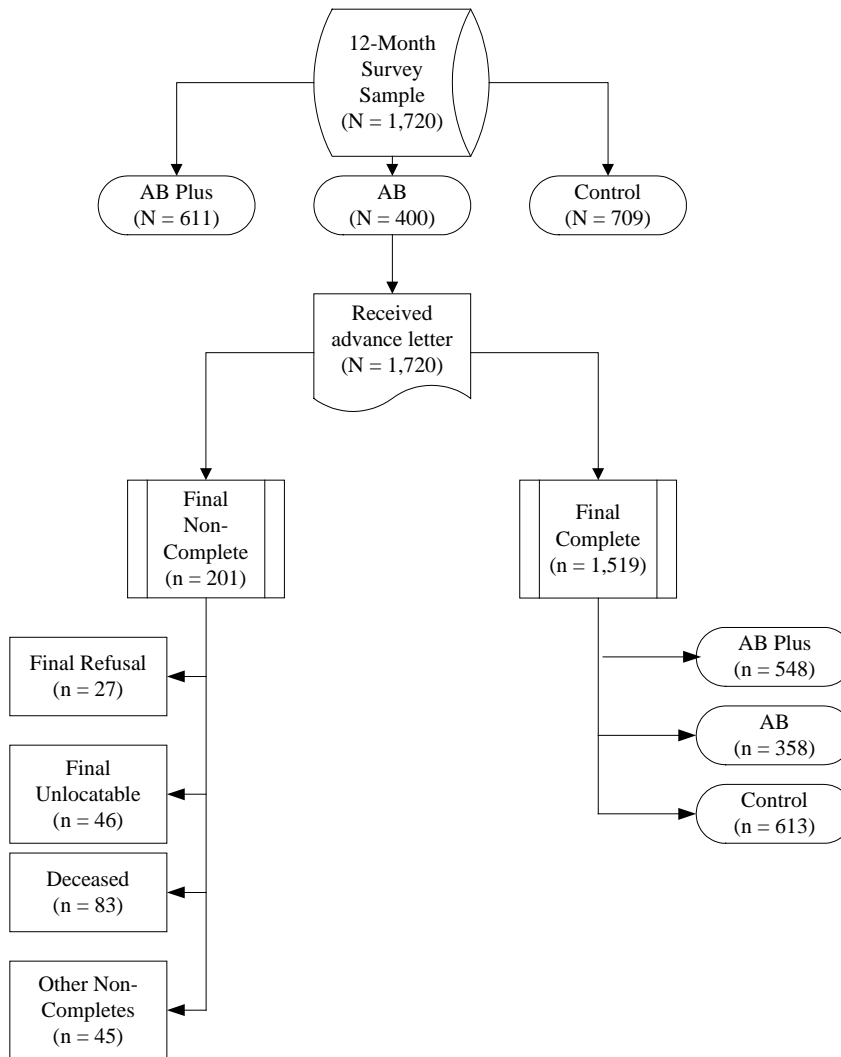
SOURCE: Calculations from Social Security Administration administrative data.

NOTES: Estimates were regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics of sample members. For each comparison, a two-tailed t-test was applied to differences between outcomes for research groups. Statistical significance levels are indicated as: * = 10 percent; ** = 5 percent; and *** = 1 percent.

The Accelerated Benefits Demonstration

Figure O.1

Flow and Distribution of 12-Month Survey Sample



Appendix P

**Observed and Projected Costs of the AB Health Plan
Through the End of the Follow-Up Period**

The Accelerated Benefits Demonstration

Appendix Table P.1

**Observed and Projected Costs of the AB Health Plan Through July 2010,
by Program Group**

All Program Group Members Randomly Assigned Through January 21, 2009

| Costs (\$) | AB Plus Group | AB Group | Total |
|--|------------------|-------------|--------------|
| <u>Average total AB health plan costs (observed + projected)</u> | 32,577 | 29,528 | 31,370 |
| Total paid claims | 31,679 | 28,719 | 30,508 |
| Administrative fee | 855 | 775 | 824 |
| Precertifications | 42 | 34 | 39 |
| <u>Average total observed AB health plan costs</u> | 31,938 | 28,357 | 30,521 |
| Total paid claims | 31,058 | 27,580 | 29,682 |
| Administrative fee | 839 | 745 | 801 |
| Precertifications | 41 | 33 | 38 |
| <u>Average total projected AB health plan costs</u> | 639 | 1,171 | 849 |
| Total paid claims | 621 | 1,139 | 826 |
| Administrative fee | 17 | 31 | 22 |
| Precertifications | 1 | 1 | 1 |
| Sample size | 611 | 400 | 1,011 |

SOURCES: Calculations from AB health plan claims, POMCO expenditure reports, and CareGuide/American Health Holdings, Inc. invoices.

NOTES: The end of the follow-up period for observed health plan costs is July 2010.
The period covered by projected AB health plan costs is from August 2010 through January 2011.

