Evaluation of CMS's Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration

Final Report – Appendix B–H

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Preface

RAND has conducted an independent evaluation of the Federally Qualified Health Center Advanced Primary Care Practice (FQHC APCP) Demonstration for the Centers for Medicare and Medicaid Services (CMS). The evaluation studied the processes and challenges involved in transforming FQHCs into patient-centered medical homes and assessed the effects of the FQHC APCP Demonstration model on access, quality, and cost of care provided to Medicare and Medicaid beneficiaries served by FQHCs.

This final report, written by RAND, describes the approach RAND took to its mixedmethods evaluation and the final results of these analyses. This is the final of three annual reports that RAND prepared during the course of the evaluation. The contents and format of this report were designed to address three key policy questions relevant to the FQHC APCP Demonstration and its evaluation.

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Abbreviations

AAAHC	Accreditation Association for Ambulatory Health Care
ACA	Affordable Care Act
ACO	accountable care organization
ACS	American Community Survey (2005–2009 5–year files)
ACSC	ambulatory care sensitive condition
ADHD	attention deficit hyperactivity disorder
AHRQ	Agency for Healthcare Research and Quality
AIR	American Institutes for Research
APCP	Advanced Primary Care Practice
APRN	advanced practice registered nurse
ARC	Actuarial Research Corporation
ARRA	American Recovery and Reinvestment Act
BMI	body mass index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CASE	clinician and staff experience
CCS	clinical classification software
CEO	chief executive officer
CFH	chronic heart failure
CG–CAHPS	Clinician and Group Consumer Assessment of Healthcare Providers and Systems
CHIP	Children's Health Insurance
СМО	chief marketing officer
CMS	Centers for Medicare and Medicaid Services
COPD	chronic obstructive pulmonary disease
COC	continuity of care

CPT	current procedural terminology
CVD	cardiovascular disease
DC	chiropractic doctor
DDS	doctor of dental surgery
DMD	doctor of dental medicine
DME	durable medical equipment
DO	doctor of osteopathy
DPM	doctor of podiatry
E&M	evaluation and management
ED	emergency department
EDB	Medicare Enrollment Database
EEOC	Equal Employment Opportunity Commission
EHR	electronic health record
ENT	ear, nose, throat (otolaryngology)
ER	emergency room
ESRD	end-stage renal disease
FFS	fee-for-service
FQHC	federally qualified health center
FSA	focused standards assessment
FTE	full-time equivalent
FY	fiscal year
GEE	Generalized Estimating Equations
GHC	Group Health Cooperative
GLM	generalized linear model
GPRA	Government Performance and Results Act
HbA1c	hemoglobin A1c
НСС	hierarchical condition category
HCCN	Health Center Control Networks

НСН	State of Minnesota Health Care Homes
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health and Human Services
HIT	health information technology
НМО	health maintenance organization
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
ICD-10	International Statistical Classification of Disease and Related Health Problems-10
IPRO	Improving Healthcare for the Common Good
ISS	Interactive Survey System
ITT	intention-to-treat
IVD	ischemic vascular disease
JC	Joint Commission
ЈСАНО	Joint Commission on Accreditaion of Healthcare Organizations
LDL	low-density lipoprotein
LPN	licensed practical nurse
МАРСР	Multi-Payer Advanced Primary Care Practice
MA	medical assistant
MAX	Medicaid Analytic eXtract
МСО	managed care organization
MD	medical doctor
MDH	Minnesota Department of Health
MDM	Master Data Management System
MEMO	Minimizing Errors/Maximizing Outcomes
MSIS	Medicaid Statistical Information System
NACHC	National Association of Community Health Centers

NCQA	National Committee for Quality Assurance				
NDP	National Demonstration Project				
NP	nurse practitioner				
NPI	National Provider Identifiers				
NPPES	National Plan & Provider Enumeration System				
OD	doctor of optometry				
ONC	Office of the National Coordinator for Health Information Technology				
OPD	outpatient department				
OR	odds ratio				
PA	physician's assistant				
PAC	post-acute care				
PBPQ	per beneficiary per quarter				
PCA	primary care association				
РСС	primary care clinic				
РСМН	patient-centered medical home				
РСР	primary care provider				
PCPCC	Patient-Centered Primary Care Collaborative				
PDSA	Plan-Do-Study-Act				
PFI	plan for improvement				
PHQ-4	Four-Item Patient Health Questionnaire				
PI	performance improvement				
PMPM	per-member-per-month				
РРС-РСМН	Physician Practice Connections—Patient-Centered Medical Home				
PTAN	Provider Transaction Access Number				
QA	quality assurance				
QCA	Qualitative Comparative Analysis				

QI	quality improvement
RAS	Readiness Assessment Survey
RFI	requirements for improvement
RHC	rural health clinic
RN	registered nurse
RTI	Research Triangle International
SD	standard deviation
SE	standard error
SNF	skilled nursing facility
SNMH	Safety Net Medical Home
SNMHI	Safety Net Medical Home Initiative
SSA	Social Security Administration
ТА	technical assistance
TIN	tax identification number
TQM	total quality management
UDS	Uniform Data System

Appendix B. Evaluation Methodology: Estimating Demonstration and Medical Home Effects

This appendix provides an overview of the methodology used for the secondary claims data and the beneficiary survey data analyses. Both sections use the same regression methodology and control variables, so we discuss them together in this section.

Study Design

The Centers for Medicare and Medicaid Services (CMS) selected 500 federally qualified health centers (FQHCs) for the demonstration from among more than 800 applicant FQHCs that were found to meet all eligibility criteria. For the evaluation, RAND identified 827 comparison FQHCs using a propensity score matching approach using methods described in RAND's Second Annual Report (Kahn, Timbie, 2015b).

Methodology for Estimating Demonstration Impacts

We modeled the impact of the demonstration on both claims-based and survey outcomes using a difference-in-differences model where the difference between the groups for each outcome was assumed to be constant during the baseline period and was allowed to differ for each year in the three-year demonstration period. This study design allowed us to control for unobserved factors in both groups that might influence the study outcomes, independent of the demonstration, as long as those factors varied over time in different ways between the two groups.

While the difference-in-differences study design allowed us to control for unobservable differences over time, the design can be strengthened with the use of methods to ensure that the groups are as comparable as possible at baseline. We used propensity score methods to match the demonstration and comparison groups on observable baseline characteristics. We separately matched the three study samples and discuss in detail below the matching variables used.

Finally, we conducted some extensions to the main analysis. The first was a mediation analysis that used a different methodology as the main analyses, but focused the interpretation on different factors. This is discussed in Appendix J. The second was a series of subgroup analyses for the secondary claims data analyses only, which used the

same regression methodology as the overall analysis. The particulars of both of these extensions are discussed in this appendix.

Regression Methodology

Regression analysis was used to examine whether there were statistically significant differences in beneficiary-level cost, utilization, process, and survey outcomes between comparison and demonstration FQHCs after controlling for covariates. Models used beneficiary, site, grantee, and area characteristics as covariates. Longitudinal models were used with repeated yearly observations for each beneficiary. This model is defined as:

(1) $Y = \alpha_0 + \alpha_1 I + \alpha_2 DemoYear1 + \alpha_3 DemoYear2 + \alpha_4 DemoYear3 + \alpha_5 (I * DemoYear1) + \alpha_6 (I * DemoYear2) + \alpha_7 (I * DemoYear3) + \gamma X + \epsilon$ where:

- *Y* is the outcome.
- α_0 is the intercept, an estimate of the mean adjusted level of *Y* in the comparison group in the baseline year.
- *I* is an indicator for the intervention, defined here as attribution to a demonstration FQHC (=0,1). Its parameter estimate α_1 is an estimate of the difference in levels of cost/utilization associated with the demonstration group relative to the comparison group in the baseline period.
- DemoYear1, DemoYear2, and DemoYear3 represent binary indicator variables of the year of observation for each outcome during the demonstration period. For example, DemoYear1=1 for the first demonstration year (i.e., first year after the baseline year) and 0 for all other years. Parameters α_2 through α_4 are estimates of the difference in beneficiary cost/utilization between the year of the indicator variable and the baseline year in the comparison group.
- $I^*DemoYear1$, $I^*DemoYear2$, and $I^*DemoYear3$ represent interaction terms that permit the impact of the demonstration to differ for demonstration sites in each of the three demonstration years, compared with the baseline year. **Parameters** α_5 **through** α_7 are the estimates of interest in this model. These parameters convey the impact of the demonstration on a yearly basis in the demonstration period in relation to the baseline period. For example, α_5 is an estimate of how the difference between the demonstration and comparison groups in the first demonstration year differs from the difference between the demonstration and comparison groups in the baseline year. α_6 is an estimate of how the difference between the demonstration and comparison groups in groups in the first difference between the demonstration and comparison groups in the set between the demonstration and comparison groups in demonstration Year Two differs from the difference between the demonstration and comparison groups in the baseline year.
- X is a vector of covariates. Its parameter estimates γ represent the difference in beneficiary cost/utilization associated with a one unit change in X.

• ϵ is a random error term that is assumed to follow an auto-regressive process where the error in one year is correlated with the error in the next year. The coefficient of auto-correlation is estimated through the model.

This model outlined in Equation 1 allows the impact of the demonstration to vary in a nonlinear fashion from year to year in the demonstration period. It makes use of multiple years of a baseline period in which both the demonstration and comparison sites were observed without exposure to the intervention, as well as three years of an intervention period in which only demonstration sites are exposed to the intervention.

A similar regression methodology was used for the beneficiary survey; however, there were only two observations per beneficiary. We used linear (scale outcomes) and logistic (binary outcomes). This model is defined as:

(2) $Y = \alpha_0 + \alpha_1 I + \alpha_2 Survey Time + \alpha_3 (I * Survey Time) + \gamma X + \epsilon$

where:

- *Y* is the outcome.
- α_0 is the intercept, an estimate of the mean adjusted level of *Y* in the comparison group in the baseline year.
- *I* is an indicator for the intervention, defined here as attribution to a demonstration FQHC (=0,1). Its parameter estimate α₁ is an estimate of the difference in beneficiary self-reported health process and utilization measures associated with the demonstration group relative to the comparison group in the baseline period.
- SurveyTime is a binary indicator for time, defined here as late (follow-up) or early (baseline) survey (=0,1). Parameter α₂ is the estimate of the difference in beneficiary self-reported health process and utilization measures between the late (follow-up) and early (baseline) survey in the comparison group.
- *I*SurveyTime*, represent interaction terms that permit the impact of the demonstration to differ for demonstration sites in the late (follow-up) survey, compared with the early (baseline) survey. Parameter α₃ is the estimate of interest in this model. This parameter conveys the impact of the demonstration at follow-up in relation to the baseline period.
- *X* is a vector of covariates.

Regression Model Covariates

Exhibit B.1 describes the covariates we used in all models.

Variable	Description	Source	Baseline Site Level Analyses	Claims Analyses	CASE Non- Response Weights	CASE Covariates	Beneficiary Survey Analyses	Qualitative
Beneficiary Characte	ristics							
Age		Claims (EDB)		Yes				
Race	White, Black, Asian, Hispanic, and other/unknown	Claims (EDB)		Yes				
Gender	Male or female	Claims (EDB)		Yes				
Dual eligibility status	Eligibility for Medicaid and Medicare, derived from monthly Third Party Buy-in Code Flag	Claims (EDB)		Yes				
Disabled	Indicator for disabled status, derived from monthly reason for entitlement code flags	Claims (EDB)		Yes				
Institutionalization status	Indicator for institutionalization, defined as two or more skilled nursing facility stays in the previous 24 months	Claims		Yes				
Hierarchical condition category (HCC) score	HCC, created using the CMS–HCC risk- adjustment model	Claims		Yes				
Number of qualifying services in the year prior to attribution	Number of primary care services in the year preceding the quarter in which the beneficiary is first attributed to a demonstration or comparison site	Claims		Yes				
Site-Level Characteri	stics Measured at Baseline							
Baseline RAS score	Baseline RAS scores. These were completed by applicants to the CMS APCP Demonstration in summer 2011.	CMS	Sensitivity analysis in demo-specific analyses	No	Yes	Yes	No	Yes
Ambulatory care accreditation	Indicator of whether the site's grantee organization received accreditation for meeting quality of care standards for ambulatory services. Data are from July 2012.	HRSA	Yes	Yes	No	No	Yes	No

Exhibit B.1. Description, Source, and Use of Regression Model Covariates

Variable	Description	Source	Baseline Site Level Analyses	Claims Analyses	CASE Non- Response Weights	CASE Covariates	Beneficiary Survey Analyses	Qualitative
Any PCMH certification	n Indicator of whether the site has any PCMH recognition/certification prior to the CMS demonstration	CMS (Demo application)	No	No	Yes	Yes	No	No
Clinic open before/ after business hours	Indicator of whether the site operates before or after business hours	CMS (Demo application)	No	No	Yes	Yes	No	No
Electronic health record (EHR) at baseline	Indicator of whether the site has an electronic health record that appears on the ONC Certified Health IT Products List	CMS (Demo application)	Sensitivity analysis in demo-specific analyses	No	Yes	Yes	No	Yes
Years in operation	Number of years since the cite began operating	HRSA (Form 5B)	Yes	Yes	No	No	Yes	Yes
Number of service delivery sites	Number of service delivery sites (excluding administrative-only sites) operated by the grantee	HRSA (UDS)	Yes	Yes	Yes	Yes	No	Yes
Primary care physicians	Count of unique primary care physicians billing Medicare in the baseline year	Claims	Yes	Yes	No	No	Yes	No
Number of specialists	Count of unique specialists billing Medicare in the baseline year	Claims	Yes	Yes	No	No	Yes	No
Total revenue per site	Total grantee-level patient and nonpatient revenue divided by the number of service delivery sites within the grantee. Values are expressed in millions of dollars.	HRSA (UDS)	Yes	Yes	Yes	Yes	Yes	No
Patient Population (S	ite/Beneficiary Level)							
Mean age	Mean age of all beneficiaries attributed to the site in the baseline year	Claims	Site-level	No	No	No	Person- level	No
Percentage White	Percentage of all beneficiaries attributed to the site in the baseline year who are White	Claims	No	Person- level	No	No	Person- level	No
Percentage institutionalized	Percentage of beneficiaries attributed to the site in the baseline year who have two or more skilled nursing facility stays in the past two years	Claims	No	Person- level	No	No	Person- level	No
Percentage female	Percentage of all beneficiaries attributed to the site in the baseline year who are female	Claims	No	Person- level	Site-level	Site-level	Person- level	No

			Pagalina		CASE		Popoficion	
			Site Level	Claims	Response	CASE	Survey	
Variable	Description	Source	Analyses	Analyses	Weights	Covariates	Analyses	Qualitative
Percentage dual eligible	Percentage of all beneficiaries attributed to the site in the baseline year who are dually eligible for Medicare and Medicaid	Claims	Site-level	Person- level	No	No	Person- level	No
Percentage disabled	Percentage of all beneficiaries attributed to the site in the baseline year who are disabled (measured using the Medicare status code of disability in the year preceding the start of the demonstration)	Claims	No	Person- level	Site-level	Site-level	Person- level	No
Mean HCC score	Mean of the HCC score that is estimated using a publicly available algorithm. All beneficiaries are assumed to be community dwelling.	Claims	Site-level	Person- level	Site-level	Site-level	Person- level	No
Number of beneficiaries attributed in baseline year	Number of Medicare beneficiaries attributed to the site in the year preceding the demonstration	Claims	Yes	Yes	No	No	Yes	No
External Funding								
SNMH participation	Participation in the Commonwealth Fund's funded Safety Net Medical Home Initiative		No (small n)	No (few benes)	No	No	No	No
HCCN grantee	Indicator of whether the site's grantee organization received funding to facilitate health IT collaborations among health centers	HRSA	Yes	Yes	No	No	Yes	No
ACA grantee	Indicator of receipt of ACA Building Capacity, New Access Point, and/or Immediate Facility Improvement grant funding	HRSA	Yes	Yes	No	No	Yes	No
HRSA PCMH Initiative participant	Indicator of whether the site filed a notice of intent to participate in the HRSA PCMH/Health Home Initiative as of January 2013. The program covers the cost of applying for recognition.	HRSA	Yes	Yes	Yes	Yes	Yes	No
PCMH supplemental funding	Indicator of whether the site's grantee organization received a one-time-only grant of \$35,000 to facilitate PCMH transformation in fiscal year 2011	HRSA	Yes	Yes	No	No	Yes	No

			Baseline		CASE Non-		Beneficiary	,
Variable	Description	Source	Site Level Analyses	Claims Analyses	Response Weights	CASE Covariates	Survey Analyses	Qualitative
Participation in other CMS demonstrations	Indicator of participation in one of CMS's Shared Savings Demonstrations (as of June 2013, the earliest date these data were available to RAND)	CMS (MDM)	Yes	Yes	No	No	Yes	No
Area-Level Character	istics							
PCA region	Indicator for one of six grouping of states used to organize the delivery of technical assistance: Central, Mid-Atlantic, Northeast, Southeast, West, West-Central	AIR	Yes	Yes	No	No	Yes	Yes
Rural-urban continuum code	Trichotomized version of the nine-category code. The three categories are: metro county, nonmetro–urban county, or nonmetro–rural county.	ACS	Yes	Yes	No	No	Yes	Yes
Household poverty	Percentage of households below the Federal Poverty Line in the site's census tract	ACS	Yes	Yes	Yes	Yes	Yes	No
Other								
Demonstration participant	Indicator of participation in the CMS APCP Demonstration	CMS	Yes	Yes	NA	NA	Yes	Yes
Survey version	Indicator of either the clinician survey or "other staff" survey	RAND			Yes	Yes		
Survey fielding period	Indicator of "early/baseline" fielding period or "late/follow-up" fielding period	RAND			Yes	Yes		

NOTE: ACA=Affordable Care Act; ACS=American Community Survey (2005–2009 5–year files); AIR=American Institutes for Research; APCP=advanced primary care practices; CASE=Clinician and Staff; EDB=Medicare Enrollment Database; HCC=hierarchical conditions category; HCCN= Health Center Control Networks; HRSA=Health Resources and Services Administration; IT=information technology; MDM=Master Data Management System; ONC=Office of the National Coordinator for Health Information Technology; PCA= primary care association; PCMH=patient-centered medical home; RAS=Readiness Assessment Survey; SNMH= Safety Net Medical Home; UDS=Uniform Data System. Blank cells represent covariates that were not included in the specific analysis, NA indicates that the covariate was not applicable to the specific analysis (e.g., demonstration status in CASE analyses where all respondents were from demonstration sites).

Propensity Score Methodology

We used additional analytic techniques to further minimize the potential for bias caused by differences in characteristics between the demonstration and comparison groups. First, the model adjusts for differences in beneficiary, site, geographic, and other observed characteristics between demonstration and comparison FQHCs directly through vector X. We also use propensity scores to match the demonstration and comparison groups on observable characteristics at baseline.

Propensity score weights were used in conjunction with Equation 1 to differentially weight observations in the comparison group so that the mean characteristics of demonstration and comparison FQHCs and their attributed beneficiaries were comparable. Propensity scores were derived for each beneficiary using a logistic regression model that predicted participation in the demonstration as a function of beneficiary, site, grantee, and area characteristics:

(3)
$$p = \Pr(I = 1) = \frac{1}{1 + \exp(-\beta_0 - \beta_1 X - \sum_{k=1}^{K} \beta_2 Y_k)}$$

where Y_{k} , k=1, 2, ..., K are beneficiary outcomes in the baseline period. The covariates included in the propensity score model are identical to the covariates included in the main regression model with only three exceptions. First, we included several baseline outcomes in the propensity score model to ensure that demonstration and comparison sites were well matched. These included total payments during the baseline year and number of inpatient admissions (overall and for ambulatory care sensitive conditions), hospital readmissions, and diabetes and ischemic vascular disease screening tests during the baseline year. We also included baseline NCQA Level 3 recognition (using the 2008 standards). Finally, we included indicators of whether a beneficiary was included in the diabetes or ischemic vascular disease process measure denominators.

The propensity scores were derived from the fitted values of the regression model in Equation 2 and used as beneficiary-level weights in Equation 1. This "doubly robust" method provides unbiased estimates if the *propensity score model* fully captures the selection biases in the data. Additionally, a key advantage is that even if such an assumption is incorrect, estimates would remain unbiased as long as the *difference-in-differences model* in Equation 1 fully captures the impact of the demonstration. Our difference-in-differences model controlled for potential differences in baseline outcomes between the demonstration and comparison groups, with model variable I. Model coefficient α_1 indicates the strength and significance of these baseline differences.

The specification of all propensity score models was assessed through a combination of model fit statistics and postestimation assessments of balance. Imbalance was determined using absolute standardized differences. This approach emphasizes the importance of "practical differences" in covariates between demonstration and comparison groups rather than statistically

significant differences. Most of RAND's analyses for this report use sample sizes that are extremely large, and small differences are likely to produce positive significance tests. The standardized mean difference estimators that we used to assess balance are:

$$Std Diff = \left| \frac{\bar{X}_D - \bar{X}_C}{SD(X)_{combined}} \right| for continuous variables$$
$$Std Diff = \left| p_D - p_C \right| for categorical variables$$

where \bar{X}_D and \bar{X}_C are mean values for continuous variables in the demonstration and comparison groups, respectively, and p_D and p_C are mean proportions for categorical variables in the demonstration and comparison groups, respectively. In essence, for continuous variables, this standardized difference is computed as the difference in mean values for the variable between demonstration and comparison groups divided by the standard deviation of the combined sample, allowing all the differences to be on the same scale. Any absolute standardized difference that is larger than 0.1, or 10 percent (i.e., the nonstandardized difference is larger than 0.1 times the standard deviations in absolute value), is assumed to be large in terms of its practical significance. For categorical variables, since these are already proportions bounded between 0 and 100 percent, the raw difference in proportions is computed and any difference larger than 2 percentage points in absolute value is also assumed to be practically significant and flagged for further review.

After controlling for these baseline differences, the effect of the intervention is estimated as the difference between the demonstration and comparison groups in each year of the demonstration period, compared with the difference between the demonstration and comparison groups in the baseline period. As noted, these incremental changes for demonstration Years One–Three are indicated through parameters α_5 through α_7 in the models.

The regression model described in Equation 1 was estimated using a Generalized Estimating Equations (GEE) extension of the generalized linear model (GLM), with the family and link function varying by dependent variable. The family of the GLM specifies the distribution of the outcome variable, while the link function specifies the relationship between the mean of this distribution and the linear combination of predictor variables. The exact link and family are different for each outcome and are discussed in the sections on the claims data and beneficiary survey. The specifications in the GEE model account for the autocorrelation structure in the errors due to repeated yearly observations per beneficiary.

Generating Estimates of Demonstration Impacts Using Recycled Predictions

Parameter estimates from nonlinear GLM models are not always readily interpretable. For example, when modeling binary outcomes, such as readmission, with a binomial distribution and

the logit link function, parameter estimates are expressed on the log-odds or odds ratio scales. To make the model estimates reliably comparable on the untransformed outcome scale, we used an estimator derived by Puhani (2012) for all nonlinear models (e.g., all-cause admissions, ambulatory care sensitive [ACS] condition, admissions, emergency department visits, readmissions, process measures) that provides an analog to a traditional difference-in-differences estimator but is appropriate for nonlinear models. Puhani's method uses two sets of predictions to estimate the treatment effect. First, the full nonlinear GLM model (Equation 1) is used to estimate the mean predicted value of the dependent variable, assuming that all beneficiaries were in the demonstration in the specific year of interest (for example, the first year of the demonstration). The second prediction estimates a mean value of the dependent variable under a "counterfactual" scenario in which there was no demonstration—by setting the interaction term between the demonstration and the year of interest in the predictions will be the retransformed estimator of the parameter of interest (in this example, the interaction term between the demonstration and Year One) in the original outcome scale.

This procedure is repeated for each year in the demonstration period to obtain estimates of the incremental impact of the demonstration for each year in the demonstration period, relative to the baseline year. We implemented the Puhani estimator in Stata using the margins command, which produces mean estimates of each dependent variable (on the untransformed measurement scale) that average over all beneficiary-level predictions. Standard errors computed using this command are estimated using the delta method.

For linear models that illustrated the demonstration's impact on total Medicare payments and payments within six categories, we used GLM models. Standard errors for these estimates are obtained analytically and without approximation.

Methodology for Subgroup Analyses

For the claims data analyses, we selected a variety of vulnerable populations for the subgroups analysis. We selected several demographic groups: blacks compared with whites, ages 85 and older compared with the middle age bracket of 65–84 years, the middle age bracket compared with the youngest age bracket (younger than 65). We compared rural areas with urban ones, and those with Spanish-language preferences to those with no Spanish-language preferences.¹ We examined how those with mental health diagnoses fared compared with those with no mental health conditions. Finally, we examined some structural characteristics of sites,

¹ Spanish language preference was derived empirically using a model that predicts a beneficiary's preference for speaking Spanish as opposed to English based on a beneficiary's surname, the census tract in which the beneficiary resides, and the level of Spanish language preference/low English proficiency in the census tract in which the beneficiary resides (using data from the American Community Survey, 2005–2009). This work is currently being submitted for publication in the peer reviewed literature.

comparing the sites with the largest number of grantees (15+) with those with five to 14 grantees, and those with five to 14 with fewer than five sites, as well as sites with various numbers of Medicare enrollees per site. Exhibit B.2 describes the subgroups in detail, though the exact variables used to create the groupings are described in the covariates section above.

The methodology for the subgroup analysis is the same as for the main analysis. The difference-in-differences analysis allows us to capture the effect of the CMS APCP intervention controlling for trends over time that may be affecting the outcomes, beyond the impact of the intervention. The subgroup analyses have one additional term: a three-way interaction to assess the impact for the subgroup of interest in the demonstration sites compared to the comparison, before and after the demonstration started.

Exhibit B.2. Subgroup Definitions

Characteristic	Subgroup of Interest	Comparison Group
Race	Black	White
Rurality	Rural (rucc codes 2&3)	Urban (rucc=1)
Age	85+ 65–84	65–84 <65
Disability	Disabled	Nondisabled
Dual eligibility	Dual-eligible	Nondual
Spanish language preference	Preference for Spanish	No Spanish preference
Comorbidity	HCC score: 90+ percentile HCC 75–90	HCC 75–90 <75th percentile
High users of FQHCs	10th decile of FQHC visits	1–9 deciles of FQHC visits
High users of the emergency department	10th decile of ED visits	1–9 deciles of ED visits
FQHC size	Beneficiaries per site: 750+ 250–749	250–749 <250
Grantee size	Sites per grantee: 15+ sites 5–14 sites	5–14 sites <5
Diabetes	Diabetes without complications (CCS 3 2 ≥2 & CCS 3 3 <2)	Nondiabetics
	Diabetes with complications (CCS 3_3 ≥2)	Nondiabetics
Mental health disorders	Schizophrenia and other psychotic disorders (5 10 ≥2)	No mental health condition
	Bipolar disorder/depression (CCS 5_8_1≥2 OR CCS 5_8_2 ≥2) AND (CCS 5_10 <2)	No mental health condition
	Schizophrenia/other psychotic/bipolar/depressive (i.e., combining groups 3 and 4)	No mental health condition
Substance abuse disorders	Alcohol-related disorders (CCS 5_11 ≥2) OR substance- related disorders (CCS 5_12 ≥2)	No mental health condition

SOURCE: Healthcare Cost and Utilization Project (undated). NOTE: CCS=Clinical classification software, which groups individual ICD–9 codes into distinct conditions.

Appendix C. Evaluation Methodology: Medicare and Medicaid Claims Data Analysis

We used a plurality rule to attribute Medicare beneficiaries to a single practice (a federally qualified health center [FQHC], Rural Health Clinic, or another primary care clinic that was responsible for the greatest number of primary care services over the 12–month period that immediately preceded the demonstration. The beneficiary cohort used for the majority of claims-based analyses comprises three distinct cohorts: (1) beneficiaries who were attributed to a demonstration or comparison FQHC that provided a plurality of the beneficiary's primary care visits during the year preceding the demonstration (i.e., "baseline attribution cohort") (2) beneficiaries who were first attributed to a site during the first year of the demonstration (i.e., "Year One attribution cohort"), and (3) beneficiaries who were first attributed during the second year of the demonstration (i.e., "Year Two attribution cohort").²

The three cohorts described above contribute to the evaluation analyses on a rolling basis. For this reason, we describe the aggregation of these individual cohorts as our "rolling entry cohort" and we use this cohort in all analyses unless otherwise indicated. The baseline attribution cohort alone contributes to estimates of the demonstration's impact in its first year; the baseline and Year One attribution cohorts contribute to impact estimates in Year Two; and all three attribution cohorts contribute to the estimates in Year Three. All analyses adjust for a beneficiary's year of first entry into the demonstration to account for systematic differences between the three cohorts that may impact outcomes, such as differential exposure to the intervention.

Consistent with the intention-to-treat (ITT) principle, we followed all beneficiaries who were attributed to a demonstration or comparison site until the end of the study unless the beneficiary lost eligibility. All quality, utilization, and cost outcomes associated with these beneficiaries were attributed to the site to which the beneficiary was first attributed. RAND's analyses indicate that Medicare beneficiaries who are FQHC users exhibit strong loyalty to a single FQHC—a finding that is supported by high rates of repeated attribution to the same FQHC on a quarter-to-quarter basis, and an extremely low rate of switching between demonstration sites to comparison sites or vice versa.

 $^{^{2}}$ The evaluation excludes beneficiaries who were first attributed to a site during the third year of the demonstration because this cohort did not have a full year of measured outcomes.

Claims-Based Outcomes

Exhibit C.1 displays all outcomes used to assess the demonstration's impact in Medicare claims main analyses.

Outcome	Definition
Visits	
Inpatient admissions	Number of hospitalizations per year
Inpatient ACSC admissions	Number of ACSC hospitalizations per year
ED visits	Number of emergency room visits per year
ED visits (w/o admission)	Number of emergency room visits (without admission) per year
PCP visits	Number of visits to a primary care physician per year
Specialist visits	Number of visits to a specialist physician per year
FQHC visits	Number of FQHC visits per year
Process	
HbA1c test (diabetes patients)	Number of diabetes patients who had a Hemoglobin a1c blood test in the past year
LDL test (diabetes patients)	Number of diabetes patients who had an LDL blood test in the past year
Eye exam (diabetes patients)	Number of diabetes patients who had an eye exam in the past year
Nephropathy test (diabetes patients)	Number of diabetes patients who had a nephrologist in the past year
All diabetes tests	Number of diabetes patients who had all four above tests in the past year
Lipid test (IVD patients)	Number of IVD patients who had a lipid panel test in the past year
Spending*	
Total Medicare spending	Sum of total Medicare spending in the year
Total outpatient spending	Sum of spending on outpatient physician services and outpatient facility fees in the year
Acute-care hospital spending	Sum of spending in acute care hospital settings in the year
Post-acute care spending	Sum of spending in post-acute care settings in the year
Outpatient hospital spending	Sum of spending in hospital outpatient departments in the year
FQHC/RHC spending	Sum of spending in FQHC/RHC settings in the year
Physician spending (primary care)	Sum of spending on primary care physician services in the year
Physician spending (specialist)	Sum of spending on specialist physician services in the year
Inpatient file spending	Sum of inpatient file spending in the year
Carrier file spending	Sum of carrier file spending in the year
Outpatient file spending	Sum of outpatient file spending in the year
DME file spending	Sum of DME file spending in the year
Home health file spending	Sum of home health file spending in the year
Hospice file spending	Sum of hospice file spending in the year
Skilled Nursing Facility file spending	Sum of skilled nursing facility file spending in the year
Laboratory spending	Sum of laboratory spending in the year
Imaging spending	Sum of imaging spending in the year

Exhibit C.1. Outcomes Used in Medicare Claims Main Analyses

NOTE: PCP=primary care practice; HbA1c=hemoglobin A1c; LDL= low-density lipoprotein; IVD=Ischemic Vascular Disease; DME=Durable Medical Equipment; RHC=Rural Health Clinic

*For spending measures, "file" denotes one of CMS's claim file types (e.g., inpatient, carrier, etc.), and thus includes claims for all services reported in each file.

The specific type of regression model used to estimate demonstration impacts varied across outcomes. Each modeling approach also included adjustments for changes in a beneficiary's eligibility for Medicare Parts A and B (and therefore the extent to which we observe the beneficiary's utilization and costs of health care services) within each year. Model form specifications, including the family and link function used for each model, and method of eligibility adjustment are summarized in Exhibit C.2.

Spending outcomes were modeled using a normal distribution with identity link. We used a two-part regression model to account for beneficiaries who have no spending in a particular category.

All utilization outcomes that are measured as counts (e.g., admissions, emergency department (ED) visits, and non-ED ambulatory visits) are modeled using the negative binomial distribution with a log link, which is appropriate for right-skewed count data. We used two-part models ("zero-inflated negative binomial models") to account for the high proportion of beneficiaries with no visits in each category of utilization.

Finally, binary outcome data (e.g., readmissions and process measures) are modeled with a generalized linear model (GLM) that uses a binomial distribution with a logit link function.

Outcome Category	Dependent Variable	Family	Link	Eligibility Adjustment
Medicare payments (total and individual categories) ^a	Continuous, skewed right	Normal	Identity	Divide Y by eligibility weight for beneficiaries that lose eligibility but remain alive during a quarter. No adjustment for beneficiaries that die during a quarter.
Utilization measures	Count	Negative binomial	Log	Number of months of eligibility included as offset
Readmission within 30 days	Binary	Binomial	Logit	Not needed—measure requires eligibility during full 30-day observation period
Process measures	Binary	Binomial	Logit	Not needed—measure requires eligibility during one-year measurement period

Exhibit C.2. Dependent Variables and Family, Link Function, and Eligibility Adjustment Used in Regression Model Specifications

^a Payment categories include: acute care hospital, post-acute care, FQHC/ rural health center (RHC), outpatient, primary care physician, specialist physician.

Subgroups

We analyzed the same subgroups and set of outcomes for the rolling entry cohort and three cohorts stratified by the timing of first attribution to a demonstration or comparison site: the baseline attribution cohort, Year One–attribution cohort, and Year Two–attribution cohort. In the interest of brevity, we report only the rolling entry cohort as this is our main cohort of interest. The subgroup results for the other cohorts can be found in Appendix F.

The outcomes used in the disparities analyses are a subset of the outcomes used in the main analysis and are displayed in Exhibit C.3.

Exhibit C.3. Outcomes Used in Subgroup Analyses

Utilization	Process	Spending
Inpatient admissions	Hba1c test ^a	Total Medicare spending
Inpatient ACS condition admissions	Eye exam ^a	Acute-care hospital spending
ED visits (all)	LDL test ^a	Post-acute care spending
ED visits (without admission)	Nephropathy test ^a	Outpatient hospital spending
FQHC visits	All diabetes tests ^a	FQHC/RHC spending
PCP visits	Lipid test ^b	Physician spending (specialist)
Specialist visits		Physician spending (primary care)
		Total outpatient spending ^c

NOTE: ACS=ambulatory care sensitive, ED=emergency department, PCP=primary care physician, LDL=low-density lipoprotein, RHC=rural health clinic.

^a Patients with diabetes only.

^b Patients with ischemic vascular disease only.

^c Includes physician and outpatient facility spending.

Methods for Constructing a Non-FQHC Primary Care Clinic Comparison Group

Rationale for Considering a Non-FQHC Comparison Group

We explored the use of non-FQHC primary care clinics (hereafter referred to as PCCs) for the evaluation to address potential threats to the internal validity of our analyses from selection bias and contamination bias. Exhibit C.4 summarizes the advantages and disadvantages of including PCCs as comparison sites to address these two sources of bias. Overall, we concluded that the threat of contamination within our FQHC comparison group as a result of exposure to the APCP demonstration's technical assistance or other initiatives (including HRSA's PCMH/Home Health Initiative that was launched concurrently with the CMS demonstration) might bias our estimates of the demonstration's impact.
Exhibit C.4. Advantages and Disadvantages of Including PCCs as Comparison Sites in Addition to FQHCs

Type of Concern	Advantages	Disadvantages
Selection Bias	Addresses selection bias among comparison FQHCs: FQHCs were selected for the demonstration using a nonrandom process developed by CMS, and therefore nonparticipating FQHCs may differ from participants systematically. PCCs may also differ from demonstration FQHCs systematically, but the nature of the bias will likely be different. If the selection biases from comparison FQHCs and PCCs differ in direction, this would minimize the chance that selection bias from comparison FQHCs would drive inferences about the effectiveness of the intervention. However, the direction and extent of bias associated with comparison FQHCs vs. comparison PCCs are unknown.	Increases some types of selection bias: PCCs differ from FQHCs on observed and possibly unobserved factors, and propensity score models do not adequately control for either of these differences. Differences in time- varying characteristics are of particular concern. The absence of access to key variables to describe whether PCCs are similar to demonstration FQHCs limits our ability to identify PCCs as comparison sites that are comparable to demonstration FQHCs. Selection bias may lead to differences in the underlying rate of PCMH transformation between PCCs and demo FQHCs, which can be confounded with the effect of the intervention.
Other Threats to Internal Validity	Decreases threat to internal validity from contamination: FQHC comparison sites may be exposed to the technical assistance components of the demonstration interventions. FQHC comparison sites are also likely to be exposed to a number of similar programs during the intervention period. Some of these aim to achieve PCMH recognition, and others aim to otherwise transform practice structure. This would bias our estimate of the effect of the intervention towards null. Because exposure to these programs ("contamination") would likely occur during the same time period as the intervention, it will be particularly difficult to differentiate the effects of the intervention from the effects of contamination. While PCCs may also be exposed to similar programs, we estimate that the scale of these programs is insufficient to reach every PCC, which differs notably from similar FQHC programs where PCMH transformation efforts are more highly coordinated. Therefore, we expect exposure to be less likely for comparison PCCs than comparison FQHCs, although we have limited data sources that provide information on exposure for comparison PCCs.	Increases threat to internal validity from misclassification bias: Many measures used as independent and dependent variables are missing or may be measured inaccurately in PCCs due to differences in claims coding vis-à- vis FQHCs and to the use of imperfect practice identifiers for PCCs.

Methods for Creating the Primary Care Clinic Comparison Group

We used a practice's tax identification number (TIN) as the unique identifier for each primary care clinic. We identified eligible PCCs using a multistep process involving both U.S. census and claims data.

First, we identified all TINs used by all primary care clinicians who submitted claims for primary care services in 2010 and who practiced in census tracts similar to those of

demonstration census tracts.³ This analysis produced a sample of 28,634 eligible PCCs. Because clinicians who bill using the same TIN may not practice in the same physical location, we assigned each PCC to a single zip code based on the zip code associated with the plurality of claims. We then geocoded each zip code, and assigned each PCC to a single census tract.

Next, we determined whether each PCC was located in the same census tract as a demonstration site ("primary tract") or a tract that was adjacent to a primary tract ("secondary tract") or a tract bordering a secondary tract ("tertiary tract"). We also identified PCCs that were not located in a primary, secondary, or tertiary tract, but were located in a census tract that matched the characteristics of demonstration site tracts using a more refined set of matching criteria than those that were used to draw the initial sample of TINs. For this analysis we used data from the American Community Survey and selected six sociodemographic variables, listed in Exhibit C.5, that we considered most important in defining a match between demonstration and comparison census tracts. We restricted our starting sample of PCCs to those that were located in secondary, tertiary, or matching tracts. As indicated in Exhibit C.6, this produced an initial sample of 26,317 eligible PCCs.

Exhibit C.5. Matching Criteria Used to Identify PCC Census Tracts Having Similar Characteristics to Those of Demonstration Census Tracts

Characteristic	Matching criterion
Total population	±10 percentiles
Urban area vs. urban cluster vs. rural indicator	Exact match
Percentage of households who are at or below the poverty line	± 10 percentiles
Percentage of residents who are in the dominant minority group ^a	± 10 percentiles
Percentage Hispanic population	± 10 percentiles
Percentage foreign born	±10 percentiles

NOTES: We used five-year average census tract-level estimates from the American Community Survey (2005–2009) to match comparison census tracts to intervention census tracts. We required that eligible comparison tracts match on the first three characteristics above and at least one other characteristic from among the remaining three characteristics.

^a The dominant minority group is determined based on the maximum of (1) the percentage of African-American residents in the tract, (2) the percentage of Asian/Pacific Islander residents, and (3) the percentage American Indian residents. Comparison sites are matched based on the percentage of the dominant minority group.

We then analyzed claims for Medicare beneficiaries submitted by these PCCs during calendar year 2010 to identify additional site-level characteristics and to summarize the profile of beneficiaries who receive care at PCCs. Similar to the approach used to identify the FQHC comparison group sampling frame, we identified all PCCs that submitted claims for primary care services provided to Medicare beneficiaries who were continuously enrolled in Part A and Part B

³ Variables used to identify matching census tracts included: population size, urban/rural status, race ethnicity, citizenship status, foreign born status, foreign language speaking, poverty, education, Health Professional Shortage Area designation, and Medically Underserved Area designation. The American Community Survey (2005–2009) was used to identify matching census tracts.

during 2010, and who were not enrolled in Medicare Advantage, did not have end-stage renal disease, and had no hospice utilization during the year.

Among the 26,317 PCCs comprising our initial sampling frame, we identified 6,010 PCCs that (1) were not Multi-Payer Advanced Primary Care Practice (MAPCP) participants, (2) were located in one of the 50 U.S. states, (3) did not employ staff clinicians who also practiced at an FQHC, (4) treated a number of Medicare beneficiaries in 2010 that was within the range of counts observed in FQHCs, (5) had counts of staff clinicians in key categories that did not exceed counts observed in FQHCs, and (6) had at least one attributed beneficiary in the year preceding the demonstration.⁴ Among the 6,010 eligible PCCs, 24 PCC sites had missing values on variables included in propensity matching; these were dropped leaving 5,986 PCC sites. We fit initial propensity score models, and eliminated an additional 4,903 PCCs with a propensity score models including the remaining 1,083 PCCs and 503 demonstration FQHCs.

	Number of PCCs (%)
All TINs associated with primary care clinicians who practiced in the same census tracts or those that matched the characteristics of FQHC demo sites	28,634 (100%)
PCCs without claims for qualifying beneficiaries in 2010	724 (2.5)
PCCs with invalid zip codes	70 (0.2)
PCCs that could be successfully geocoded	27,840 (97.2)
Located in "primary" census tracts	802 (2.9)
Located in "secondary" census tracts	2306 (8.3)
Located in "tertiary" census tracts	3957 (14.2)
Located in areas matching participant census tracts	20,054 (72.0)
Not located in primary, secondary, tertiary, or matching tract	721 (2.5)
RAND exclusions among TINs in secondary, tertiary, or matched tracts	26,317 (100%)
MAPCP participants	134 (1)
Not located in one of 50 U.S. states	79 (<1)
Share NPI with FQHC	2,648 (10)
Provided services to <200 Medicare beneficiaries in 2010	12,031 (46)
Provided services to >2,275 Medicare beneficiaries in 2010	1,145 (4)
>47 primary care physicians	12 (<1)
>24 specialist physicians	38 (<1)
>25 midlevel providers	22 (<1)
<2 total providers	3,735 (14)
No beneficiaries attributed at baseline	463 (2)
Total number of eligible PCC comparison sites	6010 (23)

Exhibit C.6. Identifying Eligible PCC Comparison Sites

⁴ We excluded these comparison sites from our sample because if they had no beneficiaries attributed in the year before the demonstration (i.e., "baseline") we would not be able to field the beneficiary survey. All these comparison sites were associated with at least 200 beneficiaries during the lookback year (2010) but did not have eligible beneficiaries attributed to them during the year before the demonstration.

Assessment of Balance of Characteristics Between Groups

We examined balance between demonstration FQHCs and the final sample of 1,083 comparison PCCs both before and after applying propensity score weights (Exhibit C.7). Despite substantial differences in characteristics between the groups in unweighted comparisons, the use of propensity-score weights adequately balances both groups. We found no characteristics exhibiting imbalance using multiple definitions of imbalance.

				Unweighted					Average T	reatment on t ATT) Weighted	he Treated d⁴			
Charactariatia		Total Sample	Combined (Proportion or Mean	PCC (Proportion or Mean	Demo (Proportion or Mean		CMS	n voluo ³	Combined (Proportion or Mean	PCC (Proportion or Mean	Demo (Proportion or Mean		CMS	n valua ³
Beneficiary age	<65 vears	228.683	36.50	33.61	45.50	11.89	24.50	0.0000	45.47	45.44	45.50	0.06	0.12	0.4655
(years) as of 2010	65–74 years	224,275	35.80	36.32	34.15	2.17	4.54		34.07	33.99	34.15	0.16	0.34	
	75–84 years	126,979	20.27	21.79	15.51	6.29	16.19		15.59	15.68	15.51	0.17	0.48	
	85+ years	46,616	7.44	8.28	4.84	3.44	13.92		4.86	4.89	4.84	0.05	0.24	
Beneficiary race	White	464,853	74.19	75.82	69.13	6.69	15.01	0.0000	68.37	67.62	69.13	1.51	3.24	0.0000
	Black	95,803	15.29	14.68	17.19	2.51	6.86		17.58	17.96	17.19	0.77	2.03	
	Asian	18,465	2.95	2.57	4.12	1.55	8.61		4.31	4.50	4.12	0.39	1.90	
	Hispanic	28,488	4.55	3.94	6.43	2.49	11.25		6.45	6.47	6.43	0.03	0.14	
	Other/Unknown	18,944	3.02	2.99	3.13	0.14	0.82		3.29	3.45	3.13	0.32	1.77	
Beneficiary	Female	358,543	57.22	57.77	55.54	2.23	4.50	0.0000	55.79	56.03	55.54	0.49	0.99	0.0061
gender	Male	268,010	42.78	42.23	44.46	2.23	4.50		44.21	43.97	44.46	0.49	0.99	
Beneficiary dual	Dual eligible	252,785	40.35	37.43	49.44	12.01	24.41	0.0000	49.60	49.76	49.44	0.32	0.65	0.0725
status	Not dual eligible	373,768	59.65	62.57	50.56	12.01	24.41		50.40	50.24	50.56	0.32	0.65	
Beneficiary	Disabled	277,646	44.31	41.75	52.30	10.55	21.26	0.0000	52.18	52.07	52.30	0.23	0.47	0.1978
disabled	Not disabled	348,907	55.69	58.25	47.70	10.55	21.26		47.82	47.93	47.70	0.23	0.47	
Institutionalization	Institutionalized	19,737	3.15	3.68	1.50	2.18	13.77	0.0000	1.53	1.56	1.50	0.06	0.50	0.1674
status	Not institutionalized	606,816	96.85	96.32	98.50	2.18	13.77		98.47	98.44	98.50	0.06	0.50	
Comorbidity index	Mean (std)	626,553	1.26 (1.14)	1.29 (1.17)	1.16 (1.03)	10.99	11.35	0.0000	1.17 (0.73)	1.17 (0.60)	1.16 (1.03)	1.12	0.96	0.0020
Total payments (baseline year)	Mean (std)	626,553	12,486.82 (33,865.93)	13,079.97 (34,406.56)	10,639.80 (32,054.12)	7.21	7.34	0.0000	10,897.41 (22,611.89)	11,153.49 (18,587.53)	10,639.80 (32,054.12)	2.27	1.96	0.0000
# of inpatient admissions (baseline year)	Mean (std)	626,553	0.52 (1.84)	0.54 (1.86)	0.47 (1.79)	3.86	3.90	0.0000	0.48 (1.55)	0.50 (1.46)	0.47 (1.79)	2.46	2.34	0.0000
# of ER visits (baseline year)	Mean (std)	626,553	1.15 (3.09)	1.14 (3.04)	1.20 (3.25)	1.95	1.92	0.0000	1.24 (2.89)	1.28 (2.76)	1.20 (3.25)	2.93	2.81	0.0000
# of ACS condition admissions (baseline year)	Mean (std)	626,553	0.07 (0.58)	0.07 (0.57)	0.06 (0.61)	1.06	1.04	0.0003	0.06 (0.48)	0.07 (0.44)	0.06 (0.61)	1.08	0.99	0.0027
# of readmissions (baseline year)	Mean (std)	626,553	0.05 (0.39)	0.06 (0.40)	0.04 (0.35)	3.81	3.94	0.0000	0.04 (0.26)	0.04 (0.22)	0.04 (0.35)	0.78	0.69	0.0301

Exhibit C.7. Comparison of Demonstration FQHC and Comparison PCC Beneficiaries, Unweighted and Propensity Score-Weighted

			Unweighted						Average T	reatment on t ATT) Weighte	he Treated d⁴			
Characteristic	Levels	Total Sample Size	Combined (Proportion or Mean (std dev))	PCC (Proportion or Mean (std dev))	Demo (Proportion or Mean (std dev))	RAND Difference ¹	CMS Difference ²	p-value ³	Combined (Proportion or Mean (std dev))	PCC (Proportion or Mean (std dev))	Demo (Proportion or Mean (std dev))	RAND Difference ¹	CMS Difference ²	p-value ³
In diabetes denominator	In diabetes	66,212	10.57	9.31	14.50	5.19	16.09	0.0000	14.33	14.16	14.50	0.34	0.97	0.0075
(baseline year)	Not in diabetes denominator	560,341	89.43	90.69	85.50	5.19	16.09		85.67	85.84	85.50	0.34	0.97	
HbA1c test	HbA1c test	56,663	9.04	7.96	12.41	4.45	14.75	0.0000	12.28	12.15	12.41	0.26	0.81	0.0260
(baseline year)	No HbA1c test	569,890	90.96	92.04	87.59	4.45	14.75		87.72	87.85	87.59	0.26	0.81	
Nephropathy test (baseline year)	Nephropathy test	33,530	5.35	4.44	8.20	3.77	15.54	0.0000	8.19	8.17	8.20	0.03	0.11	0.7569
	No nephropathy test	593,023	94.65	95.56	91.80	3.77	15.54		91.81	91.83	91.80	0.03	0.11	
Eye exam	Eye exam	28,836	4.60	4.17	5.95	1.79	8.15	0.0000	5.94	5.92	5.95	0.03	0.14	0.6931
(baseline year)	No eye exam	597,717	95.40	95.83	94.05	1.79	8.15		94.06	94.08	94.05	0.03	0.14	
LDL test – diabetes (baseline	LDL test – diabetes	53,038	8.47	7.48	11.54	4.06	13.86	0.0000	11.35	11.17	11.54	0.36	1.14	0.0016
year)	No LDL test – diabetes	573,515	91.53	92.52	88.46	4.06	13.86		88.65	88.83	88.46	0.36	1.14	
In IVD denominator	In IVD denominator	45,015	7.18	7.00	7.77	0.77	2.94	0.0000	7.72	7.67	7.77	0.10	0.37	0.3063
(baseline year)	Not in IVD denominator	581,538	92.82	93.00	92.23	0.77	2.94		92.28	92.33	92.23	0.10	0.37	
LDL test – IVD	LDL test – IVD	34,649	5.53	5.40	5.93	0.53	2.29	0.0000	5.86	5.79	5.93	0.14	0.61	0.0918
(baseline year)	No LDL test – IVD	591,904	94.47	94.60	94.07	0.53	2.29		94.14	94.21	94.07	0.14	0.61	
# of beneficiaries per site (2010)	Mean (std)	626,553	640.06 (518.20)	698.81 (539.75)	457.14 (391.56)	46.64	51.25	0.0000	456.76 (277.18)	456.38 (228.62)	457.14 (391.56)	0.27	0.24	0.4498
# of primary care physicians per site	Mean (std)	626,553	5.82 (6.07)	5.53 (5.87)	6.71 (6.56)	19.52	19.03	0.0000	6.79 (4.98)	6.86 (4.35)	6.71 (6.56)	2.88	2.58	0.0000
# of specialists per site	Mean (std)	626,553	1.52 (3.38)	1.66 (3.61)	1.09 (2.47)	17.04	18.61	0.0000	1.10 (1.69)	1.11 (1.34)	1.09 (2.47)	1.56	1.32	0.0000
# of NPs/Pas per site	Mean (std)	626,553	2.37 (3.42)	2.25 (3.40)	2.74 (3.47)	14.14	14.10	0.0000	2.67 (2.57)	2.60 (2.21)	2.74 (3.47)	5.37	4.75	0.0000
Participation in	No	527,663	84.22	85.99	78.71	7.28	19.18	0.0000	78.74	78.77	78.71	0.06	0.16	0.6620
Other CMS sharing savings demonstration	Yes	98,890	15.78	14.01	21.29	7.28	19.18		21.26	21.23	21.29	0.06	0.16	
Rural-Urban	Metro	392,320	62.62	60.51	69.18	8.67	18.24	0.0000	70.29	71.38	69.18	2.20	4.83	0.0000
(trichotomized)	Nonmetro– Rural	88,009	14.05	14.52	12.59	1.93	5.64		12.36	12.13	12.59	0.46	1.40	
	Nonmetro-	146,224	23.34	24.98	18.23	6.74	16.44		17.36	16.49	18.23	1.75	4.61	

				Unweighted					Average T	reatment on t ATT) Weighte	he Treated d⁴			
Characteristic	Levels	Total Sample Size	Combined (Proportion or Mean (std dev))	PCC (Proportion or Mean (std dev))	Demo (Proportion or Mean (std dev))	RAND Difference ¹	CMS Difference ²	p-value ³	Combined (Proportion or Mean (std dev))	PCC (Proportion or Mean (std dev))	Demo (Proportion or Mean (std dev))	RAND Difference ¹	CMS Difference ²	p-value ³
	Urban													
PCA Region	Central	164,026	26.18	26.17	26.22	0.05	0.12	0.0000	27.23	28.24	26.22	2.02	4.53	0.0000
	Mid-Atlantic	65,789	10.50	10.66	10.00	0.66	2.18		9.90	9.81	10.00	0.19	0.64	
	Northeast	92,579	14.78	14.50	15.64	1.14	3.19		15.32	15.01	15.64	0.63	1.75	
	Southeast	148,962	23.77	27.35	12.63	14.72	37.44		12.14	11.65	12.63	0.99	3.02	
	West	71,871	11.47	9.75	16.82	7.07	20.94		17.39	17.95	16.82	1.12	2.97	
	West-Central	83,326	13.30	11.57	18.69	7.12	19.96		18.02	17.35	18.69	1.33	3.47	
Percent household poverty in census tract	Mean (std)	626,553	20.15 (11.88)	19.81 (11.89)	21.20 (11.77)	11.67	11.71	0.0000	21.26 (8.42)	21.32 (7.02)	21.20 (11.77)	1.50	1.30	0.0000

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014).

¹ RAND Difference is defined for continuous variables as the absolute difference in means divided by the pooled standard deviation, times 100. Differences ≥10 percent (in absolute value) are highlighted in red. For categorical variables, RAND's Standardized Difference is defined as the difference in proportions. Differences ≥2 percent (in absolute value) are highlighted in red.

² CMS Difference is defined as the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Differences ≥10 percent (in absolute value) are highlighted in red.

³ The p-values for continuous variables are from t-tests comparing the means. The p-values for categorical variables are from chi-square tests comparing the proportions. P–values <0.05 are highlighted. ⁴ Numbers in these columns are weighted by the ATT weight.

Assessment of Parallel Trends Assumption

Demonstrating adequate balance between demonstration FQHCs and comparison PCCs alone is inadequate to support the use of PCCs in the evaluation. We also empirically tested the main assumption underlying the use of the difference-in-differences analysis—that demonstration FQHCs and PCCs would have parallel trends in beneficiary outcomes in the absence of the demonstration. If such an assumption holds then any observed difference in trends between the two groups following the demonstration could be interpreted as an effect of the demonstration.

We made use of eight quarters of predemonstration data to conduct this assessment. We selected a subset of all evaluation measures and tested for an impact of the demonstration in the four quarters prior to the start of the demonstration using four additional quarters (covering the period two years before the demonstration) as the "baseline" period. If the underlying dynamics for each of the two groups are similar, these tests should detect no statistically significant difference-in-differences estimate between the two groups. However, if these tests indicate that there are differences between the two groups in the period prior to the start of the demonstration then we would conclude that the use of the difference-in-differences in trends between the two groups.

When examining the three spending measures we found that, in each case, demonstration FQHCs are associated with a statistically significant increase in spending relative to comparison PCCs in the year preceding the demonstration (Exhibit C.8). This difference increased monotonically over three of the four quarters. We observed a similar pattern when examining four of the five utilization measures we considered in this analysis. Although the estimates are not monotonically increasing in each case, we detected a clear trend in which demonstration FQHCs were associated with increasing rates of two types of ED visits (without admission and overall), inpatient admissions, and specialist visits.

Based on this assessment, we decided to exclude all results using the PCC comparison group from the final report.

		Difference-in-Dif	ferences Estimate	•				
	Four Quarters Three Quarters Two Quarters One Quarter Before Before Before Before Demonstration -7.84 (21.00) 72.32*** (20.44) 85.76*** (21.51) 210.05*** (22.32) 28.25* (13.14) 55.22*** (13.19) 68.26*** (13.11) 83.79*** (13.92) -0.70 (5.67) 24.42*** (5.57) 34.67*** (5.49) 68.72*** (5.86)							
-	Four Quarters	Three Quarters	Two Quarters	One Quarter				
	Before	Before	Before	Before				
Measure	Demonstration	Demonstration	Demonstration	Demonstration				
Spending measures, dollars								
Total Medicare spending	-7.84 (21.00)	72.32*** (20.44)	85.76*** (21.51)	210.05*** (22.32)				
Acute care hospital spending	28.25* (13.14)	55.22*** (13.19)	68.26*** (13.11)	83.79*** (13.92)				
Outpatient hospital spending	-0.70 (5.67)	24.42*** (5.57)	34.67*** (5.49)	68.72*** (5.86)				
Utilization measures, visits per 1,000								
beneficiaries								
ED visits (all)	-18.37 (3.54)	-8.62* (3.54)	-12.61*** (3.77)	3.32 (3.69)				
ED visits (without admission)	-19.22*** (3.45)	-10.47** (3.42)	-14.83*** (3.64)	-0.06 (3.52)				
Inpatient admissions	3.50*** (1.00)	4.95*** (1.01)	5.71*** (1.02)	7.96*** (1.04)				
Inpatient ACSC admissions	1.01** (0.36)	0.74 (0.42)	0.74 (0.39)	1.33*** (0.37)				
Total specialist visits	16.49*** (3.70)	32.96*** (3.94)	36.15*** (4.02)	93.37*** (3.94)				

Exhibit C.8. Assessment of Parallel Trends in the Baseline Year Between Demonstration FQHCs and Comparison PCCs

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (2009–2010).

NOTE: The beneficiary cohort used for this assessment was the baseline attribution cohort.

* p<0.05; ** p<0.01; *** p<0.001.

Methods Used in Medicaid Claims Analyses

Data Source and State Selection

We used AlphaMAX claims files for all analyses involving Medicaid enrollees. AlphaMAX files have an expedited production cycle compared to standard Medicaid Analytic eXtract (MAX) files, shortening the time between file submission by states to CMS to processed claims files' availability to researchers. All files were accessed through the Chronic Conditions Warehouse.

Several factors informed the selection of states for the Medicaid claims analysis, including:

- Number of demonstration and comparison sites in the state. Because the Medicaid claims analysis was limited to three states, we prioritized states that had the largest total number of demonstration and comparison sites that were included in our Medicare claims analysis.
- **Geographic variability.** To enhance the generalizability of findings, we prioritized states from different regions of the country.
- **Spanish-speaking population**. To examine effects of the demonstration in diverse patient populations, we prioritized states that had a high percentage of Spanish-speaking residents.

- **Data quality and completeness**. We used available data on the quality and completeness of encounter data to select states that whose encounter data were considered "suitable for research purposes" (Byrd et al., 2012).
- **Data availability**. We prioritized states for which data were available for at least two years of the demonstration period.

Application of these criteria led to the initial prioritization of nine states: California, Florida, Georgia, Michigan, New Mexico, New York, Virginia, Washington, and West Virginia.

Identifying Eligible Medicaid Enrollees and Sites

We used four criteria to identify eligible patients for these analyses:

- Age ≥18. We focused on the adult Medicaid population because the impact of the demonstration, if it existed, would be far more likely to be observed in an adult population that has a greater need for medical services than a pediatric population which is disproportionately healthy.
- 2. **Non-dually eligible**: These individuals are already included in all Medicare claims analyses and were therefore excluded from the Medicaid claims analyses.
- 3. Eligible for full benefits: We required all patients to be eligible for the full Medicaid benefits package so that we observed all claims for services provided to each patient.
- 4. Eligibility gap <45 days: To ensure that we had a complete claims history we excluded any patient who had a gap in Medicaid eligibility exceeding 45 days.

We identified demonstration and comparison FQHCs using a combination of National Provider Identifiers (NPIs) and billing IDs reported in claims. We crosswalked each of these identifiers to Provider Transaction Access Numbers (PTANs) (unique, site-level identifiers used in the Medicare program) that corresponded to demonstration and comparison FQHCs included in our Medicare claims analysis. Patients were then attributed to providers using a plurality rule that assigned a patient to the provider responsible for the plurality of primary care services delivered to each patient in the year prior to the attribution quarter. Attribution was conducted at baseline and repeated for each quarter of the demonstration so that new patients could enter the study on a rolling basis. The final selection of states was informed by the number of years of claims data available during the demonstration period at the time of the writing of the final report, the number of demonstration and comparison FQHCs we could identify in claims, and the size of the baseline attribution cohort within each state. Ultimately, eight states were selected for these analyses: California, Georgia, Michigan, New York, Tennessee, Texas, Virginia, and West Virginia.

Data Analysis

In collaboration with Medicaid billing experts we limited our assessment of demonstration impacts to four measures of utilization: FQHC visits, non-ED ambulatory care visits, ED visits, and inpatient admissions. Unlike our Medicare claims analysis, we did not include measures of health care spending or process measures of quality due to concerns about missing data. In particular, because nearly 20 percent of our Medicaid cohort was enrolled in managed care and because managed care encounter records do not report paid amounts on each claim, we would have had to impute payments for a large percentage of the cohort. In addition, because Medicaid reimburses FQHCs using an encounter rate regardless of the type of services provided in a given encounter, FQHCs have little incentive to accurately report procedures codes on each claim. As a result, performance on process measures may be significantly underestimated.

Our statistical analysis used a doubly robust methodology to estimate demonstration impacts—the same approach we used in our Medicare claims analysis. We first derived propensity score weights that predicted participation in the demonstration as a function of patient, site, and area-level characteristics (Exhibit C.9). Propensity scores were then used as weights in two-part negative binomial regressions. Estimates of the demonstration's impact were retransformed from log odds ratios onto the policy relevant scale of utilization rates per 1,000 beneficiaries using the Puhani estimator for nonlinear difference-in-differences models.

				Unweighted					Α	TT Weighted ⁴				
Ohannatariatia	Laurele	Total Sample	Combined (proportion or mean	Comp (proportion or mean	Demo (proportion or mean	RAND	CMS		Combined (proportion or mean	Comp (proportion or mean	Demo (proportion or mean	RAND	CMS	
Characteristic	Levels	Size	(std dev))	(std dev))	(std dev))	Difference	Difference	p-value	(std dev))	(std dev))	(std dev))	Difference	Difference	p-value
	< si years	5,001	30.37	30.45	30.30	0.15	0.32	0.0075	29.79	29.22	30.30	1.00	2.30	0.0365
(years)	31– 50 years	7,954	41.22	42.11	40.35	1.75	3.56	0.0000	41.23	42.21	40.35	1.85	3.76	0.0000
	51+ years	5,483	28.41	27.45	29.35	1.90	4.22	0.0000	28.98	28.58	29.35	0.77	1.70	0.0000
White race	No	8,832	45.77	44.51	46.99	2.48	4.98	0.0005	38.22	28.42	46.99	18.56	39.03	0.0000
	Yes	10,466	54.23	55.49	53.01	2.48	4.98	0.0000	61.78	71.58	53.01	18.56	39.03	0.0000
Hispanic	No	16,227	84.09	84.88	83.32	1.56	4.26	0.0031	82.21	80.98	83.32	2.34	6.11	0.0000
	Yes	3,071	15.91	15.12	16.68	1.56	4.26	0.0000	17.79	19.02	16.68	2.34	6.11	0.0000
Gender	Female	12,825	66.46	66.11	66.79	0.68	1.44	0.3171	66.99	67.22	66.79	0.43	0.91	0.5360
	Male	6,473	33.54	33.89	33.21	0.68	1.44	0.0000	33.01	32.78	33.21	0.43	0.91	0.0000
Disabled	Not disabled	10,797	55.95	45.77	65.82	20.05	41.23	0.0000	59.98	53.45	65.82	12.37	25.42	0.0000
	Disabled	8,501	44.05	54.23	34.18	20.05	41.23	0.0000	40.02	46.55	34.18	12.37	25.42	0.0000
Managed care/FFS	FFS/ Unknown	16,023	83.03	82.10	83.93	1.83	4.88	0.0007	83.26	82.51	83.93	1.42	3.81	0.0094
	MCO/MCO and FFS	3,275	16.97	17.90	16.07	1.83	4.88	0.0000	16.74	17.49	16.07	1.42	3.81	0.0000
# of qualifying services in baseline year	Mean (std)	19,298	3.29 (2.88)	3.32 (2.91)	3.26 (2.85)	2.28	2.28	0.1133	3.30 (2.90)	3.35 (2.95)	3.26 (2.85)	3.20	3.19	0.0297
CCS count	Mean (std)	19,298	2.79	2.98	2.60	16.68	16.73	0.0000	2.71	2.82	2.60	10.05	10.05	0.0000
(0-14)		40.000	(2.27)	(2.30)	(2.16)	40.00	40.42	0.0000	(2.20)	(2.24)	(2.16)	7 70	7 74	0.0000
# of Index admissions	Mean (std)	19,298	0.54 (0.95)	0.63 (1.08)	0.46 (0.79)	18.39	18.43	0.0000	0.49 (0.80)	0.52 (0.80)	0.46 (0.79)	7.70	7.71	0.0000
# of	Mean (std)	19,298	0.06	0.08	0.04	10.50	10.47	0.0000	0.04	0.05	0.04	3.45	3.45	0.0189
readmissions			(0.42)	(0.52)	(0.28)				(0.29)	(0.31)	(0.28)			
# of total	Mean (std)	19,298	7.09	6.71	7.45	11.69	11.71	0.0000	7.05	6.60	7.45	13.08	13.11	0.0000
visits			(6.32)	(5.97)	(6.63)				(6.50)	(6.34)	(6.63)			
# of FQHC	Mean (std)	19,298	3.92	3.99	3.86	3.87	3.87	0.0072	3.87	3.88	3.86	0.61	0.61	0.6790
visits	. ,		(3.50)	(3.45)	(3.55)				(3.47)	(3.38)	(3.55)			
# of ER visits	Mean (std)	19,298	1.07	1.30	0.84	16.00	16.04	0.0000	1.00	1.18	0.84	12.74	12.78	0.0000
			(2.92)	(3.01)	(2.81)				(2.67)	(2.50)	(2.81)			

Exhibit C.9. Unweighted and Propensity Score–Weighted Comparisons of Medicaid Enrollees in Demonstration and Comparison Sites Included in the Medicaid Claims Analysis

				Unweighted					A	ATT Weighted				
		Total	Combined	Comp	Demo				Combined	Comp	Demo			
		Sample	or mean	or mean	or mean	RAND	CMS		or mean	or mean	or mean	RAND	CMS	
Characteristic	Levels	Size	(std dev))	(std dev))	(std dev))	Difference ¹	Difference ²	p-value ³	(std dev))	(std dev))	(std dev))	Difference ¹	Difference ²	p-value ³
Years FQHC	Mean (std)	19,298	24.49	28.46	20.64	54.65	56.83	0.0000	21.39	22.22	20.64	11.12	11.14	0.0000
has been			(14.31)	(13.40)	(14.12)				(14.21)	(14.27)	(14.12)			
operating														
# of primary	Mean (std)	19,298	12.74	10.40	15.02	38.54	39.26	0.0000	12.96	10.66	15.02	34.03	34.47	0.0000
care			(11.98)	(11.97)	(11.54)				(12.80)	(13.65)	(11.54)			
physicians														
per site														
# of	Mean (std)	19,298	4.76 (8.51)	3.90 (9.85)	5.59 (6.85)	19.88	19.93	0.0000	5.25 (9.28)	4.86	5.59 (6.85)	7.82	7.80	0.0000
specialists										(11.23)				
per site														
Percent	Mean (std)	19,298	23.68	26.29	21.14	38.61	39.40	0.0000	22.52	24.06	21.14	20.22	20.31	0.0000
household			(13.33)	(11.87)	(14.16)				(14.44)	(14.59)	(14.16)			
poverty in														
census tract														

SOURCE: RAND analysis of CMS's Medicaid Analytic eXtract (MAX) files and Alpha-MAX files (2009–2013).

¹ RAND Difference is defined for continuous variables as the absolute difference in means divided by the pooled standard deviation, times 100. Differences ≥10 percent (in absolute value) are highlighted in red. For categorical variables, RAND's Standardized Difference is defined as the difference in proportions. Differences ≥2 percent (in absolute value) are highlighted in red.

² CMS Difference is defined as the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Differences \geq 10 percent (in absolute value) are highlighted in red.

³ The p-values for continuous variables are from t-tests comparing the means. The p-values for categorical variables are from chi-square tests comparing the proportions. P-values <0.05 are highlighted.

⁴ Numbers in these columns are weighted by the ATT weight.

Appendix D. Evaluation Methodology: Beneficiary Survey Data Collection and Analysis

To collect information on patient experience of care at federally qualified health centers (FQHCs), we conducted two rounds of a beneficiary survey, early and late, using items from validated instruments and focusing on aspects of patient experience especially pertinent to FQHCs. Collecting information on the impact of the demonstration on patient experience of care is a critical component of the evaluation. Patients are the best source of this information. Patient-experience-of-care data collected with the expanded Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG–CAHPS) Survey were being used to evaluate whether FQHCs participating in the demonstration provide Medicare beneficiaries with

- more timely delivery of health services
- better coordination of care
- better experiences with the health care system, including more-effective participation in decisions about health care.

Development of the Beneficiary Survey

We have used the expanded CG–CAHPS with the Patient-Centered Medical Home (PCMH) Item Set (Consumer Assessment of Healthcare Providers and Systems, 2011; 2014). CAHPS surveys are known for their blend of standardization and scientific rigor, and have become the industry standard for assessing patient experience of care. Survey results are used for quality improvement (Rodriguez et al., 2009), public reporting (Browne et al., 2015), accreditation, and quality monitoring (Scholle et al., 2004), at both the federal and state level.

The CG–CAHPS survey asks patients to report on their experiences with health care providers and staff in doctors' offices over the past 12 months. The survey produces the following measures of patient experience in

- getting timely appointments, care, and information
- how well providers (or doctors) communicate with patients
- helpful, courteous, and respectful office staff
- patients' ratings of the provider (or doctor).

The PCMH Item Set is a set of supplemental items that—when used in conjunction with CG–CAHPS—assesses patients' experience with the domains of the medical home. The items address the following six topic areas within four domains:

- self-management support
 - anyone in provider's office talked with patient about general health goals

- anyone in provider's office talked with patient about specific health goals
- anyone in provider's office asked if there were things that made it hard for patient to take care of health
- coordination of care
 - provider seemed informed and up-to-date about care from specialists
- whole-person orientation
 - anyone in provider's office talked about worrying/stressful aspects of patient's life
- information about getting care and appointments
 - patient got information about what to do if care is needed on evenings, weekends, or holidays.

We supplement the CG–CAHPS PCMH Survey to encompass a much wider range of health outcomes, patient reports of quality of care, and other factors that may modify the impact of the FQHC Advanced Primary Care Practices (APCP) Demonstration at the individual beneficiary level. The beneficiary survey contains the CG–CAHPS 12–Month Survey with PCMH Items (Agency for Healthcare Research and Quality, undated-a), six CG–CAHPS Health Literacy items (Agency for Healthcare Research and Quality, 2012b), nine CG–CAHPS Cultural Competence items (Agency for Healthcare Research and Quality, 2012b), nine CG–CAHPS Cultural Competence items (Agency for Healthcare Research and Quality, 2012b), the modified Social Functioning—12 item scale (SF–12) (Litwin and McGuigan, 1999), the Four-Item Patient Health Questionnaire (PHQ–4) for Anxiety and Depression (Spitzer et al., 1999; Kroenke et al., 2009), two body mass index (BMI) assessment items (height and weight) (National Heart, Lung, and Blood Institute [NHLBI], 2012), a battery of 30 comorbidity items derived from the self-report version of the Charlson Index and specifically developed to pertain to safety-net populations (Katz et al., 1996; Charlson et al., 1987), and an item assessing ten aspects of "stress associated with indigence" (Jackson, Caldwell, et al., 2010; Jackson, Torres, et al., 2004).

RAND has fielded four different versions of the beneficiary survey. Each survey version contains the "core" items documented above (common across all versions) and a set of "rotation" items (unique to each version of the survey). Fielding each of the four different versions to a randomly selected 25 percent of the beneficiary sample allows us to gather data on the constructs measured by the rotation items while reducing the overall length of the survey instrument for any one respondent, thus significantly reducing respondent burden (versus fielding all rotation items to all sampled beneficiaries). The four rotations include the following items:

• *Rotation 1 (Preventive Care)* contains everything in the core survey, plus ten prevention items about immunizations, colorectal cancer screening, and prophylactic aspirin. We selected these prevention items because their assessment via claims is problematic, due to either performance falling outside the available claim look-back period (e.g., colonoscopy occurring more than five years in the past) or services being commonly

obtained from providers that do not bill Medicare (e.g., flu vaccines from community drives, over-the-counter baby aspirin).

- *Rotation 2 (Counseling and Continuity)* contains everything in the core survey plus eight counseling items and three interpersonal continuity-of-care items. The counseling items are about weight loss and smoking. We included the interpersonal continuity-of-care items because they are concordant with the PCMH/APCP theoretical model.
- *Rotation 3 (Specialists and Access)* contains everything in the core survey plus three items about access to home and community resources, six items about access to specialists, and three items about transportation. We included items about access to home and community resources because they are concordant with the PCMH/APCP theoretical model. We included items about specialists and transportation because we have learned from FQHC subject-area experts from Health Resources and Services Administration (HRSA) and other organizations that beneficiary access to good specialists and "enabling factors," such as transportation, are key determinants of the overall quality of care that FQHC patients receive.
- *Rotation 4 (Hospital and Comprehensiveness)* contains everything in the core survey plus six items about comprehensiveness and four items about coordination with hospital care. We included items about comprehensiveness and coordination with hospital care because they are concordant with the PCMH/APCP theoretical model.

Population Surveyed

We selected the beneficiary survey sample by selecting Medicare beneficiaries from practices attributed to demonstration and comparison sites, including FQHC comparison sites. To select the beneficiary survey sample, we first matched demonstration sites to comparison sites using propensity score methods. Then, within each site, we selected 28 participants randomly (estimating a completion of 14 surveys per site) within the following strata of beneficiary characteristics we planned to oversample:

- demonstration status of FQHC (demonstration vs. comparison)
- age (i.e., younger than 65 versus age 65 or older)
- dual Medicare eligibility (i.e., Medicare with Medicaid eligibility versus Medicare without Medicaid eligibility)
- hierarchical condition categories (HCC) scores (in the 75th percentile versus below the 75th percentile)
- probability of Spanish-language preference (high versus low).

To be eligible for the survey, beneficiaries had to have been attributed to either a demonstration FQHC intervention site or a comparison site according to the plurality rule.⁵ For the baseline survey, we compiled a sample file of 44,808 beneficiaries attributed to demonstration or comparison FQHCs and listing first and last name, date of birth, age or disabled eligibility status, Medicare-only or dual eligibility, HCC scores, probability of Spanish-speaking preference, and mailing address. We stratified our survey sample according to beneficiary characteristics to have enough of a sample to conduct subgroup analyses in different groups.

The early (baseline) beneficiary survey was fielded in two waves: the original cohort (n=30,647) and the supplemental cohort (n=14,161). The supplemental sample was added because of the decision not to have a replacement sample during the late fielding. By adding the supplemental sample, we were able to increase our early fielding numbers as well as provide a larger sample for the late fielding, giving us a larger longitudinal sample. Both baseline beneficiary survey cohorts were fielded from the same main sample that included 44,808 Medicare beneficiaries, 41,285 of whom were attributed to the demonstration or comparison FQHC sites. The respondents to the early survey (n=17,295) were used as the sample for the late (follow-up) beneficiary.

Mode of Administration

In fielding both the baseline and follow-up surveys, we followed the CAHPS guidelines for data collection. The survey was fielded concurrently in both English and Spanish using a mixed-mode data-collection approach (mail with telephone follow-up to nonrespondents). To maximize response rates, all survey materials, in addition to the survey instruments, have been written using simple, lay language and translated into Spanish. In addition to the survey, CMS-approved support materials include an advance notification letter, survey cover letters, a telephone script, frequently asked questions, and a thank-you letter with an address update card. Beneficiaries designated as having a high probability of being Spanish-speaking (based on a RAND-developed algorithm that predicts Spanish preference) were mailed both an English and a Spanish version of the survey (Haviland et al., 2011; Klein et al., 2011). We used bilingual interviewers to conduct the telephone follow-up with nonrespondents. We offered a \$10 post-paid incentive for completing the survey: Each beneficiary received a check for \$10 with a thank-you letter and an

⁵ RAND's plurality rule assigns a beneficiary to the provider who offers the greatest number of primary care services over a 12–month period. RAND's attribution rule allows beneficiaries to be attributed to one of four types of providers: demonstration FQHCs or one of three types of comparison sites (FQHCs not participating in the demonstration, rural health clinics [RHCs]). By contrast, the attribution rule used by the Centers for Medicare and Medicaid Services (CMS) (which ultimately determines the allocation of care management fees to demonstration FQHCs) restricts the sample of providers eligible for attribution to demonstration FQHCs alone.

address update card after we received his or her completed survey (or after they completed the survey by telephone).

Early (Baseline) Baseline Survey

Data Collection Approach

The sample for the baseline survey included 30,647 Medicare beneficiaries, 28,235 of whom were attributed to demonstration or comparison FQHC sites. The data collection protocol included mailing of a prenotification letter printed on CMS letterhead on May 15, 2013; mailing of the first survey approximately one week later on May 23, 2013; mailing of a reminder letter printed front and back in both English and Spanish; and an automated reminder call two weeks later (on June 6, 2013).⁶ A second survey was mailed to nonrespondents three weeks after the reminder letter mailing (on June 27, 2013). Telephone follow-up with beneficiaries who failed to respond to the survey by mail commenced almost four weeks after the second survey mailing, on July 22, 2013, and continued through October 7, 2013. Prior to the start of data collection, the sample file was processed using address standardization software to ensure that all addresses were complete and valid.

Reminder Calls

In addition, we obtained address updates from the National Change of Address file. We obtained telephone numbers from the Social Security Administration (SSA) and obtained updated telephone numbers from a commercial telephone matching service (Relevate, formerly known as Telematch). Exhibit D.1 provides an overview of outcome of the telephone update process.

Telephone Sample	Number of FQHC Beneficiaries (%) (n=28,235)
Usable numbers provided by SSA	23,919 (84.71%)
Missing/unusable/duplicate numbers provided by SSA	4,316 (15.29%)
Missing/unusable numbers updated by Relevate	1,485 (5.26%)
Total usable numbers	25,404 (89.97%)
Total flagged duplicates	314 (1.11%)
Total missing/unusable numbers	2,517 (8.91%)

Exhibit D.1. Overview of the Early	(Baseline)	Survey ⁻	Telephone	Sample
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SOURCE: RAND Survey Research Group, August 10, 2014.

As noted in Exhibit D.1, we were able to obtain a potentially valid phone number for

⁶ Fielding of the early (baseline) beneficiary survey began in May 2013, 19 months after the start of the demonstration.

90 percent of the sample. To evaluate the validity of the telephone numbers in our sample, we used an automated reminder call deployed at the same time as the reminder letter. The reminder call served two purposes: (1) to provide a telephone reminder to respondents, and (2) to identify how many of the telephone numbers in our sample were actually valid, working numbers. Out of the approximately 90 percent of potentially valid numbers available, approximately 62 percent were verified as valid, working numbers, approximately 11 percent were verified as nonworking numbers, and approximately 27 percent were unverifiable. A telephone number was verified as a working number when a call went through and was answered by either a Spanish or English speaker (including both a live person or an answering machine or voice mail message), although these numbers were not verified as belonging to the target respondent. A telephone number was verified as nonworking number, are not verified as belonging to the target respondent. A telephone number was verified as nonworking number, are not verified as belonging to the target respondent. A telephone number was verified as nonworking when it had the standard "number disconnected" or "nonworking number" recording with three tones preceding the recording. Telephone numbers we were unable to verify as valid included cases where the telephone number rang but there was no answer, or there was a pickup followed by silence.

We were able to attain a 30-percent response rate from the mail component of the data collection protocol (attained three weeks after the second survey mailing). Response rate was calculated by dividing total returns by sample size minus ineligibles (American Association for Public Opinion Research, 2008). Approximately 6 percent of the sample was found to have an undeliverable address. We implemented telephone follow-up with 20,825 cases that had failed to complete a mail survey, including cases that had been identified as having a "bad number" by the automated dialer used in making the reminder phone call. Cases identified as having a high probability of preferring to speak in Spanish were routed to a bilingual interviewer. Telephone follow-up was conducted over a period of 11 weeks and yielded a 15 percent increase in the response rate. Of the cases routed to the phone center for follow-up, 45 percent were found to have a "bad number," including cases with nonworking numbers, cases where the household had never heard of the respondent, and cases where the number was disconnected and we were unable to find a new number or the number was listed as unpublished. In addition, about 5 percent of the phone sample was identified as having a working number but using caller ID or privacy screening to block calls. We modified the caller ID used in our phone center about halfway through the phone follow-up effort (changed the caller ID from "blocked" to the name of the survey), and this seemed to improve our ability to communicate with households. Halfway through the telephone follow-up field period, we again attempted to update telephone numbers for the sample through the Relevate database and were able to obtain 200 updated landline telephone numbers as well as approximately 2,000 cell phone numbers. In addition, we used Lexis-Nexis to attempt to track approximately 500 cases with disconnected or invalid telephone numbers (cases for which we were unable to find a valid telephone number from Relevate).

Completed Surveys

We completed the baseline survey with an overall response rate of 40 percent (17,294 completed and partial interviews) and a refusal rate of 10 percent. Fewer than 1 percent of the completed interviews were completed with a proxy respondent (n=167). Out of 17,294 completed and partial interviews, 14,082 interviews (~81 percent of all completes) were completed by mail and 3,212 (19 percent) were completed by phone. Of the surveys completed by mail, 12,791 were completed in English (91 percent of all completes) while 1,291 (9 percent) were completed in Spanish. Of the surveys completed by phone, 2,136 were completed in English (67 percent of phone completes) and 1,076 were completed in Spanish (33 percent of phone completes). Approximately 6 percent of the sample had an undeliverable address and another 6 percent was deemed ineligible (deceased at the time of data collection, language barrier, or incapacitated and unable to complete the interview). Exhibit D.2 provides an overview of the survey fielding results.

Sample Type	Return Rate ^b (%)	Refusal Rate ^b (%)	Sample Size	Total Returns	M1– English ^a	M1– Spanish ^a	M2– English ^a	M2– Spanish ^a	Telephone English	Telephone Spanish	Total Ineligibles	Blank/ Refusal
Original Sample						-	<u> </u>				<u> </u>	
Age (<65)	40.31	8.76	25,400	9,917	5,724	405	1,802	172	1,341	473	796	799
Age (65+)	40.56	12.57	19,408	7,377	3,999	511	1,266	203	795	603	1,219	774
Dual eligible	39.31	8.06	23,628	8,863	4,842	554	1,569	236	1,026	636	1,082	627
HCC score=high	40.57	9.69	18,802	7,172	4,079	278	1,314	116	1,030	355	1,122	586
HCC score=low	40.31	10.69	26,006	10,122	5,644	638	1,754	259	1,106	721	893	987
Spanish preference code=1	38.38	8.42	16,632	6,092	2,546	844	808	342	559	993	761	449
Total	40.41	10.30	44,808	17,294	9,723	916	3,068	375	2,136	1,076	2,015	1,573
Supplemental Sa	ample											
Age (<65)	64.91	4.08	9,919	6,227	3,645	299	932	92	164	24	814	257
Age (65+)	66.58	4.94	7,376	4,571	2,599	357	596	120	111	24	474	290
Dual eligible	65.32	3.69	8,863	5,512	3,084	421	778	129	145	31	606	318
HCC score= high	64.91	4.21	7,173	4,318	2,501	189	632	54	116	15	623	188
HCC score= low	66.08	4.59	10,122	6,480	3,743	467	896	158	159	33	665	359
Spanish preference code=1	63.76	3.23	6,093	3,711	1,495	609	434	186	87	44	351	505
Total	65.61	4.44	17,295	10,798	6,244	656	1,528	212	275	48	1,288	547

Exhibit D.2. Overview of Early (Baseline) Survey Results for the Original and Supplemental Sample Fielding

SOURCE: RAND Survey Research Group; August 10, 2014 (original sample); RAND Survey Research Group; April 17, 2015 (supplemental sample). ^a M1=first mailing; M2=second mailing. ^b Response rate=total returns/(survey sample-ineligibles).

Of the 1,573 baseline survey refusals, 92 percent were obtained from the phone follow-up, and 7 percent were received from returned surveys marked as refused or from calls to the 800 line. About 1 percent of the refusals are attributed to surveys that were returned blank. Refusal conversion was attempted on soft refusals, and we were able to convert 10 percent of these into completes.

Response rates across survey rotation and strata were very similar across all strata at 40 percent. Of note, the dual-eligibility stratum had the largest proportion of invalid telephone numbers at 54 percent, compared with a 52 percent average for the other strata.

The average telephone interview length was 33 minutes, with 90 percent of the interviews completed by phone taking between 15 and 45 minutes. Cases routed to phone follow-up required multiple attempts (attempts to reach a respondent by phone had to be made on different days of the week and different times of day in order to count as a separate attempt). Exhibit D.3 provides an overview of the number of attempts required to complete a telephone interview.

		Tel	ephone	Intervi	ew		
							-

Exhibit D.3. Overview of Number of Call Attempts to Complete an Early (Baseline) Survey

Number of Telephone Attempts	Percentage of the Sample (n=3,212)
1	21.10
2	14.60
3	11.10
4	9.20
5	6.80
6	6.60
7+	30.60

SOURCE: RAND Survey Research Group, March 31, 2014.

Late (Follow-Up) Beneficiary Survey

In July 2014, we fielded the Late (Follow-Up) Beneficiary Survey.⁷ The sample for the follow-up survey consisted of all beneficiaries who completed a baseline survey, including 13,261 beneficiaries belonging to the original baseline sample and 4,034 belonging to the baseline supplemental sample. Exhibit D.4 provides an overview of the sample of beneficiaries eligible for the follow-up survey.

⁷ Fielding of the late (follow-up) beneficiary survey began in October 2014, 36 months after the start of the demonstration.

FQHC	Total
12,329	13,261
3,736	4,033
16,065	17,294
	FQHC 12,329 3,736 16,065

Exhibit D.4. Overview of Sample for the Late Follow-Up Beneficiary Survey

SOURCE: RAND Survey Research Group, March 31, 2014.

Data Collection Approach

Since completion of the baseline survey, we received address update cards from approximately 200 beneficiaries and used them to update the addresses for these respondents. In addition, prior to the start of data collection for the follow-up survey, we ran the sample file through the National Change of Address registry to obtain updated addresses. We revised the sample file with updated address information and then used address standardization software to ensure that all addresses were complete and valid. Throughout the data collection period we continued to track respondents for whom we have an undeliverable address or invalid telephone number using Directory Assistance and Lexis-Nexis. Prior to the start of phone follow-up with nonrespondents who had failed to return a survey by mail, we again used a data-processing service (Relevate, formerly known as Telematch) to obtain updated telephone numbers for the sample.

The survey protocol for the late (follow-up) survey mirrored the protocol used at baseline: For the original sample, it included two mailings of the survey, a reminder letter, and phone follow-up. However, in a final effort to increase response rates, we added a third survey mailing in January 2015. In addition, at follow-up we conducted automated reminder calls after the mailing of each of the surveys and the reminder letter. The supplemental sample was again fielded as a mail-only survey, although we did make automated reminder calls with the mailing of each survey and reminder letter.

In fielding the original sample, we mailed a prenotification letter printed on CMS letterhead in late August 2014, and mailed the first survey approximately one week later in early September. A reminder letter printed front and back in both English and Spanish was mailed two weeks later, and an automated reminder call was made one week after that letting recipients know to expect the survey and encouraging them to complete it. A second survey was mailed to nonrespondents three to four weeks after the reminder. About a week later, these nonrespondents again received an automated reminder call. Telephone follow-up with beneficiaries who failed to respond to the survey by mail commenced the third week in October 2014 (making up to ten attempts to complete the survey by telephone) and continued through December 18, 2014.

The prenotification letter for the supplemental sample was mailed December 30, 2014, and the first survey mailing was mailed January 6, 2015. A reminder letter was mailed in mid-January and a second copy of the survey was mailed February 6, 2015. The data collection period for the supplemental sample was closed on March 3, 2015.

Reminder Calls

To reduce sample attrition between waves of data collection and obtain updated contact information for respondents, we fielded an automated reminder call on February 14, 2014, followed by live reminder calls to beneficiaries for whom we were unable to successfully deliver the automated survey reminder message (those cases that resulted in a final disposition code of "no answer," "busy," or calls that were terminated before the automated reminder message was played). The reminder call served several purposes: It allowed us to identify nonworking numbers so that we could start the tracking process as early as possible and remove participants who had passed away since the baseline, and it alerted respondents about the upcoming follow-up survey.

Of the 13,261 original sample baseline respondents, we were able to successfully deliver the follow-up survey reminder message to 10,877 (82 percent of the original sample). We identified 1,364 cases (10 percent) with nonworking numbers for whom we were unable to find an updated telephone number and 820 cases (6 percent) which we attempted multiple times but were unable to deliver the follow-up survey message (no answers with no voicemail or answering machine). In addition, 28 respondents were reported as deceased, 13 respondents were physically or mentally unable to come to the phone, one was coded as a language barrier, and 158 (1 percent) refused to listen to the follow-up reminder message. Respondents who were identified as deceased from the reminder calls or who explicitly stated that they did not want to participate in the follow-up survey (hard refusals) were excluded from the sample for the follow-up survey.

In October 2014, we made automated reminder calls to the supplemental sample. Exhibit D.5 provides an overview of the outcome of the reminder calls for the original sample.

	Original Sample (n=13,216)	Supplemental Sample (n=4,034)
Completed		
Left automated message	7,856	2,398
Left message with respondent	1,233	313
Left message on answering machine	1,413	500
Left message with informant at respondent's number	279	85
Left message with friend/relative (at given number)	96	23
Refusals		
Refused to hear message	150	46
Refused to participate in follow-up study	8	5
Circumstantial		
Language barrier	1	4
Respondent physically or mentally unable to complete survey	13	1
Respondent is deceased	28	9
Unable to contact		
Nonworking numbers/no such respondent at number/no new number	1,364	395

Exhibit D.5.	Overview of Reminder	Calls for the	Beneficiary Late	(Follow-Up) Survey:	Original and
		Suppleme	ntal Sample		

for respondent		
Maximum attempts made	497	255
Did not attempt due to baseline refusal to be contacted for follow-up	323	0

SOURCE: RAND Survey Research Group; August 10, 2014 (original sample); RAND Survey Research Group; April 17, 2015 (supplemental sample).

Completed Surveys

For the original sample (n=13,261), 8,386 surveys were returned by mail or completed by telephone, for an overall response rate of 67 percent. For the supplemental sample (n=4,033), we received 2,412 mail surveys, for a 60-percent response rate. The combined number of completed/returned follow-up surveys is 10,798. Of these, 8,963 (83 percent) were completed by mail and 1,835 (17 percent) were completed by telephone. A total of 9,335 surveys (86 percent) were completed in English and 1,463 (14 percent) were completed in Spanish. Among the surveys completed in English, most (8,047, or 86 percent) were completed by mail. Among the surveys completed in Spanish, more (916, or 63 percent) were completed by mail. The refusal rate for the follow-up survey original sample was 5 percent and for the supplemental sample was 2 percent. In addition, we identified a total of 449 respondents who were deceased, 51 who had a language barrier and were unable to complete the survey, 337 (2 percent) were incapacitated and thus unable to complete the survey, and 831 (5 percent) had an undeliverable address.

The response rate across the four different versions of the survey (referred to as rotations) was very similar (with a difference among rotations of \sim two points). The response rate was 67 percent for the original sample at and slightly lower for the supplemental sample at 60 percent. The response rate by facility type averaged 60 percent and was similar by facility type (demo FQHC, comparison FQHC, invited FQHC, FQHC with 150-199 patients, FQHC with 100-149 patients), with FQHCs with 150-199 patients averaging four points lower than other facility types. Finally, when looking at the sample by strata, those beneficiaries identified as most likely to speak Spanish and those with high HCC scores had slightly lower response rates than the other strata, although the difference was smaller for the original sample than for the supplemental sample. For example, original sample beneficiaries identified as being likely to be Spanish-speaking had a response rate of 65 percent compared with an overall response rate of 67 percent. In the supplemental sample, beneficiaries identified as being likely to speak Spanish had a response rate of 55 percent compared with an average response rate of 60 percent. The supplemental sample response rate is likely to be lower because survey data were collected via mail only and, unlike survey data collection for the original sample, did not include any telephone follow-up. This would seem to indicate that conducting follow-up by telephone is effective at closing the gap in response rates among English and Spanish speakers.

Combined Early (Baseline) and Late (Follow-Up) Beneficiary Surveys

Response Rates

Exhibit D.6 shows the overall response rate for both the early and late fieldings of the beneficiary survey. The overall response rate on the early fielding was about 40 percent, while the overall response rate on the late fielding was about 66 percent. Given that the late survey was composed entirely of early survey respondents, it is not surprising that the late response rate is much higher. Exhibit D.7 shows that response rates by survey rotation were very similar across both fieldings. Exhibit D.8. shows response rates for the early and late survey fieldings stratified by age, dual eligibility status, HCC score, and Spanish language preference code. Exhibit D.9 shows response rates by facility type for the the early and late survey fieldings.

	Number of People Invited to Participate in the Surveys	Number Who Responded	Response Rate ^a (%)
Early Fielding	-		
Total baseline/early survey including original and supplemental cohort	44,808	17,295	40.42
Original baseline/early survey only	30,647	13,261	46.10
Original baseline/early survey only—only mail	30,647	10,049	34.93
Original baseline/early survey only—only phone	20,825	3,212	15.42
Supplemental baseline/early survey only (mail only)	14,161	4,034	28.76
Total baseline/early survey including original and supplemental cohort mail only	44,808	14,083	32.91
Late Fielding			
Total follow-up/late survey including original cohort and supplemental cohort	17,295	10,798	65.61
Original follow-up/late survey only	13,261	8,386	67.31
Original follow-up/late survey only—only mail	13,261	6,551	52.58
Original follow-up/late survey only—only phone	6,352	1,835	28.89
Supplemental follow-up/late survey only	4,034	2,412	60.30
Total follow-up/late survey including original and supplemental cohort mail only	17,295	8,963	54.46

Exhibit D.6. Response Rate for Early and Late Fielding of the Beneficiary Survey

SOURCE: RAND Survey Research Group, August 10, 2014 (original sample); RAND Survey Research Group, April 17, 2015 (supplemental sample).

^a Response rate=total returns/(survey sample – ineligibles)

			Response Rate ^a	
Sample Type	Sample	Total Returns	. (%)	Refusal Rate (%)
Early (Baseline) Survey Fielding	·			-
Rotation 1	11,197	4,319	40.35	10.04
Rotation 2	11,197	4,374	40.84	9.90
Rotation 3	11,208	4,294	40.14	10.81
Rotation 4	11,206	4,307	40.32	10.44
Total	44,808	17,294	40.41	10.30
Late (Follow-Up) Survey Fielding				
Rotation 1	4,319	2,684	64.88	7.31
Rotation 2	4,374	2,719	65.34	7.42
Rotation 3	4,295	2,693	66.05	6.95
Rotation 4	4,307	2,702	66.18	7.63
Total	17,295	10,798	65.61	7.33

Exhibit D.7. Response Rate by Rotation for the Early and Late Beneficiary Survey

SOURCE: RAND Survey Research Group; August 10, 2014 (original sample); RAND Survey Research Group; April 17, 2015 (supplemental sample). ^a Response rate=total returns/(survey sample – ineligibles).

Exhibit D.8. Response Rate by Sample Type for the Early and Late Beneficiary Survey

Beneficiary Characteristics Used in			Response Rate ^a	
Stratification	Sample	Total Returns	(%)	Refusal Rate (%)
Early (Baseline) Survey Fielding				
Age (<65)	25,400	9,917	40.31	8.76
Age (65+)	19,408	7,377	40.56	12.57
Dual eligibility=1	23,628	8,863	39.31	8.06
HCC score=high	18,802	7,172	40.57	9.69
HCC score=low	26,006	10,122	40.31	10.69
Spanish preference code=1	16,632	6,092	38.38	8.42
Total	44,808	17,294	40.41	10.30
Late (Follow-Up) Survey Fielding				
Age (<65)	9,919	6,227	64.91	6.63
Age (65+)	7,376	4,571	66.58	8.35
Dual eligibility=1	8,863	5,512	65.32	6.11
HCC score=high	7,173	4,318	64.91	7.37
HCC score=low	10,122	6,480	66.08	7.30
Spanish preference code=1	6,093	3,711	63.76	5.47
Total	17,295	10,798	65.61	7.33

SOURCE: RAND Survey Research Group; August 10, 2014 (original sample); RAND Survey Research Group; April 17, 2015 (supplemental sample).

^a Response rate=total returns/(survey sample – ineligibles).

Exhibit D.9. Response Rate by Facility Type for the Early and Late Beneficiary Survey

Facility Type	Sample	Total Returns	Response Rate (%) ^a	Refusal Rate (%)
Early (Baseline) Survey Fielding				
FQHC	41,285	16,065	40.71	9.73
Late (Follow-Up) Survey Fielding				
FQHC	16,065	10,047	65.63	7.20

SOURCE: RAND Survey Research Group; August 10, 2014 (original sample); RAND Survey Research Group; April 17, 2015 (supplemental sample). a Response rate= total returns/(survey sample-ineligibles).

Analyses

We analyzed individual survey questions but also used Consumer Assessment of Healthcare Providers and Systems (CAHPS) scales that have been shown to be reliable and valid across multiple populations. The CAHPS scales and the individual survey questions used to generate the scale are presented in Exhibit D.10.

CAHPS Questions by Scale	Possible Responses
Clinician and Group (CG)–CAHPS: How well providers communicate with patients	
In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?	Never/Sometimes/Usually/Always
In the last 12 months, how often did this provider show respect for what you had to say?	Never/Sometimes/Usually/Always
In the last 12 months, how often did this provider explain things in a way that was easy to understand?	Never/Sometimes/Usually/Always
In the last 12 months, how often did this provider seem to know the important information about your medical history?	Never/Sometimes/Usually/Always
In the last 12 months, how often did this provider listen carefully to you?	Never/Sometimes/Usually/Always
In the last 12 months, how often did this provider spend enough time with you?	Never/Sometimes/Usually/Always
CG–CAHPS: Getting timely appointments, care and information (with 2 validation items)	
In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	Never/Sometimes/Usually/Always
In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	Never/Sometimes/Usually/Always
In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right	Never/Sometimes/Usually/Always

Exhibit D.10. CAHPS Scales and Individual Questions

CAHPS Questions by Scale	Possible Responses
away, how often did you get an appointment as soon as you needed?	
Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?	Never/Sometimes/Usually/Always
In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Never/Sometimes/Usually/Always
In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?	Same day/1 day/2–3 days/4–7 days/More than 7 days
In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?	Never/Sometimes/Usually/Always
CAHPS Patient Centered Medical Home (PCMH): Access to Care (2 validation items)	
In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?	Same day/1 day/2–3 days/4–7 days/More than 7 days
In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?	Never/Sometimes/Usually/Always
CG–CAHPS: Getting timely appointments, care and information	
In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?	Never/Sometimes/Usually/Always
In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	Never/Sometimes/Usually/Always
In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Never/Sometimes/Usually/Always
Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?	Never/Sometimes/Usually/Always
In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Never/Sometimes/Usually/Always
CG CAHPS: Helpful, courteous and respectful office staff	
In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	Never/Sometimes/Usually/Always
In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	Never/Sometimes/Usually/Always
CAHPS PCMH: Providers pay attention to your mental or emotional health	

CAHPS Questions by Scale	Possible Responses
In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?	Yes/No
In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	Yes/No
In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?	Yes/No
CAHPS Health Literacy: Disease self-management	
In the last 12 months, how often did this provider explain what to do if this illness or health condition got worse or came back?	Never/Sometimes/Usually/Always
In the last 12 months, how often did this provider ask you to describe how you were going to follow these instructions?	Never/Sometimes/Usually/Always
In the last 12 months, how often were these instructions easy to understand?	Never/Sometimes/Usually/Always
Sometimes providers give instructions that are hard to follow. In the last 12 months, how often did this provider ask you whether you would have any problems doing what you need to do to take care of this illness or health condition?	Never/Sometimes/Usually/Always
Patient Perceptions of Integrated Care (PPIC) Survey: Access to home services	
In the last 12 months, did anyone in this provider's office ask if you needed more services at home to manage your health conditions?	Yes/No
In the last 12 months, did anyone in this provider's office help you get the services you need at home to manage your health condition?	Yes/No
CAHPS PCMH: Providers discuss medication decisions	
When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?	Not at all/A little/Some/A lot
When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might not want to take a medicine?	Never/Sometimes/Usually/Always
When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?	Yes/No
CAHPS PCMH: Providers support you in taking care of your own health	
In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?	Yes/No
In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?	Yes/No
CAHPS PCMH: Attention to care from other providers	

CAHPS Questions by Scale	Possible Responses
In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?	Never/Sometimes/Usually/Always
In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?	Yes/No
CAHPS: Cost of seeing a specialist	
In the last 12 months, did you and this provider talk about the cost of seeing a specialist?	Yes/No
In the last 12 months, were you ever worried or concerned about the cost of seeing a specialist?	Yes/No
CAHPS PCMH: Information about care and appointments	
Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?	Yes/No
Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?	Yes/No
CG-CAHPS: Follow-up on test results scale	
In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those test results?	Never/Sometimes/Usually/Always
CAHPS: Cultural competence	
In the last 12 months were you treated unfairly because you did not speak English very well?	Never/Sometimes/Usually/Always
In the last 12 months, how often have you been treated unfairly at this provider's office because of your race or ethnicity?	Never/Sometimes/Usually/Always
SOURCE: Agency For Healthcare Research (undated-a).	

Weights

Several weights were designed for analyzing the beneficiary survey data.

Sampling Weight

The beneficiary survey sample was stratified by several demographic characteristics from claims data:

FQHC participation in the demonstration

- Age: younger than 65 years vs. older than 65 years
- Eligibility: dual vs. Medicare-only eligibility
- HCC scores: high (more comorbidities) vs. low (high based on scores above the median HCC value
- Language preference: Spanish vs. English (or Hispanic vs. non-Hispanic, using surname analysis)

A sampling weight, designed to account for the stratified sampling design, was calculated by first estimating the probability of a sampled beneficiary being in the sample (number sampled divided by the total cohort size in the population). The sampling weight is the inverse of the probability of selection.

Nonresponse Weight

The second weights were developed to account for nonresponse to the baseline and follow-up surveys. The nonresponse was calculated on key groups defined by variables that included the stratification variables. The nonresponse weight is equal to the inverse of the response rate within strata.

Propensity Score Weights

Three sets of propensity score weights were also developed for use in the difference-indifferences analyses. These weights are discussed in detail in Appendix B.

In brief, we wanted to make causal inference on the effects of the demonstration, National Committee for Quality Assurance (NCQA) Level 3 recognition, and Level 3/alternate recognition. In a treatment on the treated setting where the comparison group is weighted to be similar to the comparison group, the demonstration group is assigned a weight 1 and the propensity score weight for the comparison group is p/(1–p), in which p is the probability of assignment to the treatment group (e.g., attributed to demonstration site) conditional on observed baseline beneficiary characteristics. The balance tables for the beneficiary survey are at the end of the chapter. (See Exhibits in "Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balances" section of this appendix.)

Propensity score weights were used to ensure that:

- 1. Beneficiaries in the demonstration group looked similar to those in the comparison group.
- 2. Beneficiaries attributed to sites that achieved NCQA Level 3 recognition looked similar to those attributed to sites that did not achieve NCQA Level 3 recognition.
- 3. Beneficiaries attributed to sites that received Level 3/alternate recognition looked similar to those attributed to sites that did not achieve Level 3/alternate recognition.

To balance these groups in the three analyses, we developed three sets of propensity score weights with the average treatment weight computed. The propensity weight balance tables are presented in Exhibits E.13–E.26.

The sampling and nonresponse weights were multiplied to produce a *survey weight* that accounts for the survey design and nonresponse. All difference-in-differences models use *combined weights* (propensity score multiplied by survey weight), which have the following properties:

• The groups being compared (e.g., demonstration and comparison group) will look similar after weighting.

• The two groups will look like the total population of interest, taking into account the nonresponse from some beneficiaries.

Exhibit D.11 presents all of the beneficiary survey weights. The survey weight is the product of the sample and nonresponse weights and is used in all analyses that are designed to be generalized to the original sample frame. The product of the sample weight, nonresponse weight, and propensity score weight is used in the difference-in-differences analyses to account for the survey design and to have observed baseline characteristics be similar in demonstration and comparison FQHCs conditional on the propensity score weight.

Weight	Calculation	Analyses
Sampling weight	N/n	NA
Nonresponse weight (1)	1/response rate to early (baseline) survey within strata	NA
Survey weight (1)	Sampling weight * Nonresponse weight (1)	Descriptive survey analyses of baseline (early) beneficiary survey
Nonresponse weight (2)	1/response rate to late (follow-up) survey within strata	NA
Survey weight (2)	Sampling weight * Nonresponse weight (2)	Descriptive survey analyses of late (follow-up) beneficiary survey; longitudinal analyses of respondents to early and late surveys
Propensity score weight (1)		NA
Combined weight (1)	Survey weight (2) * Propensity score weight (1)	Difference-in-differences analyses (demo)
Propensity score weight (2)		NA
Combined weight (2)	Survey weight (2) * Propensity score weight (2)	Difference-in-differences analyses (Level 3)
Propensity score weight (3)		NA
Combined weight (3)	Survey weight (2) * Propensity score weight (3)	Difference-in-differences analyses (Level 3/alternate recognition)

Exhibit D.11. Analytic Weights for the Beneficiary Survey

Descriptive Analyses

In this report, beneficiary survey data are collected from individuals attributed to the demonstration FQHC and comparison FQHC clinics. RAND's plurality rule for attribution assigns a beneficiary to the provider who offers the greatest number of primary care services over a 12-month period. The collection of follow-up beneficiary survey responses also spanned ten months at the end of the demonstration (month 36 after demonstration initiation). The timing of the follow-up survey toward the end of the demonstration and beyond allowed us to evaluate any sustainable changes in the demonstration that might exist.

Beneficiary survey analysis variables presented in this report are treated as dependent variables, allowing us to see whether differences between demonstration and comparison sites

are recognizable. This report presents bivariate data comparing demonstration FQHC with comparison FQHC users. All percentages reported are weighted percentages, applying weights that account for survey stratification and nonresponse. P–values are based on robust standard error estimates that account for site-level clustering using chi-square tests for continuous variables and t-tests for dichotomous and continuous variables.

Multivariate Analyses

All analyses are based on a longitudinal cohort of beneficiaries who responded to both the baseline and follow-up surveys. Additionally, all item-level analyses are restricted to beneficiaries with valid answers to the analytic item at both times. We hypothesized that health care overall would improve over the course of the demonstration independent of the demonstration. To test this hypothesis, we developed multivariable regression models to evaluate the relationship between time (independent variable) and a number of survey-based outcomes (dependent variables), controlling baseline claims-based characteristics at the beneficiary level (age, race, gender, disability, dual eligibility, HCC score) and site level (number of attributed beneficiaries, urbanity, primary care association [PCA] region, and household poverty of the FQHC's U.S. Census tract). Time was parameterized as an indicator variable (follow-up survey=1 vs. baseline survey=0). All analyses were weighted using the survey weight in order to account for the survey design and nonresponse.

Difference-in-Differences Analyses

The difference-in-differences methodology is described in detail in Appendix B.

We hypothesized that health care in demonstration sites would improve more than comparison sites during the study period. We also hypothesized that health care in sites that achieved NCQA Level 3 recognition or Level 3/alternate recognition would improve more than sites that did not achieve NCQA Level 3 recognition or Level 3/alternate recognition during the study period. To test these hypotheses, we developed linear or logistic regression models for the difference-in-differences analyses:

- model 1: for the demonstration effect; demonstration time interaction (primary predictor of interest)
- model 2: for the NCQA recognition effect; NCQA Level 3 recognition by time interaction (primary predictor of interest)
- model 3: for Level 3/alternate recognition effect; Level 3/alternate recognition by time interaction (primary predictor of interest).

All of these models were developed for a number of survey-based outcomes (dependent variables) and controlled for the baseline beneficiary- and site-level covariates already described. All analyses were weighted using the combined weight (survey weight (2) × propensity score) to account for the survey design and to balance beneficiaries in the two groups being compared on

baseline covariates. The inclusion of both propensity scores and covariates was necessary in order to have doubly robust estimation of the treatment effect of the demonstration, NCQA Level 3 recognition, and Level 3/alternate recognition. All models also included a site-level cluster and standard errors were Huber-White adjusted. Logistic regression estimates are reported on their natural scales using an estimator developed by Puhani.

Mediation Analyses

The difference-in-differences analyses described above addressed Key Policy Question Two, which asks whether demonstration sites deliver better beneficiary processes and outcomes than comparison sites. We used mediation analyses in order to address Key Policy Question Three, which asks whether medical home recognition attainment is associated with observed changes in beneficiary processes and outcomes. Our mediation framework is outlined in Exhibit D.12.



Exhibit D.12. Mediation Conceptual Model

We examined the overall impact of medical home recognition on beneficiary outcomes by aggregating across both demonstration and comparison sites to estimate the impact of achieving PCMH recognition independent of participation in the demonstration.

Mediation analysis refers to a methodology that seeks to determine the nature and mechanisms through which an intervention such as the demonstration being evaluated exerts its effects on a measured outcome (Baron and Kenny, 1986; Jo, 2008; Imai, Keele, and Tingley, 2010). This type of framework is well suited to this evaluation, in which the demonstration is designed to impact structures such as a site reaching NCQA Level 3, and such change in structure can be hypothesized to be causally linked to changes in process and outcome. The mediation analysis examines whether the demonstration impacts self-reported beneficiary outcomes through the implementation of APCPs or alternatively, due to other causes. All mediation analyses used the counterfactual method proposed in Imai, Keele, and Tingley (2010). For all mediation analysis, we estimate three terms:

• The mediated demonstration effect (also referred to as the "indirect effect" by

Average causal mediated effect

Barron and Kenny, 1986) is the effect of the demonstration on outcomes mediated by achievement of PCMH recognition.

- The **direct demonstration effect** captures the remaining association between demonstration and outcomes. It is also referred to as the "direct effect" by Barron and Kenny, 1986. This variable includes unidentified indirect effects through unknown structures or other pathways as well as a direct effect of the demonstration on the different outcomes if they exist.
- The total effect is the summation of the previous two effects.

We used two alternative definitions of PCMH recognition: (1) a site's achievement of NCQA Level 3 PCMH recognition, and (2) a site's achievement of NCQA Level 3 *or* recognition from one of four other sources. The extent to which demonstration or comparison sites achieved each type of recognition was presented earlier (see Exhibit 6.4).

For more information on the methods underlying the mediation analysis and additional result tables referenced later in this chapter, see Appendix M. For more information on the methods underlying the PCMH effect analyses and additional result tables, see Appendix L.

Missing Data

Overall, we had limited missing data for our claims-based covariates. We imputed missing data for our claims-based covariates using mean imputation.

For two key beneficiary outcomes, beneficiary mental and physical health measured with the SF–12 PCS and MCS, we imputed missing data for the SF–12 using multiple imputation (n = 5 imputations) among beneficiaries with at least one SF–12 score. All analyses of SF–12 outcomes account for multiple imputation.

Results

Survey Respondent Characteristics Associated with the Full Baseline (Early) and Follow-Up (Late) Beneficiary Survey Cohorts Stratified by Demonstration FQHC and Comparison FQHC

Exhibit D.13 shows beneficiary survey respondent characteristics for demonstration FQHC compared with comparison FQHC users for the baseline (early) and follow-up (late) surveys. All percentages reported are weighted percentages, applying weights that account for survey stratification and nonresponse. We observe no significant difference in gender or education levels. There are also no differences in age between demonstration and comparison FQHC users for the early survey. A greater proportion of comparison respondents than demonstration respondents were 75 or older at the later survey (33 percent and 29 percent, respectively). The only racial differences in the early survey are that comparison FQHC beneficiaries are less likely than demonstration FQHC beneficiaries to be American Indian or Alaska Natives. On the late survey, the only racial differences are that comparison FQHC beneficiaries are more likely than
demonstration FQHC beneficiaries to be black or African American.

There are very few differences in self-reported comorbid characteristics between baseline FQHC and comparison FQHC beneficiaries. Among 33 reported comorbidities, comparison FQHC beneficiaries are less likely to have stomach ulcers at baseline. At follow-up, demonstration FQHC beneficiaries were more likely to have any gut comorbidity and stomach ulcers, however, they were less likely to have kidney problems.

There are very few significant differences in health status, mental health, and social stressors between demonstration FQHC and comparison FQHC beneficiaries.

	Early S	urvey (%)	Late Su	rvey (%)
	Demonstration FQHC (n=7,948)	Comparison FQHC (n=8,117)	Demonstration FQHC (n=4,953)	Comparison FQHC (n=5,094)
Demographics				
Male (%)	39.02	39.17	36.84	39.89
Female (%)	60.98	60.83	63.16	60.11
Age 18–24 (%)	0.23 [†]	0.21	0.05**	0.18
Age 25–34 (%)	2.35^{++}	1.91	1.46**	1.40
Age 35–44 (%)	4.47 [†]	5.01	3.66**	4.11
Age 45–54 (%)	12.80 [†]	10.60	12.00**	8.69
Age 55–64 (%)	18.36 [†]	18.52	18.17**	17.25
Age 65–75 (%)	36.09 [†]	35.29	35.71**	35.20
Age 75 or older (%)	25.70 [†]	28.46	28.96**	33.17
8th grade or less (%)	15.26	16.57	13.48	15.08
Some high school, but did not graduate (%)	16.99	16.96	16.03	16.49
High school graduate or GED (%)	35.44	35.39	36.68	36.11
Some college or two-year degree (%)	22.21	21.83	22.43	22.64
Four-year college graduate (%)	4.42	4.68	5.44	4.46
More than four-year college degree (%)	5.67	4.57	5.94	5.21
Hispanic (%)	16.49	15.35	16.26	14.61
White (%)	71.61	70.55	73.05	71.89
Black or African American (%)	14.17	15.56	12.93*	15.26
Asian (%)	2.03	1.61	1.55	1.49
Native Hawaiian or Other Pacific Islander (%)	0.36	0.61	0.25	0.41
American Indian or Alaskan Native (%)	5.17*	3.94	4.69	3.88
Other (%)	6.43	5.74	5.85	5.17
Comorbidity				
Any comorbidity (%)	92.99 [†]	91.65	91.51	91.84
Any heart comorbidity (%)	67.92	67.49	66.90	68.37
Any kidney comorbidity (%)	20.30	21.43	20.14	22.29
Any lung comorbidity (%)	26.63	26.46	25.26	25.43

Exhibit D.13. Survey Respondent Characteristics Associated with the Full Early and Late Beneficiary Survey Cohorts Stratified by Demonstration FQHC and Comparison FQHC^a

	Early S	urvey (%)	Late Su	rvey (%)
	Demonstration FQHC (n=7,948)	Comparison FQHC (n=8,117)	Demonstration FQHC (n=4,953)	Comparison FQHC (n=5,094)
Any gut comorbidity (%)	18.43 [†]	16.57	18.24*	15.44
Any brain comorbidity (%)	25.28	24.94	24.30	22.02
Any bone comorbidity (%)	64.38	63.55	62.91	62.46
Any other comorbidity (%)	57.31	58.43	58.49	58.61
Any diabetes (%)	32.84	33.10	32.50	34.50
Myocardial infarction (%)	9.34	10.04	8.91	10.09
Congestive heart failure (%)	8.77	8.26	8.13	8.63
Angina (%)	9.61	9.27	8.85	8.01
Coronary artery disease (%)	13.34	13.04	11.67	12.77
Peripheral vascular disease (%)	10.54	10.67	9.81	10.47
Hypertension (%)	59.78	60.20	58.10	60.38
Kidney problems (%)	14.46	15.38	13.54**	17.06
Protein in your urine (%)	8.62	8.62	8.63	7.79
Chronic lung disease (%)	13.61	13.60	12.82	13.37
Asthma (%)	18.26	17.86	17.05	17.11
Stomach ulcers (%)	13.50*	11.52	12.97*	10.70
Liver problems (%)	6.63	6.30	6.83	5.95
Headaches (%)	10.81	10.70	10.29*	8.51
Seizures (%)	4.01	3.71	3.72	3.26
Dementia (%)	2.50	2.89	2.81	2.94
Learning disability (%)	5.51	5.62	5.08	4.39
Osteoporosis (%)	19.60	19.48	21.76	20.88
Back problems (%)	32.70	32.35	31.57	30.68
Arthritis (%)	48.90	48.33	46.51	47.01
Thyroid disease (%)	14.97	15.33	15.93	16.18
Anemia (%)	11.73	11.44	11.04	10.68
Eye problems (%)	30.18	30.92	30.77	31.34
Difficulty hearing (%)	21.72	21.96	21.29	21.25
Control diabetes with diet and exercise (%)	46.41	44.35	42.29	43.51
Control diabetes with medication (%)	51.06	53.88	53.35	52.60
Control diabetes with insulin (%)	24.43	22.60	22.91	23.22
Calculated body mass index (BMI) (mean)	29.77	29.81	29.64	29.63
Calculated BMI—neither overweight or obese (mean)	22.14	22.10	22.28	22.36
Calculated BMI—overweight (mean)	27.41	27.40	27.44	27.48
Calculated BMI—obese (mean)	36.00***	36.55	36.22*	35.84
Health Status				
Overall health excellent (%)	5.32*	4.30	5.62	5.61
Overall health very good (%)	14.61*	16.03	16.90	17.11
Overall health good (%)	34.86*	32.02	35.27	32.36
Overall health fair (%)	33.94*	35.87	32.21	34.83
Overall health poor (%)	11.26*	11.77	10.00	10.09
Mental Health				

	Early S	urvey (%)	Late Survey (%)		
	Demonstration FQHC (n=7,948)	Comparison FQHC (n=8,117)	Demonstration FQHC (n=4,953)	Comparison FQHC (n=5,094)	
Overall mental health excellent (%)	14.77	15.16	15.26	17.61	
Overall mental health very good (%)	23.26	23.81	24.74	24.87	
Overall mental health good (%)	31.59	30.81	32.70	31.00	
Overall mental health fair (%)	23.97	24.18	22.28	21.45	
Overall mental health poor (%)	6.40	6.03	5.02	5.07	
PHQ–4 scale (Mean)	3.18 [†]	3.29	3.00	2.86	
Felt nervous, anxious or on edge more than half the days in the last two weeks (%)	21.88	23.56	20.57*	20.12	
Not able to stop or control worrying more than half the days in the last two weeks (%)	23.78 [†]	25.81	22.89	22.17	
Had little interest or pleasure in doing things more than half the days in the last two weeks (%)	24.82	25.92	23.69	22.58	
Felt down, depressed or hopeless more than half the days in the last two weeks (%)	19.66 [†]	21.51	17.95**	17.95	
Social Comorbidity					
Money problems in the past month (%)	42.81	42.12	39.17	38.36	
Job problems in the past month (%)	6.16	5.92	4.32	4.17	
Problems with the police in the past month (%)	0.82	0.83	0.74	0.47	
Been the victim of a crime in the past month (%)	2.40	2.30	1.33	2.10	
Family or marriage problems in the past month (%)	12.13*	10.28	10.12	8.86	
Victim of violence in your home in the past month (%)	1.45	1.59	0.89	1.19	
Witnessed violence in your home in the past month (%)	1.17	1.21	0.61	1.07	
Problems with your children in the past month (%)	9.47 [†]	8.22	8.60	7.09	
Problems with your grandchildren in the past month (%)	5.71	4.89	4.62	4.37	
Problems with someone else's children in your home in the past month (%)	1.88	2.01	1.03	1.08	
Mean Stress Scale of 10 items (SD)	0.83**	0.78	0.71	0.68	
% with 0 of 10 points on stress scale	50.50	51.63	54.79	56.23	
% with 1 of 10 points on stress scale	29.66	30.30	28.72	28.96	
% with 2 of 10 points on stress scale	11.35	10.60	9.93	8.81	
% with 3 of 10 points on stress scale	4.94	4.14	4.22	3.62	
% with 4 of 10 points on stress scale	2.16	2.27	1.72	1.53	

	Early S	urvey (%)	Late Su	rvey (%)	
	Demonstration FQHC (n=7,948)	Comparison FQHC (n=8,117)	Demonstration FQHC (n=4,953)	Comparison FQHC (n=5,094)	
% with 5+ of 10 points on stress scale	1.39	1.05	0.61	0.85	

[†]p < 0.10; * p<0.05; ** p<0.01; *** p<0.001.

^a Analyses weighted to account for the survey design and nonresponse; N's vary by question due to item-level nonresponse.

Characteristics of the Longitudinal Cohort of Respondents at Both Baseline and Follow-Up Surveys Included in Difference-Differences Analyses.

Exhibit D.14 shows beneficiary survey respondent characteristics for the longitudinal cohort, survey respondents to the baseline and follow-up survey. The item-level data in the table are for respondents with valid responses to the specific question on both the baseline and follow-up surveys. All percentages reported are weighted percentages, applying weights that account for survey stratification and nonresponse. The p-value for time is based on a multivariable probability model for the survey item (outcome), where time is the primary independent variable. These models account for key characteristics at the beneficiary, site (including demonstration status), and area levels.

We observe no significant differences in gender, age, education levels, race, ethnicity, or language preference between baseline and follow-up.

There are very few differences in comorbid characteristics between baseline and follow-up. The proportion of respondents with any comorbidity, any bone comorbidity, hypertension, headaches, and arthritis, including hip or knee joint disease, decreased slightly. The proportion of respondents reporting congestive heart failure and dementia or Alzheimer's disease increased over time. Among respondents with self-reported diabetes, the proportion reporting that their diabetes was controlled with diet and exercise increased notably (48 percent at baseline, 54 percent at follow-up). The proportion of respondents reporting using diabetes to control their diabetes also increased (37 percent at baseline, 40 percent at follow-up), however, there was no difference in use of insulin for diabetes control over time. The proportion of respondents reporting their overall health as very good or excellent also increased during the study (21 percent at baseline, 23 percent at follow-up). Self-report of social stressors also improved. The proportion of respondents reporting no social stressors increased notably, from 52 percent at baseline to 56 percent at follow-up. Overall rating of mental health did not change with time, however, the proportion of respondents categorized as "normal" anxiety/depression on the PHQ–4 increased slightly.

Demographics	Baseline %/ Mean(SD)	Follow-up %/ Mean(SD)
Gender (n=9,209) °		
Male (%)	38.41	38.48
Female (%)	61.59	61.52
Age (n=9,165)		
Younger than 65 (%) ***	35.46	33.19
Age 65–74 (%) ***	37.85	35.35
Age 75 or older (%) ***	26.68	31.44
Education (n=8,898) ^c		
8th grade or less (%)	14.04	13.56
Some high school, but did not graduate (%)	15.97	16.41
High school graduate or GED (%)	37.04	36.75
Some college or two-year degree (%)	22.63	22.79
Four-year college graduate (%)	4.60	4.88
Completed some college or more (%)	32.95	33.28
More than four-year college degree (%)	5.72	5.61
Race (n=10,037) [°]		
White (%)	72.94	72.41
Black or African American (%)	14.43	14.33
Asian (%)	1.40	1.51
Native Hawaiian or Other Pacific Islander (%)	0.47	0.35
American Indian or Alaskan Native (%)	3.98	4.19
Ethnicity (n=7,903) [°]		
Hispanic (%)	16.28	16.17
Preferred language (n=6,310) $^{\circ}$		
English (%)	91.82	91.85
Spanish (%)	6.79	6.83
Some other language (%)	1.38	1.32
Health Status		
Comorbidity (n=10,037) [°]		
Number of comorbidities (mean (SD))	4.39 (3.02)	4.34 (3.09)
Any comorbidity (%) **	93.05	91.71
Any heart comorbidity (%)	68.77	67.82
Any kidney comorbidity (%)	20.90	21.40
Any lung comorbidity (%)	25.98	25.39
Any gastrointestinal (gut) or liver comorbidity (%)	16.82	16.56
Any brain comorbidity (%)	22.93	22.89
Any bone comorbidity (%) ***	65.72	62.66
Any other comorbidity (%)	58.66	58.52
History of specific comorbidity (n=10,037) $^{\circ}$		
Myocardial infarction (%)	9.31	9.63
Congestive heart failure (%) *	7.56	8.41
Angina (%)	9.06	8.36
Coronary artery disease (%)	12.90	12.35

Exhibit D.14. Demographic and Clinical Comorbid Characteristics of Longitudinal Cohort at Baseline and Follow-Up^{a,b}

	Baseline	Follow-up
Demographics	%/ Mean(SD)	%/ Mean(SD)
Peripheral vascular disease (%)	10.55	10.22
Hypertension (%) **	61.38	59.50
Kidney problems (%) [†]	85.28	84.38
Protein in urine (%)	91.33	91.86
Chronic lung disease or emphysema (%)	13.06	13.17
Asthma (%)	17.92	17.11
Ulcer of stomach or gut (%)	11.99	11.61
Liver problems, liver disease, hepatitis (%)	5.99	6.31
Headaches or migraines (%) **	10.27	9.17
Hemiplegia or paralysis in arm/leg (%)	2.45	2.27
Seizures or epilepsy (%)	3.28	3.39
Stroke (%)	7.69	7.82
Dementia or Alzheimer's (%) **	2.09	2.89
Learning disability, (%)	4.79	4.67
Osteoporosis (%) [†]	20.29	21.26
Back problems (%)	2.45	2.27
Arthritis or hip or knee joint disease (%) ***	49.71	46.84
Thyroid disease (%)	15.49	16.10
Anemia (%)	11.12	10.72
Eye problems such as cataracts, glaucoma, or macular degeneration (%)	30.54	31.13
Difficulty hearing (%)	21.06	21.20
Another condition (e.g. lupus, rheumatoid arthritis, connective tissue disorder) (%)	13.30	12.29
Diabetes (n=8.542) °		
Ever told by doctor/nurse that you have diabetes (%)	37.04	38.00
Diabetes controlled with $(n=4.176)$:		
Diet and exercise (%) ***	47.86	53.55
Medication (%) **	36.72	39.60
Insulin (%)	74.14	72.62
Body Mass Index (BMI) (n=7.801) ^c		
Calculated BMI (mean (SD))	29.74 (6.69)	29.57 (6.66)
Underweight/Normal weight (BMI <24.9)	25.39	26.63
Overweight (BMI 25–25.9)	31.88	32.25
Obese (BMI ≥30) *	42 73	41 12
Social comorbidity (n=10.037) ^c	12.10	
No social stressors (%) ***	51,70	55.68
Count of social stressors (mean (SD))***	0 78 (1 01)	0.69 (0.96)
Overall Rating of General Health (n=9.307) ^c	0.70 (1.01)	0.00 (0.00)
Excellent (%) [†]	5 11	5 70
Overall health very good (%)	16.26	17.08
Overall health excellent or very good $(\%)^*$	21.37	22.78
Overall health good (%)	34.75	33.65
Overall health fair $(\%)$	34.09	33.68
Overall health poor $(\%)$	9 79	0.80
Overall Rating of Mental Health (n=9 333) ^C	5.13	9.09
Overall mental health excellent $(\%)$	16.46	16 79
Overall mental health very good $(\%)$	24 66	24.82
Overall mental health evenlight or very good (0)	2 4 .00	24.02
Overall mental meaninexcellent of very good (%)	41.IZ	41.02

Demographics	Baseline %/ Mean(SD)	Follow-up %/ Mean(SD)
Overall mental health good (%)	31.20	31.62
Overall mental health fair (%)	22.44	21.76
Overall mental health poor (%)	5.24	5.01
Patient Health Questionnaire for Depression and Anxiety (PHQ–4) scale (n=9,096) $^{\rm c}$		
Severe anxiety/depression (9–12) (%)	11.56	11.03
Moderate anxiety/depression (6– 8) (%)	11.26	10.62
Mild anxiety/depression (3–5) (%)	20.22	20.02
Normal anxiety/depression (0–2) (%) *	56.95	58.32

[†]p < 0.10; * p<0.05; ** p<0.01; *** p<0.001.

^a Analyses weighted to account for the survey design and nonresponse; N's vary by question due to item-level nonresponse. In order to be included in the item-level analyses, beneficiaries needed to have valid answers to the item on both baseline and follow-up surveys.

^b P-value for differences between baseline and follow-up from multivariable probability model accounting for characteristics at the beneficiary (age, race, gender, dual-eligibility, disability, HCC), site, and area (demonstration participation, counts of beneficiaries, urbanicity, region, and census-tract-level household poverty) levels. ^c Sample size for each question varies based on survey rotation (beneficiary survey had four rotations where the noncore questions varied so only 25 percent of the sample had the option to complete the rotation-specific question), item-level nonresponse at both surveys which resulted in individuals being excluded from longitudinal cohort-level responses, and/or skip patterns in the survey.

Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balances

Exhibits D.15–D.28 present demonstration versus comparison FQHC balance tables for propensity scores, designed for use in the difference-in-differences analyses, for the following outcomes: demonstration status (overall cohort and four survey rotation specific cohorts), NCQA Level 3 recognition, and Level 3/alternate recognition.

Exhibit D.15. Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balance Tables for the Overall Beneficiary Survey Longitudinal Cohort (n=10,037 Beneficiaries Associated with 500 Demonstration and 811 Comparison FQHCs)

				Imbalance Summa	ry (CMS approach)			
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized Di	ifference (%)	% of Covariates with Statistically Significant Differences			
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)	
Sampling weights only	42.86	2.84	11.62	6.19	52.63	100.0	67.86	
Sampling weights and ATT weights	9.52	1.56	2.97	2.11	47.37	66.67	53.57	

Exhibit D.16. Beneficiary Survey Demonstration vs. Comparison FQHC Balance Tables for the Overall Beneficiary Survey Longitudinal Cohort (n= 10,037 Beneficiaries Associated with 500 Demonstration and 811 Comparison FQHCs)

			Sampling Weights Only ¹ Sampling ATT Weighte							d⁵					
Variable	Level	Total Sample N		Proportion or Mean (SD)		Stand Diffe	Standardized Difference ^{2,3}		Weighted Sample Size	l	Proportion or Mean (SD)		Standardized Difference ²		p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	5,051	42.23	40.42	44.98	4.56	9.2286	<0.0001	59,251.50	45.32	45.68	44.98	0.7	1.4062	<0.0001
Age (4 categories)	65–74	3,608	40.04	40.94	38.68	2.26	4.6181	NA	50,864.69	38.9	39.15	38.68	0.47	0.964	NA
Age (4 categories)	75–84	1,180	15.3	15.94	14.33	1.61	4.4935	NAa	18,092.61	13.84	13.31	14.33	1.02	2.9559	NA
Age (4 categories)	85+	198	2.43	2.69	2.02	0.67	4.4194	NA	2,541.90	1.94	1.87	2.02	0.15	1.0862	NA
Race/ethnicity	White	6,476	76.57	75.92	77.55	1.63	3.8585	<0.0001	99,732.44	76.28	74.9	77.55	2.65	6.228	<0.0001
Race/ethnicity	Black	1,618	14.91	15.57	13.91	1.66	4.6839	NA	19,340.74	14.79	15.75	13.91	1.84	5.179	NA
Race/ethnicity	Asian	158	1.26	1.53	0.85	0.68	6.2741	NA	1,227.18	0.94	1.03	0.85	0.18	1.8654	NA
Race/ethnicity	Hispanic	1,415	5.51	5.18	6.01	0.83	3.612	NA	8,038.95	6.15	6.3	6.01	0.29	1.2067	NA
Race/ethnicity	Other/ Unknown	370	1.75	1.8	1.68	0.12	0.9177	NA	2,411.39	1.84	2.03	1.68	0.35	2.5942	NA
Gender	Male	5,907	61.45	60.49	62.91	2.42	4.9798	<0.0001	82,109.05	62.8	62.67	62.91	0.24	0.4965	0.3643

		Sampling Weights Only ¹						Sampling ATT Weighted ⁵							
Variable	Level	Total Sample N		Proportion or Mean (SD)		Stand Diffe	lardized rence ²³	p-value4	Weighted Sample Size		Proportion or Mean (SD)		Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Gender	Female	4,130	38.55	39.51	37.09	2.42	4.9798	NA	48,641.65	37.2	37.33	37.09	0.24	0.4965	NA
Dual eligible	No	4,798	55.12	56.12	53.61	2.51	5.0455	<.0001	69,504.73	53.16	52.66	53.61	0.95	1.9038	0.0006
Dual eligible	Yes	5,239	44.88	43.88	46.39	2.51	5.0455	NA	61,245.97	46.84	47.34	46.39	0.95	1.9038	NA
Disabled	No	4,398	52.56	54.34	49.85	4.49	8.997	<.0001	64,479.78	49.32	48.74	49.85	1.11	2.2204	<.0001
Disabled	Yes	5,639	47.44	45.66	50.15	4.49	8.997	NA	66,270.92	50.68	51.26	50.15	1.11	2.2204	NA
Comorbidity index	Mean	10,037	0.78 (4.07)	0.79 (4.37)	0.78 (3.75)	0.2457	0.2457	0.5117	10,037	0.80 (3.67)	0.82 (3.60)	0.78 (3.75)	1.0899	1.0899	0.0189
Total number of qualifying services in year prior to attribution quarter	Mean	10,037	5.37 (17.32)	5.37 (18.73)	5.39 (15.75)	0.1155	0.1155	0.8178	10,037	5.40 (15.62)	5.41 (15.49)	5.39 (15.75)	0.128	0.128	0.7965
Total payments	Mean	10,037	5,799.5 (54,154.60)	5,888.3 (57,316.50)	5,664.6 (50,699.02)	0.4132	0.4132	0.4026	10,037	5,808.39 (47,142)	5,964.31 (43,404)	5,664.62 (50,699)	0.6357	0.6357	0.2508
Number of inpatient admissions	Mean	10,037	0.19 (2.35)	0.20 (2.61)	0.18 (2.05)	0.8511	0.8511	0.2166	10,037	0.19 (2.00)	0.20 (1.96)	0.18 (2.05)	1	1	0.1968
Number of emergency room visits	Mean	10,037	0.68 (6.87)	0.69 (7.91)	0.66 (5.61)	0.4367	0.4367	0.4726	10,037	0.67 (5.53)	0.68 (5.45)	0.66 (5.61)	0.3617	0.3617	0.4991
Number of Ambulatory Care Sensitive Condition (ACSC) admissions	Mean	10,037	0.02 (0.73)	0.02 (0.87)	0.02 (0.54)	0	0	0.0167	10,037	0.02 (0.52)	0.02 (0.50)	0.02 (0.54)	0	0	0.595
Number of readmissions	Mean	10,037	0.02 (0.81)	0.02 (0.94)	0.01 (0.65)	1.2346	1.2346	0.067	10,037	0.02 (0.61)	0.02 (0.56)	0.01 (0.65)	1.6393	1.6393	0.7602
In diabetes denominator	No	6,224	69.47	68.72	70.61	1.89	4.1122	<.0001	91,869.29	70.26	69.88	70.61	0.73	1.5968	0.0038
In diabetes denominator	Yes	3,813	30.53	31.28	29.39	1.89	4.1122	NA	38,881.41	29.74	30.12	29.39	0.73	1.5968	NA
Hemoglobin A1c (HbA1c) test	No	6,955	75.4	75.17	75.75	0.58	1.3479	0.0069	98,977.89	75.7	75.65	75.75	0.1	0.2332	0.6838
HbA1c test	Yes	3,082	24.6	24.83	24.25	0.58	1.3479	NA	31,772.81	24.3	24.35	24.25	0.1	0.2332	NA
Nephropathy test	No	7,596	81.5	81.6	81.36	0.24	0.6178	0.2094	106,042.85	81.1	80.83	81.36	0.53	1.3536	0.0143
Nephropathy test	Yes	2,441	18.5	18.4	18.64	0.24	0.6178	NA	24,707.85	18.9	19.17	18.64	0.53	1.3536	NA
Eye exam	No	8,045	84.01	83.86	84.23	0.37	1.0104	0.0364	110,145.88	84.24	84.25	84.23	0.02	0.0549	0.9423
Eye exam	Yes	1,992	15.99	16.14	15.77	0.37	1.0104	NA	20,604.82	15.76	15.75	15.77	0.02	0.0549	NA
Low-density lipoprotein (LDL) test— diabetes	No	6,938	75.63	75.49	75.84	0.35	0.8157	0.0958	99,117.81	75.81	75.77	75.84	0.07	0.1635	0.7723
LDL test-diabetes	Yes	3,099	24.37	24.51	24.16	0.35	0.8157	NA	31,632.89	24.19	24.23	24.16	0.07	0.1635	NA
In Ischemic Vascular Disease denominator	No	7,417	78.36	78.27	78.49	0.22	0.5344	0.2916	101,942.58	77.97	77.4	78.49	1.09	2.6292	<.0001
In Ischemic Vascular Disease denominator	Yes	2,620	21.64	21.73	21.51	0.22	0.5344	NA	28,808.12	22.03	22.6	21.51	1.09	2.6292	NA
LDL test-IVD (baseline Q1)	No	8,260	85.62	85.47	85.84	0.37	1.0556	0.0363	111,871.72	85.56	85.26	85.84	0.58	1.6497	0.0032
LDL test-IVD (baseline Q1)	Yes	1,777	14.38	14.53	14.16	0.37	1.0556	NA	18,878.98	14.44	14.74	14.16	0.58	1.6497	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	9,646	96.36	98.4	93.27	5.13	25.891	<.0001	120,632.28	92.26	91.17	93.27	2.1	7.846	<.0001

			Sampling Weights Only ¹						Sampling ATT Weighted⁵						
Variable	Level	Total Sample N	Proportion or Mean (SD)			Stand Diffe	lardized rence ^{2,3}	p-value⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	391	3.64	1.6	6.73	5.13	25.891	NA	10,118.42	7.74	8.83	6.73	2.1	7.846	NA
Number of beneficiaries per site (2010)	Mean	10,037	562.98 (1,929)	660.02 (2,385)	415.43 (1,095)	12.678	12.678	<0.0001	10,037	412.19 (1069)	408.67 (1043)	415.43 (1095)	0.6321	0.6321	0.2533
Number of primary care physicians	Mean	10,037	6.81 (26.85)	7.37 (30.27)	5.97 (22.45)	5.2142	5.2142	<0.0001	10,037	6.00 (20.23)	6.04 (17.81)	5.97 (22.45)	0.346	0.346	0.5725
Number of specialists	Mean	10,037	0.99 (10.17)	1.09 12.02)	0.85 (7.78)	2.3599	2.3599	<0.0001	10,037	0.87 (7.06)	0.88 (6.29)	0.85 (7.78)	0.4249	0.4249	0.4016
HRSA PCMH Initiative participant	No	5,015	50.04	57.53	38.64	18.89	38.502	<0.0001	54,094.01	41.37	44.34	38.64	5.7	11.588	<.0001
HRSA PCMH Initiative participant	Yes	5,022	49.96	42.47	61.36	18.89	38.502	NA	76,656.69	58.63	55.66	61.36	5.7	11.588	NA
Rural-urban continuum code (trichotomized)	Metropolitan area	6,749	60.39	58.95	62.58	3.63	7.4395	<0.0001	81,633.99	62.43	62.27	62.58	0.31	0.6401	0.0201
Rural-urban continuum code (trichotomized)	Nonmetro /urban area	2,023	21.34	21.74	20.73	1.01	2.4698	NA	26,946.29	20.61	20.47	20.73	0.26	0.6429	NA
Rural-urban continuum code (trichotomized)	Nonmetro /rural area	1,265	18.27	19.31	16.68	2.63	6.8504	NA	22,170.42	16.96	17.25	16.68	0.57	1.5187	NA
PCA region	Central	2,019	24.3	21.79	28.11	6.32	14.644	<0.0001	36,835.28	28.17	28.24	28.11	0.13	0.289	<.0001
PCA region	Mid-Atlantic	1,123	15.02	17.74	10.88	6.86	19.685	NA	13,029.17	9.96	8.98	10.88	1.9	6.3564	NA
PCA region	Northeast	1,151	13.34	11.08	16.79	5.71	16.544	NA	22,591.71	17.28	17.81	16.79	1.02	2.6969	NA
PCA region	Southeast	1,462	15.18	16.99	12.41	4.58	12.961	NA	17,170.34	13.13	13.91	12.41	1.5	4.4382	NA
PCA region	West	2,012	13.81	13.44	14.36	0.92	2.6596	NA	18,043.71	13.8	13.19	14.36	1.17	3.3954	NA
PCA region	West-Central	2,270	18.36	18.95	17.45	1.5	3.8883	NA	23,080.49	17.65	17.87	17.45	0.42	1.1014	NA
Percent household poverty in U.S. Census tract	Mean	10,037	21.99 (49.27)	22.51 (55.00)	21.21 (42.42)	2.6385	2.6385	<0.0001	10,037	21.48 (42.51)	21.77 (42.58)	21.21 (42.42)	1.3173	1.3173	0.0186
Number of service delivery sites	Mean	10,037	9.20 (36.85)	7.52 (26.97)	11.76 (43.10)	11.506	11.506	<0.0001	10,037	10.95 (39.48)	10.08 (35.37)	11.76 (43.10)	4.2553	4.2553	<.0001

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Exhibit D.17. Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balance Table for the Rotation 1 Beneficiary Survey Longitudinal Cohort (n=2,501 Beneficiaries Associated with 435 Demonstration and 560 Comparison FQHCs)

		Imbalance Summary (CMS approach)										
	Imbalance Summary (Rand Approach)	Mean Absolut	te Standardized I	Difference	% of Covariates with Statistically Significant Differences							
	% of Comparisons with Standardized Difference >2% (RAND Diff) (n=42)	Beneficiary-Level Comparisons (CMS Diff) (n=26)	eneficiary-Level Site-Level All Comparisons Comparisons Comparis (CMS Diff) (CMS Diff) (CMS D (n=26) (n=16) (n=42		Beneficiary-Level Comparisons (n=19)	Beneficiary-Level Site-Level Comparisons Comparisons (n=19) (n=19)						
Sampling weights only	64.29	4.67	12.21	7.54	68.42	100.00	78.57					
Sampling weights and ATT weights	35.71	3.38	3.50	3.43	57.89	66.67	60.71					

Exhibit D.18. Beneficiary Survey Demo vs. Comparison FQHC Balance Table for the Rotation 1 Beneficiary Survey Longitudinal Cohort (n=2,501 Beneficiaries Associated with 435 Demonstration and 560 Comparison FQHCs)

				Sa	ampling Weigł	nts Only ¹					Sampling	ATT Weighte	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Differe	ardized ence ²³	p-value⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differ	ardized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³	
Age (4 categories)	<65	1,258	41.57	40.02	43.93	3.91	7.9289	<0.0001	14,663.24	46.12	48.54	43.93	4.61	9.2561	<0.0001
Age (4 categories)	65–74	914	42.07	42.01	42.15	0.14	0.2836		12,862.37	40.46	38.59	42.15	3.56	7.2606	
Age (4 categories)	75–84	284	14.11	15.46	12.05	3.41	9.9127		3,718.48	11.7	11.3	12.05	0.75	2.3357	
Age (4 categories)	85+	45	2.25	2.51	1.86	0.65	4.4473		546.70	1.72	1.56	1.86	0.3	2.3142	-
Race/ethnicity	White	1,612	76.17	75.05	77.88	2.83	6.6748	<0.0001	24,306.50	76.46	74.88	77.88	3	7.0674	<0.0001
Race/ethnicity	Black	403	15.18	16.95	12.47	4.48	12.673		4,391.40	13.81	15.3	12.47	2.83	8.191	-
Race/ethnicity	Asian	42	1.15	1.33	0.89	0.44	4.2006		273.28	0.86	0.83	0.89	0.06	0.6498	
Race/ethnicity	Hispanic	343	5.12	4.23	6.48	2.25	10.007		2,053.53	6.46	6.44	6.48	0.04	0.1627	
Race/ethnicity	Other/ Unknown	101	2.38	2.44	2.29	0.15	0.9871	•	766.07	2.41	2.55	2.29	0.26	1.692	•
Gender	Male	1,511	62.48	61.56	63.88	2.32	4.7992	<0.0001	20,479.80	64.42	65.02	63.88	1.14	2.3818	0.0347
Gender	Female	990	37.52	38.44	36.12	2.32	4.7992		11,310.99	35.58	34.98	36.12	1.14	2.3818	
Dual eligible	No	1,198	55.08	54.18	56.45	2.27	4.5671	<0.0001	18,043.45	56.76	57.1	56.45	0.65	1.3121	0.2453
Dual eligible	Yes	1,303	44.92	45.82	43.55	2.27	4.5671		13,747.34	43.24	42.9	43.55	0.65	1.3121	
Disabled	No	1,089	51.42	50.72	52.5	1.78	3.5624	0.0004	16,186.60	50.92	49.17	52.5	3.33	6.6646	<0.0001
Disabled	Yes	1,412	48.58	49.28	47.5	1.78	3.5624		15,604.19	49.08	50.83	47.5	3.33	6.6646	
Comorbidity index	Mean	2,501	0.77 (3.96)	0.80 (4.44)	0.72 (3.38)	2.0202	2.0202	0.0373	2,501	0.74 (3.29)	0.75 (3.21)	0.72 (3.38)	0.9119	0.9119	0.4181

				S	ampling Weigh	nts Only ¹					Sampling	ATT Weighted	d₂		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Diffen	ardized ence ²³	p-value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Total number of qualifying services in year prior to	Mean	2,501	5.25 (17.03)	5.17 (17.92)	5.39 (16.04)	1.2918	1.2918	0.198	2,501	5.33 (14.98)	5.26 (13.90)	5.39 (16.04)	0.8678	0.8678	0.4525
Total payments	Mean	2,501	5,603.24 (50,245.52)	5,463.16 (46,339.14)	5,816.78 (54,065.70)	0.7038	0.7038	0.4799	2,501	59,14.94 (48,678.74)	6,023.45 (42,962.62)	5,816.78 (54,065.70)	0.4246	0.4246	0.7055
Number of inpatient admissions	Mean	2,501	0.18 (2.23)	0.20 (2.52)	0.16 (1.87)	1.7937	1.7937	0.112	2,501	0.17 (1.84)	0.18 (1.80)	0.16 (1.87)	1.087	1.087	0.479
Number of ER visits	Mean	2,501	0.67 (5.68)	0.72 (6.02)	0.61 (5.30)	1.9366	1.9366	0.062	2,501	0.63 (4.77)	0.66 (4.21)	0.61 (5.30)	1.0482	1.0482	0.3664
Number of ACSC admissions	Mean	2,501	0.02 (0.67)	0.03 (0.80)	0.01 (0.49)	2.9851	2.9851	0.0498	2,501	0.01 (0.44)	0.01 (0.38)	0.01 (0.49)	0	0	0.952
Number of readmissions	Mean	2,501	0.02 (0.68)	0.02 (0.71)	0.01 (0.64)	1.4706	1.4706	0.4649	2,501	0.01 (0.54)	0.01 (0.43)	0.01 (0.64)	0	0	0.8209
In diabetes denominator	No	1,530	69.88	71.31	67.7	3.61	7.8473	<0.0001	21,038.03	66.18	64.5	67.7	3.2	6.7639	<0.0001
In diabetes denominator	Yes	971	30.12	28.69	32.3	3.61	7.8473		10,752.76	33.82	35.5	32.3	3.2	6.7639	
HbA1c test	No	1,728	76.49	77.56	74.86	2.7	6.3442	<0.0001	23,582.98	74.18	73.44	74.86	1.42	3.2438	0.0039
HbA1c test	Yes	773	23.51	22.44	25.14	2.7	6.3442		8,207.81	25.82	26.56	25.14	1.42	3.2438	
Nephropathy test	No	1,878	81.58	82.45	80.26	2.19	5.6253	<0.0001	25,116.28	79	77.61	80.26	2.65	6.5022	<.0001
Nephropathy test	Yes	623	18.42	17.55	19.74	2.19	5.6253		6.674.50	21	22.39	19.74	2.65	6.5022	
Eve exam	No	2002	84.47	85.01	83.66	1.35	37148	0 0002	2645376	83.21	8272	83.66	0.94	2 5 1 3 9	0 0247
Eve exam	Yes	499	15.53	14.99	16.34	1.35	37148	0.000	5 337 03	16.79	17.28	16.34	0.94	2 5139	0.02.11
LDL test_diabetes	No	1 715	77.15	78.84	74 59	4 25	10.068	<0.0001	23 3/15 (13	73.43	72.16	74 59	243	54999	<0.0001
LDL test_diabetes	Vec	786	22.85	21.16	25.41	4.25	10.000	-0.0001	23,345.05 8 4 45 75	26.57	27.84	25.41	2/3	5/000	-0.0001
In I/D denominator	No	1 8/1	70.97	21.10	79.7	1.03	4 7065	<0.0001	24 910 02	78.04	77.31	79.7	1 30	3 3562	. 0.0028
	Vee	1,041	20.12	10.00	21.2	1.90	4.7900	NO.0001	24,810.02	21.06	22.60	21.2	1.09	2.2562	0.0020
	les	000	20.13	19.37	21.3	1.95	4.7900		0,980.77	21.90	22.09	21.3	1.09	0.0002	
(baseline Q1)	INO	2,047	80.77	80.80	80.04	0.22	0.6489	0.5053	27,390.46	80.10	85.63	80.04	1.01	2.9229	0.0096
LDL test—IVD (baseline Q1)	Yes	454	13.23	13.14	13.36	0.22	0.6489		4,400.33	13.84	14.37	13.36	1.01	2.9229	•
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	2,412	96.49	98.35	93.65	4.7	24.159	<0.0001	29,635.49	93.22	92.74	93.65	0.91	3.6141	0.0012
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	89	3.51	1.65	6.35	4.7	24.159	•	2,155.30	6.78	7.26	6.35	0.91	3.6141	
Number of beneficiaries per site (2010)	Mean	2,501	600.84 (2,237.49)	732.50 (2,795.05)	400.14 (1,067.63)	14.854	14.854	<0.0001	2,501	400.99 (1,039.64)	401.92 (1,012.76)	400.14 (1,067.63)	0.1712	0.1712	0.8787
Number of primary care physicians	Mean	2,501	7.20 (29.30)	8.02 (33.39)	5.95 (23.53)	7.0648	7.0648	<0.0001	2,501	5.99 (20.69)	6.05 (17.60)	5.95 (23.53)	0.4833	0.4833	0.6625
Number of specialists	Mean	2,501	1.01 (10.02)	1.09 (11.82)	0.89 (7.67)	1.996	1.996	0.0467	2,501	0.93 (7.18)	0.97 (6.69)	0.89 (7.67)	1.1142	1.1142	0.2889
HRSA PCMH Initiative participant	No	1,272	50.69	58.01	39.52	18.49	37.641	<0.0001	13,084.67	41.16	42.97	39.52	3.45	7.0126	<0.0001
HRSA PCMH Initiative participant	Yes	1,229	49.31	41.99	60.48	18.49	37.641		18,706.12	58.84	57.03	60.48	3.45	7.0126	
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	1,699	61.71	60.04	64.27	4.23	8.7299	<0.0001	20094.18	63.21	62.04	64.27	2.23	4.6241	<0.0001

				Sa	ampling Weigh	nts Only ¹					Sampling	ATT Weighte	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Differe	ardized ence ²³	p-value⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differ	ardized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	482	20.85	21.36	20.07	1.29	3.1835		6378.15	20.06	20.06	20.07	0.01	0.025	
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	320	17.44	18.61	15.66	2.95	7.8348		5318.46	16.73	17.91	15.66	2.25	6.0231	
PCA Region	Central	482	22.8	20.85	25.77	4.92	11.656	<0.0001	8316.78	26.16	26.6	25.77	0.83	1.888	<0.0001
PCA Region	Mid-Atlantic	284	14.84	16.49	12.33	4.16	11.866		3464.23	10.9	9.31	12.33	3.02	9.7336	
PCA Region	Northeast	299	13.69	11.73	16.68	4.95	14.215		5290.40	16.64	16.6	16.68	0.08	0.2148	
PCA Region	Southeast	375	15.2	17.85	11.15	6.7	19.115		3880.25	12.21	13.37	11.15	2.22	6.7726	
PCA Region	West	505	14.89	13.45	17.09	3.64	10.133		5283.25	16.62	16.1	17.09	0.99	2.6613	
PCA Region	West-Central	556	18.58	19.63	16.99	2.64	6.8301		5555.86	17.48	18.02	16.99	1.03	2.7107	
Percent household poverty in census tract	Mean	2501	21.70 (50.69)	22.25 (55.88)	20.86 (44.42)	2.7422	2.7422	0.006	2501	21.37 (43.88)	21.93 (43.30)	20.86 (44.42)	2.4385	2.4385	0.0305
Number of service delivery sites	Mean	2501	9.54 (40.39)	7.40 (27.25)	12.80 (48.24)	13.37	13.37	<0.0001	2501	11.56 (39.66)	10.19 (28.57)	12.80 (48.24)	6.5809	6.5809	<0.0001

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Exhibit D.19. Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balance Table for the Rotation 2 Beneficiary Survey Longitudinal Cohort (n=2,535 Beneficiaries Associated with 422 Demonstration and 582 Comparison FQHCs)

				Imbalance Sumr	nary (CMS approach)		
	Imbalance Summary (Rand Approach)	Mean Absol	ute Standardized	Difference	% of Covariates wit	h Statistically Sig	nificant Differences
	% of Comparisons with Standardized Difference >2% (RAND Diff) (n=42)	Beneficiary-Level Comparisons (CMS Diff) (n=26)	Site-Level Comparisons (CMS Diff) (n=16)	All Comparisons (CMS Diff) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Sampling weights only	50.00	4.12	13.58	7.72	57.89	100.00	71.43
Sampling weights and ATT weights	28.57	3.10	2.59	2.90	47.37	33.33	42.86

Exhibit D.20. Beneficiary Survey Demonstration vs. Comparison FQHC Balance Table for the Rotation 2 Beneficiary Survey Longitudinal Cohort (n=2,535 Beneficiaries Associated with 422 Demonstration and 582 Comparison FQHCs)

				Sa	ampling Weigl	hts Only ¹					Sampling	ATT Weighte	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Differe	ardized ence ^{2,3}	p-value⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	1,276	43.26	42.62	44.31	1.69	3.4097	<0.0001	13,377.46	43.18	41.95	44.31	2.36	4.7665	<0.0001
Age (4 categories)	65–74	901	38.61	38.4	38.96	0.56	1.1499		12,616.93	40.73	42.67	38.96	3.71	7.5538	
Age (4 categories)	75–84	299	14.85	15.44	13.88	1.56	4.4115		4,182.75	13.5	13.09	13.88	0.79	2.313	
Age (4 categories)	85+	59	3.28	3.54	2.85	0.69	3.9242		800.61	2.58	2.29	2.85	0.56	3.5395	
Race/ethnicity	White	1,629	77.46	75.92	79.97	4.05	9.7797	<0.0001	24,756.70	79.92	79.86	79.97	0.11	0.2746	<0.0001
Race/ethnicity	Black	423	15.09	16.94	12.07	4.87	13.862		3,568.67	11.52	10.91	12.07	1.16	3.6381	
Race/ethnicity	Asian	34	0.71	0.79	0.59	0.2	2.4162		181.86	0.59	0.59	0.59	0	0	
Race/ethnicity	Hispanic	367	5.49	5.26	5.87	0.61	2.6611		1,985.51	6.41	7	5.87	1.13	4.6064	
Race/ethnicity	Other/ Unknown	82	1.25	1.1	1.5	0.4	3.5318		485.02	1.57	1.64	1.5	0.14	1.1262	
Gender	Male	1,464	59.06	57.16	62.16	5	10.205	<0.0001	19,202.82	61.99	61.8	62.16	0.36	0.7416	0.5058
Gender	Female	1,071	40.94	42.84	37.84	5	10.205		11,774.94	38.01	38.2	37.84	0.36	0.7416	
Dual eligible	No	1,208	55.85	57.93	52.47	5.46	10.996	<0.0001	16,145.59	52.12	51.73	52.47	0.74	1.4813	0.195
Dual eligible	Yes	1,327	44.15	42.07	47.53	5.46	10.996		14,832.17	47.88	48.27	47.53	0.74	1.4813	
Disabled	No	1,089	50.93	51.89	49.37	2.52	5.042	<0.0001	15,604.82	50.37	51.47	49.37	2.1	4.2011	0.0002
Disabled	Yes	1,446	49.07	48.11	50.63	2.52	5.042		15,372.93	49.63	48.53	50.63	2.1	4.2011	
Comorbidity index	Mean	2,535	0.79 (4.06)	0.81 (4.61)	0.76 (3.37)	1.2315	1.2315	0.1839	2,535	0.80 (3.44)	0.83 (3.50)	0.76 (3.37)	2.0349	2.0349	0.0616

				S	ampling Weigh	nts Only ¹					Sampling	ATT Weighted	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa	ardized ence ^{2,3}	p-value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³	P 0000		Demo & Comp	Comp FQHC	Demo		CMS ³	P 1000
Total number of qualifying services in year prior to attribution quarter	Mean	2,535	5.40 (17.33)	5.37 (18.47)	5.43 (16.03)	0.3462	0.3462	0.7262	2,535	5.42 (15.48)	5.41 (14.96)	5.43 (16.03)	0.1292	0.1292	0.9158
Total payments	Mean	2,535	5,417.27 (40,484.02)	5,788.07 (46,050.45)	4,813.35 (33,377.67)	2.4077	2.4077	0.0158	2,535	5,094.41 (33,849.34)	54,03.22 (34,264.64)	4,813.35 (33,377.67)	1.7426	1.7426	0.1256
Number of inpatient admissions	Mean	2,535	0.18 (2.12)	0.19 (2.36)	0.16 (1.83)	1.4151	1.4151	0.1467	2,535	0.18 (2.00)	0.20 (2.15)	0.16 (1.83)	2	2	0.1066
Number of ER visits	Mean	2,535	0.70 (8.03)	0.70 (9.38)	0.70 (6.27)	0	0	0.9987	2,535	0.88 (16.20)	1.06 (21.66)	0.70 (6.27)	2.2222	2.2222	0.0519
Number of ACSC admissions	Mean	2,535	0.02 (0.61)	0.02 (0.67)	0.01 (0.54)	1.6393	1.6393	0.2101	2,535	0.02 (0.50)	0.02 (0.47)	0.01 (0.54)	2	2	0.4264
Number of readmissions	Mean	2,535	0.01 (0.53)	0.02 (0.59)	0.01 (0.44)	1.8868	1.8868	0.7045	2,535	0.02 (0.44)	0.02 (0.44)	0.01 (0.44)	2.2727	2.2727	0.5144
In diabetes denominator	No	1,574	70.08	68.5	72.64	4.14	9.0938	<.0001	21,960.91	70.89	68.97	72.64	3.67	8.0786	<.0001
In diabetes denominator	Yes	961	29.92	31.5	27.36	4.14	9.0938		9,016.84	29.11	31.03	27.36	3.67	8.0786	
HbA1c test	No	1,750	74.93	74.31	75.96	1.65	3.8181	0.0001	23,159.02	74.76	73.44	75.96	2.52	5.7991	<.0001
HbA1c test	Yes	785	25.07	25.69	24.04	1.65	3.8181		7,818.73	25.24	26.56	24.04	2.52	5.7991	
Nephropathy test	No	1,922	82.22	82.13	82.38	0.25	0.6544	0.4999	25.125.14	81.11	79.71	82.38	2.67	6.8161	<.0001
Nephropathy test	Yes	613	17.78	17.87	17.62	0.25	0.6544		5.852.61	18.89	20.29	17.62	2.67	6.8161	
Eve exam	No	2 0 2 4	84 11	84 18	84	0.18	0.4921	0.6285	25.693.55	82.94	81 78	84	2.22	5 8975	<.0001
Eve exam	Yes	511	15.89	15.82	16	0.18	0.4921	0.0200	5 284 21	17.06	1822	16	2.22	5 8975	
I DL test-diabetes	No	1 751	75.35	74.48	76.76	2.28	53119	< 0001	23 5 23 18	75.94	75.03	76.76	173	4 0455	0 0004
I DL test-diabetes	Yes	784	24.65	25.52	23.24	2.28	53119		7454 57	24.06	24.97	23.24	173	4 0455	
In IVD denominator	No	1.895	79.06	79.62	78.15	147	3 6024	0.0003	24.067.51	77.69	77 19	78.15	0.96	2,3053	0.0425
In IVD denominator	Yes	640	20.94	20.38	21.85	1.17	3 6024	0.0000	691024	22.31	22.81	21.85	0.96	2,3053	0.0 120
LDL test-VD (baseline Q1)	No	2,106	85.93	86.45	85.09	1.36	3.8936	<0.0001	26,370.26	85.13	85.17	85.09	0.08	0.2249	0.831
LDL test-IVD (baseline Q1)	Yes	429	14.07	13.55	14.91	1.36	3.8936		4,607.50	14.87	14.83	14.91	0.08	0.2249	•
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	2,437	96.25	98.27	92.95	5.32	26.189	<0.0001	28,514.85	92.05	91.06	92.95	1.89	6.9729	<0.0001
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	98	3.75	1.73	7.05	5.32	26.189		2,462.91	7.95	8.94	7.05	1.89	6.9729	
Number of beneficiaries per site (2010)	Mean	2,535	549.10 (1,770.02)	634.38 (2153.83)	410.21 (1049.21)	12.665	12.665	<0.0001	2,535	406.45 (1013.70)	402.32 (979.76)	410.21 (1049.21)	0.7783	0.7783	0.4939
Number of primary care physicians	Mean	2,535	6.79 (26.40)	7.18 (27.87)	6.15 (24.55)	3.9015	3.9015	<0.0001	2,535	6.32 (21.56)	6.50 (18.33)	6.15 (24.55)	1.6234	1.6234	0.1513
Number of specialists	Mean	2,535	1.16 (12.35)	1.25 (14.39)	1.01 (9.66)	1.9433	1.9433	0.0494	2,535	0.98 (8.52)	0.94 (7.32)	1.01 (9.66)	0.8216	0.8216	0.4905
HRSA PCMH Initiative participant	No	1,293	52.68	60.53	39.9	20.63	42.167	<0.0001	13,482.90	43.52	47.51	39.9	7.61	15.387	<0.0001
HRSA PCMH Initiative participant	Yes	1,242	47.32	39.47	60.1	20.63	42.167		17,494.86	56.48	52.49	60.1	7.61	15.387	•
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	1,733	60.66	57.46	65.87	8.41	17.362	<0.0001	20,422.47	65.93	65.98	65.87	0.11	0.2321	0.6926

				S	ampling Weigl	nts Only ¹					Sampling	ATT Weighte	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Differe	ardized ence ^{2,3}	p-value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	497	21.49	22.38	20.03	2.35	5.7515		6,155.34	19.87	19.69	20.03	0.34	0.8523	
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	305	17.85	20.16	14.1	6.06	16.136		4,399.94	14.2	14.32	14.1	0.22	0.6301	
PCA Region	Central	511	23.68	21.74	26.84	5.1	11.914	<0.0001	8,305.68	26.81	26.78	26.84	0.06	0.1354	<0.0001
PCA Region	Mid-Atlantic	285	14.8	18.05	9.51	8.54	24.968		2,705.87	8.73	7.89	9.51	1.62	5.7504	
PCA Region	Northeast	274	13.52	10.62	18.25	7.63	21.839		5,650.61	18.24	18.23	18.25	0.02	0.0518	
PCA Region	Southeast	351	15.16	17.1	12.02	5.08	14.44		3,832.93	12.37	12.76	12.02	0.74	2.2462	
PCA Region	West	513	13.48	13.16	13.99	0.83	2.4234		4,382.14	14.15	14.32	13.99	0.33	0.9467	
PCA Region	West-Central	601	19.35	19.33	19.39	0.06	0.1519		6,100.53	19.69	20.02	19.39	0.63	1.5839	
Percent household	Mean	2,535	21.88	22.74	20.47	4.5775	4.5775	<0.0001	2,535	20.73	21.01	20.47	1.3066	1.3066	0.2525
poverty in census tract			(49.59)	(55.39)	(42.01)					(41.33)	(40.69)	(42.01)			
Number of service	Mean	2,535	9.25	7.84	11.53	10.805	10.805	<0.0001	2,535	11.15	10.72	11.53	2.0674	2.0674	0.0679
delivery sites			(34.15)	(26.63)	(39.32)					(39.18)	(39.01)	(39.32)			

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Exhibit D.21. Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balance Table for the Rotation 3 Beneficiary Survey Longitudinal Cohort (n=2,506 Beneficiaries Associated with 431 Demonstration and 558 Comparison FQHCs)

				Imbalance Sumn	nary (CMS approach)		
	Imbalance Summary (Rand Approach)	Mean Absolut	te Standardized [Difference	% Of Covariates with	n Statistically Signif	icant Differences
	% of Comparisons with Standardized Difference >2% (RAND Diff) (n=42)	Beneficiary-Level Comparisons (CMS Diff) (n=26)	Site-Level Comparisons (CMS Diff) (n=16)	All Comparisons (CMS Diff) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Sampling weights only	42.86	3.37	11.59	6.50	52.63	100.00	67.86
Sampling weights and ATT weights	28.57	3.11	4.52	3.66	63.16	55.56	60.71

Exhibit D.22. Beneficiary Survey Demo vs. Comparison FQHC Balance Table for the Rotation 3 Beneficiary Survey Longitudinal Cohort (n=2,506 Beneficiaries Associated with 431 Demonstration and 558 Comparison FQHCs)

				Si	nts Only ¹					Samplin	g ATT Weighte	d⁵			
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Differe	ardized ence ^{2,3}	p-value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	1,262	41.84	40.28	44.29	4.01	8.1239	<.0001	14,611.33	44.65	45.04	44.29	0.75	1.5087	<0.0001
Age (4 categories)	65–74	919	40.57	41.88	38.52	3.36	6.8569		12,953.48	39.59	40.73	38.52	2.21	4.5195	
Age (4 categories)	75–84	278	15.82	15.87	15.75	0.12	0.3289		4,660.97	14.24	12.64	15.75	3.11	8.9201	
Age (4 categories)	85+	47	1.77	1.97	1.45	0.52	4.0118		496.83	1.52	1.6	1.45	0.15	1.2241	
Race/ethnicity	White	1,608	75.44	73.92	77.81	3.89	9.1003	<.0001	24,797.08	75.78	73.61	77.81	4.2	9.8057	<0.0001
Race/ethnicity	Black	399	14.97	15.55	14.05	1.5	4.2251		5,137.42	15.7	17.46	14.05	3.41	9.3702	
Race/ethnicity	Asian	44	1.96	2.63	0.9	1.73	13.167		317.32	0.97	1.04	0.9	0.14	1.4285	
Race/ethnicity	Hispanic	365	5.88	6	5.7	0.3	1.2783		1,876.72	5.74	5.78	5.7	0.08	0.3439	
Race/ethnicity	Other/ Unknown	90	1.76	1.9	1.54	0.36	2.7692	•	594.07	1.82	2.11	1.54	0.57	4.2593	•
Gender	Male	1,466	61.76	61.75	61.78	0.03	0.0617	0.9518	20,047.00	61.26	60.71	61.78	1.07	2.1964	0.0476
Gender	Female	1,040	38.24	38.25	38.22	0.03	0.0617		12,675.60	38.74	39.29	38.22	1.07	2.1964	
Dual eligible	No	1,212	54.99	55.88	53.59	2.29	4.6019	<.0001	17,085.13	52.21	50.74	53.59	2.85	5.7077	<0.0001
Dual eligible	Yes	1,294	45.01	44.12	46.41	2.29	4.6019		15,637.48	47.79	49.26	46.41	2.85	5.7077	
Disabled	No	1,113	53.35	55.84	49.45	6.39	12.824	<.0001	15,947.37	48.74	47.97	49.45	1.48	2.9613	0.0072
Disabled	Yes	1,393	46.65	44.16	50.55	6.39	12.824		16,775.24	51.26	52.03	50.55	1.48	2.9613	
Comorbidity index	Mean	2,506	0.78 (4.07)	0.78 (4.26)	0.78 (3.86)	0	0	0.9072	2,506	0.79 (3.52)	0.80 (3.16)	0.78 3.86)	0.5682	0.5682	0.5751

				S	ampling Weigh	nts Only ¹					Samplin	g ATT Weighte	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa	ardized ence ^{2,3}	p-value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differe	rdized	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³	P 1000		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Total number of qualifying services in year prior to attribution quarter	Mean	2,506	5.37 (17.30)	5.46 (19.66)	5.24 (14.49)	1.2717	1.2717	0.1927	2,506	5.26 (15.18)	5.29 (15.83)	5.24 (14.49)	0.3294	0.3294	0.7318
Total payments	Mean	2,506	5,840.98 (56,324.74)	6,118.35 (70,153.51)	5,406.91 (37,216.70)	1.2631	1.2631	0.1997	2,506	5,434.37 (37,349.76)	5,463.68 (37,494.06)	5,406.91 (37,216.70)	0.152	0.152	0.8907
Number of inpatient admissions	Mean	2,506	0.18 (2.49)	0.18 (2.76)	0.19 (2.18)	0.4016	0.4016	0.7194	2,506	0.19 (2.06)	0.19 (1.93)	0.19 (2.18)	0	0	0.9327
Number of ER visits	Mean	2,506	0.70 (7.96)	0.71 (9.67)	0.69 (5.71)	0.2513	0.2513	0.8385	2,506	0.67 (5.76)	0.66 (5.80)	0.69 (5.71)	0.5208	0.5208	0.6075
Number of ACSC admissions	Mean	2,506	0.02 (0.81)	0.02 (1.01)	0.02 (0.55)	0	0	0.498	2,506	0.02 (0.53)	0.02 (0.52)	0.02 (0.55)	0	0	0.8059
Number of readmissions	Mean	2,506	0.02 (0.92)	0.03 (1.15)	0.01 (0.59)	2.1739	2.1739	0.0972	2,506	0.01 (0.56)	0.01 (0.53)	0.01 (0.59)	0	0	0.869
In diabetes denominator	No	1,565	68.12	67.71	68.75	1.04	2.2339	0.0241	22,802.22	69.68	70.68	68.75	1.93	4.2012	0.0001
In diabetes denominator	Yes	941	31.88	32.29	31.25	1.04	2.2339		9,920.39	30.32	29.32	31.25	1.93	4.2012	
HbA1c test	No	1,739	74.47	74.96	73.71	1.25	2.8621	0.0036	24,414.42	74.61	75.57	73.71	1.86	4.2761	0.0001
HbA1c test	Yes	767	25.53	25.04	26.29	1.25	2.8621		8,308.19	25.39	24.43	26.29	1.86	4.2761	
Nephropathy test	No	1,893	80.7	81.03	80.19	0.84	2.1248	0.0306	26,446.46	80.82	81.5	80.19	1.31	3.3294	0.0026
Nephropathy test	Yes	613	19.3	18.97	19.81	0.84	2.1248		6,276.15	19.18	18.5	19.81	1.31	3.3294	
Eve exam	No	2,004	83.43	83.1	83.94	0.84	2.2643	0.0223	27,658.90	84.53	85.15	83.94	1.21	3.3479	0.0024
Eye exam	Yes	502	16.57	16.9	16.06	0.84	2.2643		5,063.71	15.47	14.85	16.06	1.21	3.3479	
LDL test-diabetes	No	1,740	74.13	74.58	73.43	1.15	2.6222	0.0078	24,292.16	74.24	75.09	73.43	1.66	3.7976	0.0006
LDL test-diabetes	Yes	766	25.87	25.42	26.57	1.15	2.6222		8,430.45	25.76	24.91	26.57	1.66	3.7976	
In IVD denominator	No	1,822	75.4	74.99	76.03	1.04	2.4186	0.0141	24,692.96	75.46	74.85	76.03	1.18	2.7416	0.0128
In IVD denominator	Yes	684	24.6	25.01	23.97	1.04	2.4186		8,029.65	24.54	25.15	23.97	1.18	2.7416	
LDL test—IVD (baseline Q1)	No	2,047	83.45	83.4	83.53	0.13	0.3499	0.723	27,199.97	83.12	82.69	83.53	0.84	2.2422	0.0428
LDL test-IVD (baseline Q1)	Yes	459	16.55	16.6	16.47	0.13	0.3499		5,522.64	16.88	17.31	16.47	0.84	2.2422	•
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	2,388	95.79	98.49	91.57	6.92	32.253	<.0001	29,483.24	90.1	88.53	91.57	3.04	10.169	<0.0001
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	118	4.21	1.51	8.43	6.92	32.253	•	3,239.36	9.9	11.47	8.43	3.04	10.169	•
Number of beneficiaries per site (2010)	Mean	2,506	556.75 (1828.56)	636.38 (2221.22)	432.14 (1172.90)	11.169	11.169	<.0001	2,506	421.26 (1130.54)	409.64 (1086.42)	432.14 (1172.90)	1.9902	1.9902	0.0719
Number of primary care physicians	Mean	2,506	6.60 (23.53)	7.14 (26.30)	5.77 (19.94)	5.8224	5.8224	<.0001	2,506	5.71 (17.99)	5.65 (15.86)	5.77 (19.94)	0.667	0.667	0.576
Number of specialists	Mean	2,506	0.94 (9.83)	1.05 (11.39)	0.77 (7.88)	2.8484	2.8484	0.0033	2,506	0.79 (6.77)	0.81 (5.48)	0.77 (7.88)	0.5908	0.5908	0.6108
HRSA PCMH Initiative participant	No	1,246	50.38	56.74	40.42	16.32	33.097	<.0001	14,151.20	43.25	46.26	40.42	5.84	11.806	<0.0001
HRSA PCMH Initiative participant	Yes	1,260	49.62	43.26	59.58	16.32	33.097	•	18,571.41	56.75	53.74	59.58	5.84	11.806	•
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	1,674	61.94	62.54	60.99	1.55	3.19	0.0019	20,377.63	62.27	63.65	60.99	2.66	5.4913	<0.0001

				Sa	ampling Weigh	nts Only ¹					Samplin	g ATT Weighte	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Differe	ardized ence ^{2,3}	p-value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	507	19.39	19.24	19.62	0.38	0.9604		6,370.28	19.47	19.3	19.62	0.32	0.8083	
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	325	18.67	18.21	19.39	1.18	3.0205		5,974.70	18.26	17.05	19.39	2.34	6.0648	
PCA Region	Central	502	24.34	21.01	29.55	8.54	19.745	<.0001	9,418.90	28.78	27.96	29.55	1.59	3.5134	<0.0001
PCA Region	Mid-Atlantic	251	13.83	16.16	10.19	5.97	17.72		3,018.26	9.22	8.19	10.19	2	6.9273	
PCA Region	Northeast	302	13.31	10.96	16.98	6.02	17.431		5,920.07	18.09	19.28	16.98	2.3	5.9726	
PCA Region	Southeast	382	15.89	17.24	13.78	3.46	9.5689		5,005.79	15.3	16.92	13.78	3.14	8.7192	
PCA Region	West	508	14.41	15.7	12.4	3.3	9.507		3,841.67	11.74	11.04	12.4	1.36	4.229	
PCA Region	West-Central	561	18.21	18.93	17.1	1.83	4.7631		5,517.92	16.86	16.61	17.1	0.49	1.3089	
Percent household poverty in census tract	Mean	2,506	22.75 (48.95)	23.28 (55.93)	21.93 (40.44)	2.7579	2.7579	0.005	2,506	22.02 (40.90)	22.12 (41.37)	21.93 (40.44)	0.4645	0.4645	0.6679
Number of service delivery sites	Mean	2,506	8.99 (34.70)	7.43 (26.06)	11.44 (40.09)	11.556	11.556	<.0001	2,506	10.77 (37.90)	10.05 (35.47)	11.44 (40.09)	3.6675	3.6675	0.0009

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Exhibit D.23. Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balance Table for the Rotation 4 Beneficiary Survey Longitudinal Cohort (n=2,495 Beneficiaries Associated with 431 Demonstration and 558 Comparison FQHCs)

				Imbalance Sum	mary (CMS approach)	
	Imbalance Summary (Rand Approach)	Mean Absolu	te Standardized	Difference	% of Covariates with	h Statistically Signi	ficant Differences
	% of Comparisons with Standardized Difference >2% (RAND Diff) (n=42)	Beneficiary-Level Comparisons (CMS Diff) (n=26)	Site-Level Comparisons (CMS Diff) (n=16)	All Comparisons (CMS Diff) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Sampling weights only	64.29	6.48	11.31	8.32	68.42	88.89	75.00
Sampling weights and ATT weights	9.52	1.96	2.65	2.23	42.11	44.44	42.86

Exhibit D.24. Beneficiary Survey Demonstration vs. Comparison FQHC Balance Table for the Rotation 4 Beneficiary Survey Longitudinal Cohort (n=2,495 Beneficiaries Associated with 431 Demonstration and 558 Comparison FQHCs)

				Si	ampling Weigł	nts Only ¹					Sampling	ATT Weighte	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Differe	ardized ence ^{2,3}	p-value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differ	ardized rence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	1,255	42.25	38.68	47.18	8.5	17.236	<0.0001	16,774.23	47.78	48.43	47.18	1.25	2.5026	0.0487
Age (4 categories)	65–74	874	38.94	41.52	35.39	6.13	12.626		12,277.33	34.97	34.52	35.39	0.87	1.8246	
Age (4 categories)	75-84	319	16.39	17.04	15.49	1.55	4.2009		5,415.48	15.43	15.35	15.49	0.14	0.3877	
Age (4 categories)	85+	47	2.41	2.75	1.94	0.81	5.3545		640.23	1.82	1.69	1.94	0.25	1.8728	
Race/ethnicity	White	1,627	77.22	78.93	74.85	4.08	9.6902	<0.0001	25,930.44	73.86	72.79	74.85	2.06	4.6872	<0.0001
Race/ethnicity	Black	393	14.42	12.74	16.73	3.99	11.275		6,027.62	17.17	17.64	16.73	0.91	2.4124	
Race/ethnicity	Asian	38	1.2	1.34	1.02	0.32	2.9637		429.35	1.22	1.44	1.02	0.42	3.8112	
Race/ethnicity	Hispanic	340	5.54	5.21	6	0.79	3.435		2,184.82	6.22	6.46	6	0.46	1.9033	
Race/ethnicity	Other/ Unknown	97	1.62	1.78	1.4	0.38	3.0382	•	535.04	1.52	1.66	1.4	0.26	2.1184	•
Gender	Male	1,466	62.48	61.57	63.75	2.18	4.508	<0.0001	22,290.26	63.49	63.21	63.75	0.54	1.1215	0.2977
Gender	Female	1,029	37.52	38.43	36.25	2.18	4.508		12,817.01	36.51	36.79	36.25	0.54	1.1215	
Dual eligible	No	1,180	54.58	56.42	52.05	4.37	8.78	<0.0001	18,208.54	51.87	51.67	52.05	0.38	0.7605	0.4728
Dual eligible	Yes	1,315	45.42	43.58	47.95	4.37	8.78		16,898.73	48.13	48.33	47.95	0.38	0.7605	
Disabled	No	1,107	54.46	59	48.2	10.8	21.784	<0.0001	16,607.97	47.31	46.34	48.2	1.86	3.7262	0.0005
Disabled	Yes	1,388	45.54	41	51.8	10.8	21.784		18,499.30	52.69	53.66	51.8	1.86	3.7262	
Comorbidity index	Mean	2,495	0.79	0.75	0.84	2.1378	2.1378	0.0421	2,495	0.85	0.87	0.84	0.7177	0.7177	0.3952

				S	ampling Weigh	nts Only ¹					Sampling	ATT Weighted	l ⁵		
Variable	Lovol	Total Sample N		Proportion or Mean (SD)		Standa	ardized	n value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa	irdized	n value ⁴
		oumpion	Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³	p-value	URC	Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	p-value
			(4.21)	(4.13)	(4.27)					(4.18)	(4.08)	(4.27)			
Total number of qualifying services in year prior to attribution quarter	Mean	2,495	5.47 (17.63)	5.46 (18.84)	5.48 (16.38)	0.1134	0.1134	0.9132	2,495	5.61 (17.46)	5.75 (18.50)	5.48 (16.38)	1.5464	1.5464	0.1503
Total payments	Mean	2,495	6,325.11 (66,415.81)	6,182.40 (63,526.22)	6,521.91 (69,110.95)	0.5112	0.5112	0.5994	2,495	6,663.98 (63,747.69)	6,817.28 (57,696.57)	6,521.91 (69,110.95)	0.4633	0.4633	0.6646
Number of inpatient admissions	Mean	2,495	0.21 (2.55)	0.21 (2.80)	0.20 (2.28)	0.3922	0.3922	0.8827	2,495	0.22 (2.26)	0.23 (2.24)	0.20 (2.28)	1.3274	1.3274	0.2395
Number of ER visits	Mean	2,495	0.63 (5.32)	0.62 (5.55)	0.65 (5.09)	0.5639	0.5639	0.5758	2,495	0.66 (4.79)	0.68 (4.46)	0.65 (5.09)	0.6263	0.6263	0.478
Number of ACSC admissions	Mean	2,495	0.02	0.03	0.02	1.2346	1.2346	0.2539	2,495	0.02	0.02	0.02	0	0	0.8211
Number of readmissions	Mean	2,495	0.02 (1.03)	0.02 (1.19)	0.02 (0.85)	0	0	0.4439	2,495	0.02 (0.74)	0.02 (0.60)	0.02 (0.85)	0	0	0.8885
In diabetes denominator	No	1,555	69.84	67.39	73.21	5.82	12.763	<0.0001	25,839.08	73.6	74.02	73.21	0.81	1.838	0.0876
In diabetes denominator	Yes	940	30.16	32.61	26.79	5.82	12.763		9,268.19	26.4	25.98	26.79	0.81	1.838	
HbA1c test	No	1,738	75.73	73.89	78.26	4.37	10.257	<.00001	27,678.26	78.84	79.46	78.26	1.2	2.9393	0.0059
HbA1c test	Yes	757	24.27	26.11	21.74	4.37	10.257		7,429.01	21.16	20.54	21.74	1.2	2.9393	
Nephropathy test	No	1.903	81.52	80.79	82.54	1.75	4.5237	<0.0001	29.113.42	82.93	83.35	82.54	0.81	2.1537	0.0427
Nephropathy test	Yes	592	18.48	19.21	17.46	1.75	4.5237		5,993,85	17.07	16.65	17.46	0.81	2,1537	
Eve exam	No	2015	84.03	83 15	85.24	2.09	57317	<0.0001	30,069,00	85.65	86.09	85.24	0.85	2 4 2 5 8	0.0244
Eve exam	Yes	480	15.97	16.85	14.76	2.09	57317		5.038.27	14.35	13.91	14.76	0.85	2 4258	
I DL test-diabetes	No	1732	75.91	74.1	78.4	43	10 117	<0.0001	27 730 90	78.99	79.62	78.4	122	2 9961	0.005
I DL test-diabetes	Yes	763	24.09	25.9	216	43	10 117	-0.0001	7 376 37	21.01	20.38	216	122	2,9961	0.000
In IVD denominator	No	1,859	79.15	77.91	80.86	295	7 2971	<0.0001	28 193 52	80.31	79.71	80.86	1.15	2,8909	0.0064
In IVD denominator	Yes	636	20.85	22.09	19.14	2.00	7 2971	-0.0001	6913.75	19.69	20.29	19.14	1.10	2,8909	0.0001
I DL test_IVD (baseline	No	2,060	86.36	85.23	87.01	2.68	7.8650	<0.0001	207/0/2	87.50	87.24	87.01	0.67	2.0000	
Q1)	NO	2,000	10.00	44.77	10.00	2.00	7.0000	~0.0001	30,743.42	07.00	40.70	40.00	0.07	2.0012	0.0047
Q1)	Yes	435	13.64	14.//	12.09	2.68	7.8659	•	4,357.85	12.41	12.76	12.09	0.67	2.0312	
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	2,409	96.93	98.49	94.77	3.72	20.725	<0.0001	33,041.03	94.11	93.4	94.77	1.37	5.8099	<0.0001
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	86	3.07	1.51	5.23	3.72	20.725		2,066.24	5.89	6.6	5.23	1.37	5.8099	
Number of beneficiaries per site (2010)	Mean	2,495	546.04 (1839.75)	638.46 (2292.26)	418.60 (1085.52)	11.951	11.951	<0.0001	2,495	415.05 (1088.07)	411.22 (1090.97)	418.60 (1085.52)	0.6783	0.6783	0.5254
Number of primary care physicians	Mean	2,495	6.68 (27.81)	7.14 (32.88)	6.04 (21.59)	3.9554	3.9554	<0.0001	2,495	6.02 (20.86)	5.99 (20.08)	6.04 (21.59)	0.2397	0.2397	0.831
Number of specialists	Mean	2,495	0.86 (7.91)	0.95 (9.87)	0.75 (5.36)	2.5284	2.5284	0.0084	2,495	0.77 (5.32)	0.79 (5.29)	0.75 (5.36)	0.7519	0.7519	0.4831
HRSA PCMH Initiative participant	No	1,204	46.46	54.73	35.06	19.67	40.343	<0.0001	13,322.65	37.95	41.07	35.06	6.01	12.402	<0.0001
HRSA PCMH Initiative participant	Yes	1,291	53.54	45.27	64.94	19.67	40.343	•	21,784.62	62.05	58.93	64.94	6.01	12.402	•
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	1,643	57.3	55.64	59.6	3.96	8.02	<0.0001	20,527.23	58.47	57.26	59.6	2.34	4.7493	<0.0001

				Si	ampling Weigh	nts Only ¹					Sampling	ATT Weighte	d⁵		
Variable	Level	Total Sample N		Proportion or Mean (SD)		Standa Differe	ardized ence ²³	p-value ⁴	Weighted Sample Size		Proportion or Mean (SD)		Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	537	23.62	24.08	23	1.08	2.5459		8,132.41	23.16	23.34	23	0.34	0.8058	
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	315	19.08	20.29	17.41	2.88	7.3686		6,447.62	18.37	19.4	17.41	1.99	5.1368	
PCA Region	Central	524	26.32	23.61	30.04	6.43	14.551	<.0001	10,525.59	29.98	29.92	30.04	0.12	0.2619	0.0978
PCA Region	Mid-Atlantic	303	16.59	20.36	11.4	8.96	24.701		3,909.26	11.14	10.85	11.4	0.55	1.7492	
PCA Region	Northeast	276	12.87	11.03	15.4	4.37	12.931		5,383.16	15.33	15.26	15.4	0.14	0.3886	
PCA Region	Southeast	354	14.46	15.76	12.66	3.1	8.8874		4,582.03	13.05	13.48	12.66	0.82	2.4329	
PCA Region	West	486	12.47	11.35	14.01	2.66	8.0004		4,844.35	13.8	13.57	14.01	0.44	1.2761	
PCA Region	West-Central	552	17.3	17.88	16.49	1.39	3.6852		5,862.88	16.7	16.93	16.49	0.44	1.1794	
Percent household poverty in census tract	Mean	2,495	21.64 (47.66)	21.71 (52.42)	21.53 (42.58)	0.3777	0.3777	0.6873	2,495	21.65 (43.31)	21.79 (44.07)	21.53 (42.58)	0.6003	0.6003	0.5742
Number of service delivery sites	Mean	2,495	9.04 (37.83)	7.40 (27.91)	11.30 (44.01)	10.309	10.309	<.0001	2,495	10.54 (41.20)	9.71 (37.85)	11.30 (44.01)	3.8592	3.8592	0.0003

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Demonstration vs. Comparison FQHC; Overall Cohort; Outcome: NCQA Level 3 Recognition at Year Three

Final weights were truncated at 100. About 0.85 percent of observations were affected by this trimming. Ten people were excluded from the propensity score analysis because they lacked propensity score weights in the difference-in-differences analysis.

Exhibit D.25. Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balance Tables for the Overall Beneficiary Survey Longitudinal Cohort Where Outcome: NCQA Level 3 Recognition at Year Three (n=10,037 Beneficiaries Associated with 500 Demonstration and 811 Comparison FQHCs)

				mbalance Summ	ary (CMS Approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized	I Difference	% of Covariates	With Statisticall Differences	y Significant
	% of Comparisons with Standardized Difference >2% (RAND Diff) (n=41)	Beneficiary- Level Comparisons (CMS Diff) (n=26)	Site-Level Comparisons (CMS Diff) (n=15)	All Comparisons (CMS Diff) (n=41)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=8)	All Comparisons (N =27)
Sampling weights only	29.27	3.56	14.04	7.40	57.89	87.50	66.67
Sampling weights and ATT weights	4.88	1.67	2.39	1.94	52.63	25.00	44.44

Exhibit D.26: Beneficiary Survey Demonstration vs. Comparison FQHC Balance Tables for the Overall Beneficiary Survey Longitudinal Cohort Where Outcome: NCQA Level 3 Recognition at Year Three (n=10,037 Beneficiaries Associated with 500 Demonstration and 811 Comparison FQHCs)

				s	ampling Weight	ed Only ¹					Sampling a	nd ATT Weighte	d⁵		
Variable	Level	Total Sample Size	Combined (prop	No Level 3 Recognition ortion or mean (s	Level 3 Recognition std dev))	RAND Stanc Diffe	CMS Jardized erence ²	p-value ⁴	Weighted Sample Size	Combined (prop	No Level 3 Recognition ortion or mean (s	Level 3 Recognition std dev))	RAND Standa Differ	CMS ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	5,054	42.24	41.47	43.42	1.95	3.9461	<0.0001	57,618.203	44.08	44.78	43.42	1.36	2.7394	<0.0001
Age (4 categories)	65–74	3,605	40.03	41.37	37.98	3.39	6.9335		49,614.934	37.96	37.93	37.98	0.05	0.103	
Age (4 categories)	75-84	1,180	15.3	14.96	15.82	0.86	2.3834	-	20,046.417	15.34	14.82	15.82	1	2.7767	
Age (4 categories)	85+	198	2.43	2.2	2.77	0.57	3.6623	-	3,428.9492	2.62	2.46	2.77	0.31	1.9427	
Race/ethnicity	White	6,479	76.57	74.62	79.58	4.96	11.825	<0.0001	10,2843.16	78.68	77.72	79.58	1.86	4.5402	<0.0001
Race/ethnicity	Black	1,618	14.91	17.11	11.52	5.59	16.012	-	15,244.697	11.66	11.81	11.52	0.29	0.9034	
Race/ethnicity	Asian	158	1.26	1.45	0.97	0.48	4.3913	-	1,289.2461	0.99	1.01	0.97	0.04	0.404	
Race/ethnicity	Hispanic	1,412	5.51	4.97	6.34	1.37	5.9338		9,107.4642	6.97	7.64	6.34	1.3	5.1001	
Race/ethnicity	Other/ Unknown	370	1.75	1.86	1.59	0.27	2.0738		2,223.9312	1.7	1.82	1.59	0.23	1.7767	
Gender	Male	5,911	61.45	61.74	61.01	0.73	1.4994	0.0025	79,450.297	60.78	60.54	61.01	0.47	0.9626	0.0809

				Sa	ampling Weight	ed Only ¹				Sampling a	nd ATT Weighte	d⁵			
Variable	Level	Total Sample Size	Combined (propor	No Level 3 Recognition tion or mean (st	Level 3 Recognition td dev))	RAND Stanc Diffe	CMS lardized rrence ²	p-value ⁴	Weighted Sample Size	Combined (prop	No Level 3 Recognition ortion or mean (s	Level 3 Recognition std dev))	RAND Standa Differ	CMS ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³	
Gender	Female	4,126	38.55	38.26	38.99	0.73	1.4994		51,258.206	39.22	39.46	38.99	0.47	0.9626	
Dual eligible	No	4,796	55.12	55.6	54.39	1.21	2.4323	<0.0001	70,038.533	53.58	52.73	54.39	1.66	3.3289	<.0001
Dual eligible	Yes	5,241	44.88	44.4	45.61	1.21	2.4323		60,669.971	46.42	47.27	45.61	1.66	3.3289	
Disabled	No	4,394	52.55	52.67	52.37	0.3	0.6008	0.2261	67,197.183	51.41	50.39	52.37	1.98	3.9623	<.0001
Disabled	Yes	5,643	47.45	47.33	47.63	0.3	0.6008		63,511.32	48.59	49.61	47.63	1.98	3.9623	
Comorbidity index	Mean	10,037	0.78 (4.12)	0.79 (4.40)	0.75 (3.72)	0.9709	0.9709	0.0952	10,037	0.76 (3.47)	0.77 (3.26)	0.75 (3.72)	0.5764	0.5764	0.3172
Total number of qualifying services in year prior to attribution quarter	Mean	10,037	5.37 (17.17)	5.25 (17.19)	5.55 (17.12)	1.7472	1.7472	0.0005	10,037	5.59 (16.15)	5.63 (15.35)	5.55 (17.12)	0.4954	0.4954	0.3804
Total payments	Mean	10,037	5,918.86 (57,387.73)	6,051.90 (65,677.20)	5,713.85 (44,481.45)	0.5891	0.5891	0.2334	10,037	5,727.04 (43,776.77)	5,741.11 (43,225.82)	5,713.85 (44,481.45)	0.0623	0.0623	0.9105
Number of inpatient admissions	Mean	10,037	0.19 (2.40)	0.19 (2.49)	0.20 (2.29)	0.4167	0.4167	0.4481	10,037	0.20 (2.16)	0.20 (2.06)	0.20 (2.29)	0	0	0.7138
Number of ER visits	Mean	10,037	0.68 (6.88)	0.66 (6.74)	0.70 (7.06)	0.5814	0.5814	0.2505	10,037	0.70 (5.98)	0.71 (4.99)	0.70 (7.06)	0.1672	0.1672	0.9218
Number of ACSC admissions	Mean	10,037	0.02 (0.76)	0.02 (0.83)	0.02 (0.66)	0	0	0.2135	10,037	0.02 (0.62)	0.02 (0.59)	0.02 (0.66)	0	0	0.5963
Number of readmissions	Mean	10,037	0.02 (0.81)	0.02 (0.80)	0.02 (0.82)	0	0	0.7922	10,037	0.02 (0.73)	0.02 (0.65)	0.02 (0.82)	0	0	0.8374
In diabetes denominator	No	6,323	70.39	69.15	72.31	3.16	6.9492	<0.0001	93,817.818	71.78	71.21	72.31	1.1	2.4437	<0.0001
In diabetes denominator	Yes	3,714	29.61	30.85	27.69	3.16	6.9492	•	36,890.685	28.22	28.79	27.69	1.1	2.4437	
HbA1c test	No	7,178	77.28	76.68	78.21	1.53	3.6614	<0.0001	10,1819.89	77.9	77.56	78.21	0.65	1.5662	0.0048
HbA1c test	Yes	2,859	22.72	23.32	21.79	1.53	3.6614		28,888.611	22.1	22.44	21.79	0.65	1.5662	
Nephropathy test	No	8,026	85.35	84.81	86.17	1.36	3.8621	<0.0001	112,158.19	85.81	85.42	86.17	0.75	2.1485	<0.0001
Nephropathy test	Yes	2,011	14.65	15.19	13.83	1.36	3.8621		18,550.318	14.19	14.58	13.83	0.75	2.1485	
Eye exam	No	8,460	87.44	86.85	88.36	1.51	4.5836	<0.0001	115,327.19	88.23	88.1	88.36	0.26	0.8068	0.1393
Eye exam	Yes	1,577	12.56	13.15	11.64	1.51	4.5836		15,381.309	11.77	11.9	11.64	0.26	0.8068	
LDL test— diabetes	No	7,273	78.1	77.32	79.3	1.98	4.8056	<0.0001	103,326.11	79.05	78.79	79.3	0.51	1.2531	0.0236
LDL test— diabetes	Yes	2,764	21.9	22.68	20.7	1.98	4.8056		27,382.39	20.95	21.21	20.7	0.51	1.2531	
In IVD denominator	No	7,588	80.01	79.61	80.64	1.03	2.5813	<0.0001	105,050.02	80.37	80.08	80.64	0.56	1.4096	0.0118
In IVD denominator	Yes	2,449	19.99	20.39	19.36	1.03	2.5813	•	25,658.483	19.63	19.92	19.36	0.56	1.4096	•
LDL test—IVD (baseline Q1)	No	8,536	88.37	88.4	88.33	0.07	0.2183	0.6785	114,990.36	87.97	87.6	88.33	0.73	2.2437	<0.0001
LDL test—IVD (baseline Q1)	Yes	1,501	11.63	11.6	11.67	0.07	0.2183	•	15,718.142	12.03	12.4	11.67	0.73	2.2437	•

				s	ampling Weight	ed Only ¹					Sampling a	ind ATT Weighte	d ⁵		
Variable	Level	Total Sample Size	Combined (prope	No Level 3 Recognition ortion or mean (s	Level 3 Recognition std dev))	RAND Stand Diffe	CMS lardized erence ²	p-value ⁴	Weighted Sample Size	Combined (prop	No Level 3 Recognition ortion or mean (s	Level 3 Recognition std dev))	RAND Standa Differ	CMS ardized rence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³			Demo & Comp	Comp FQHC	Demo		CMS ³	
Number of beneficiaries per site (2010)	Mean	10,037	559.98 (1,869.59)	597.16 (2,69.68)	502.69 (1,360.52)	5.053	5.053	<0.0001	10,037	497.63 (1,316.19)	492.23 (1,280.60)	502.69 (1,360.52)	0.7947	0.7947	0.1512
Number of primary care physicians	Mean	10,037	6.81 (26.85)	6.99 (27.46)	6.55 (26.01)	1.6387	1.6387	0.001	10,037	6.63 (22.79)	6.73 (19.93)	6.55 (26.01)	0.7898	0.7898	0.1539
Number of specialists	Mean	10,037	0.99 (10.17)	1.00 (11.22)	0.99 (8.61)	0.0983	0.0983	0.8855	10037	1.00 (8.24)	1.02 (7.93)	0.99 (8.61)	0.3641	0.3641	0.4919
HRSA PCMH Initiative participant	No	5,011	50.03	60.93	33.24	27.69	57.74	<0.0001	43765.794	33.48	33.75	33.24	0.51	1.0806	0.0522
HRSA PCMH Initiative participant	Yes	5,026	49.97	39.07	66.76	27.69	57.74	•	86942.709	66.52	66.25	66.76	0.51	1.0806	
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	6,751	60.39	59.36	61.99	2.63	5.3861	<0.0001	82286.386	62.95	63.99	61.99	2	4.1431	<0.0001
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	2,021	21.34	22.74	19.18	3.56	8.7548		25035.743	19.15	19.13	19.18	0.05	0.1271	
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	1,265	18.27	17.9	18.84	0.94	2.4276	·	23386.375	17.89	16.88	18.84	1.96	5.1189	•
PCA Region	Central	2,019	24.3	21.89	28.01	6.12	14.178	<0.0001	35469.592	27.14	26.21	28.01	1.8	4.0501	<0.0001
PCA Region	Mid-Atlantic	1,122	15.02	20.4	6.72	13.68	40.78		8985.7578	6.87	7.04	6.72	0.32	1.2643	
PCA Region	Northeast	1,150	13.34	7.9	21.74	13.84	39.714		26855.087	20.55	19.28	21.74	2.46	6.0953	
PCA Region	Southeast	1,461	15.18	18.28	10.4	7.88	22.627		13715.324	10.49	10.59	10.4	0.19	0.6199	
PCA Region	West	2,011	13.8	13.56	14.17	0.61	1.7652		20502.546	15.69	17.3	14.17	3.13	8.6038	
PCA Region	West-Central	2,274	18.36	17.97	18.97	1	2.5772		25180.197	19.26	19.58	18.97	0.61	1.5465	
Percent household poverty in census tract	Mean	10,037	22.00 (49.26)	22.83 (52.35)	20.71 (44.52)	4.3037	4.3037	<0.0001	10037	20.91 (41.81)	21.13 (39.56)	20.71 (44.52)	1.0045	1.0045	0.0708
Number of service delivery sites	Mean	10,037	9.11 (34.12)	8.62 (32.69)	9.85 (35.70)	3.6049	3.6049	<0.0001	10037	9.89 (34.52)	9.92 (33.58)	9.85 (35.70)	0.2028	0.2028	0.7145

 Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.
Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Demonstration vs. Comparison FQHC; Overall Cohort; Outcome: NCQA Level 3 or Other Recognition at Year Three

Final weights were truncated at 100. Observations affected by this rating numbered 1.29 percent. Ten people were excluded from the propensity score analysis because they lacked propensity score weights in the difference-in-differences analysis.

Exhibit D.27. Summary of Beneficiary Survey Demonstration vs. Comparison FQHC Balance Tables for the Overall Beneficiary Survey Longitudinal Cohort Where NCQA Level 3 or Other Recognition at Year Three (n=10,037 Beneficiaries Associated with 500 Demonstration and 811 Comparison FQHCs)

				Imbalance Summ	ary (CMS Approach)	1	
	Imbalance Summary (RAND Approach)	Mean Abso	lute Standardized	d Difference	% of Covariates	with Statistically Differences	y Significant
	% of Comparisons with Standardized Difference >2% (RAND Diff) (n=41)	Beneficiary- Level Comparisons (CMS Diff) (n=26)	Site-Level Comparisons (CMS Diff) (n=15)	All Comparisons (CMS Diff) (n=41)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=8)	All Comparisons (N =27)
Sampling weights only	51.22	4.19	13.54	7.61	68.42	75.00	70.37
Sampling weights and ATT weights	9.76	1.82	3.55	2.47	57.89	87.50	66.67

Exhibit D.28. Beneficiary Survey Demonstration vs. Comparison FQHC Balance Tables for the Overall Beneficiary Survey Longitudinal Cohort Where NCQA Level 3 or Other Recognition at Year Three (n= 10,037 Beneficiaries Associated with 500 Demonstration and 811 Comparison FQHCs)

				Sar	npling Weighted	l Only ¹					Sampling	and ATT Weighte	ed⁵		
		Total	Combined	No Recognition	Recognition	RAND	CMS	p-value ⁴	Weighted	Combined	No Recognition	Recognition	RAND	CMS	
Variable	Level	Sample Size	(prop	ortion or mean (st	d dev))	Standa Differ	ardized 'ence ²		Sample Size	(prop	ortion or mean (s	std dev))	Standa Diffe	ardized rence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	5,054	42.24	41.12	43.36	2.24	4.5361	<0.0001	69,389.312	43.53	43.73	43.36	0.37	0.7463	<0.0001
Age (4 categories)	65–74	3,605	40.03	42.39	37.67	4.72	9.6447		60,853.003	38.18	38.76	37.67	1.09	2.2433	
Age (4 categories)	75-84	1,180	15.3	14.3	16.31	2.01	5.585		25,012.199	15.69	14.98	16.31	1.33	3.6617	
Age (4 categories)	85+	198	2.43	2.19	2.66	0.47	3.0558		4,146.3412	2.6	2.53	2.66	0.13	0.8177	
Race/ethnicity	White	6,479	76.57	75.17	77.98	2.81	6.6384	<0.0001	123,057.96	77.2	76.3	77.98	1.68	4.0015	<0.0001
Race/ethnicity	Black	1,618	14.91	17.51	12.29	5.22	14.699		21,062.612	13.21	14.28	12.29	1.99	5.8656	
Race/ethnicity	Asian	158	1.26	1.54	0.98	0.56	5.0222		1,586.038	0.99	1.02	0.98	0.04	0.402	
Race/ethnicity	Hispanic	1,412	5.51	4.14	6.89	2.75	12.069		10,607.593	6.65	6.39	6.89	0.5	2.0083	
Race/ethnicity	Other/ Unknown	370	1.75	1.64	1.87	0.23	1.7517	•	3,086.6479	1.94	2.02	1.87	0.15	1.0862	•
Gender	Male	5,911	61.45	61.78	61.12	0.66	1.3561	0.0046	97,922.797	61.43	61.79	61.12	0.67	1.3766	0.0058

				San	npling Weighted	Only ¹					Sampling	and ATT Weighte	ed⁵		
				No				. 4			No				
		Total	Combined	Recognition	Recognition	RAND	CIVIS	p-value	Weighted	Combined	Recognition	Recognition	RAND	CIMS	
Variable	Level	Size	(prop	ortion or mean (sto	dev))	Differ	araizea 'ence ²		Sample	(prop	ortion or mean (s	std dev))	Diffen	ence ²	p-value ⁴
		0	Demo &		Demo	2			0.20	Demo &	Comp		2		p raise
			Comp	Comp FQHC	FQHC	RAND ²	CMS ³			Comp	FQHC	Demo	RAND ²	CMS ³	
Gender	Female	4,126	38.55	38.22	38.88	0.66	1.3561		61,478.058	38.57	38.21	38.88	0.67	1.3766	
Dual eligible	No	4,796	55.12	56.34	53.9	2.44	4.9073	<0.0001	85,617.376	53.71	53.5	53.9	0.4	0.8022	0.1093
Dual eligible	Yes	5,241	44.88	43.66	46.1	2.44	4.9073		73,783.48	46.29	46.5	46.1	0.4	0.8022	
Disabled	No	4,394	52.55	53.15	51.94	1.21	2.4233	<0.0001	81,872.926	51.36	50.69	51.94	1.25	2.5011	<0.0001
Disabled	Yes	5,643	47.45	46.85	48.06	1.21	2.4233		77,527.93	48.64	49.31	48.06	1.25	2.5011	
Comorbidity index	Mean	10,037	0.78 (4.12)	0.78 (4.40)	0.77 (3.86)	0.2427	0.2427	0.8297	10,037	0.78 (3.95)	0.80 (4.05)	0.77 (3.86)	0.7595	0.7595	0.2606
Total number of qualifying services in year prior to attribution quarter	Mean	10,037	5.37 (17.17)	5.27 (16.98)	5.47 (17.32)	1.1648	1.1648	0.0117	10,037	5.47 (17.10)	5.47 (16.84)	5.47 (17.32)	0	0	0.9881
Total payments	Mean	10,037	5,918.86 (57,387.73)	6,016.35 (64,319.59)	5,820.83 (50,744.60)	0.3407	0.3407	0.4806	10,037	5876.22 (52105.40)	5940.29 (53663.25)	5820.83 (50744.60)	0.2293	0.2293	0.6481
Number of inpatient admissions	Mean	10,037	0.19 (2.40)	0.19 (2.48)	0.19 (2.33)	0	0	0.6405	10,037	0.20 (2.38)	0.21 (2.43)	0.19 (2.33)	0.8403	0.8403	0.3405
Number of ER visits	Mean	10,037	0.68 (6.88)	0.68 (7.06)	0.68 (6.72)	0	0	0.9302	10,037	0.69 (6.46)	0.70 (6.13)	0.68 (6.72)	0.3096	0.3096	0.5244
Number of ACSC admissions	Mean	10,037	0.02 (0.76)	0.02 (0.81)	0.02 (0.72)	0	0	0.5002	10,037	0.02 (0.74)	0.02 (0.76)	0.02 (0.72)	0	0	0.3634
Number of readmissions	Mean	10,037	0.02 (0.81)	0.02 (0.83)	0.02 (0.80)	0	0	0.7948	10,037	0.02 (0.79)	0.02 (0.78)	0.02 (0.80)	0	0	0.5142
In diabetes	No	6,323	70.39	68.34	72.45	4.11	9.0122	<0.0001	114,227.7	71.66	70.74	72.45	1.71	3.7926	<0.0001
denominator															
In diabetes denominator	Yes	3,714	29.61	31.66	27.55	4.11	9.0122	•	45,173.155	28.34	29.26	27.55	1.71	3.7926	•
HbA1c test	No	7,178	77.28	76.01	78.56	2.55	6.0889	<0.0001	124,476.44	78.09	77.55	78.56	1.01	2.4405	<0.0001
HbA1c test	Yes	2,859	22.72	23.99	21.44	2.55	6.0889		34,924.411	21.91	22.45	21.44	1.01	2.4405	
Nephropathy test	No	8,026	85.35	84.6	86.1	1.5	4.243	<0.0001	136,675.79	85.74	85.33	86.1	0.77	2.2006	<0.0001
Nephropathy test	Yes	2,011	14.65	15.4	13.9	1.5	4.243	•	22,725.068	14.26	14.67	13.9	0.77	2.2006	•
Eye exam	No	8,460	87.44	86.48	88.41	1.93	5.8273	<0.0001	140,382.12	88.07	87.67	88.41	0.74	2.2806	<0.0001
Eye exam	Yes	1,577	12.56	13.52	11.59	1.93	5.8273		19,018.74	11.93	12.33	11.59	0.74	2.2806	
LDL test diabetes	No	7,273	/8.1	76.92	79.28	2.36	5.7088	<0.0001	125,525.15	/8./5	/8.14	79.28	1.14	2.7851	<0.0001
LDL test diabetes	Yes	2,764	21.9	23.08	20.72	2.36	5.7088	•	33,875.707	21.25	21.86	20.72	1.14	2.7851	•
In IVD denominator	No	7,588	80.01	79.36	80.67	1.31	3.2764	<0.0001	128,045.92	80.33	79.94	80.67	0.73	1.8357	0.0003
In IVD denominator	Yes	2,449	19.99	20.64	19.33	1.31	3.2764	•	31,354.938	19.67	20.06	19.33	0.73	1.8357	•
LDL test—IVD (baseline Q1)	No	8,536	88.37	88.14	88.6	0.46	1.4349	0.0027	140,636.16	88.23	87.8	88.6	0.8	2.48	<0.0001
LDL test-IVD (baseline Q1)	Yes	1,501	11.63	11.86	11.4	0.46	1.4349	•	18,764.693	11.77	12.2	11.4	0.8	2.48	•

				Sar	npling Weighted	Only ¹					Sampling	and ATT Weighte	d⁵		
				No				. 4			No				
		Total	Combined	Recognition	Recognition	RAND	CMS	p-value"	Weighted	Combined	Recognition	Recognition	RAND	CMS	
Variable	Level	Size	(prop	ortion or mean (sta	d dev))	Differ	ence ²		Sample	(prop	ortion or mean (s	std dev))	Differ	ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³			Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Number of beneficiaries per site (2010)	Mean	10,037	559.98 (1869.59)	556.57 (1972.50)	563.41 (1777.31)	0.3659	0.3659	0.4492	10,037	554.59 (1768.58)	544.39 (1757.58)	563.41 (1777.31)	1.0754	1.0754	0.0323
Number of primary care physicians	Mean	10,037	6.81 (26.85)	6.37 (26.70)	7.26 (26.87)	3.3147	3.3147	<0.0001	10,037	7.11 (26.29)	6.93 (25.57)	7.26 (26.87)	1.2552	1.2552	0.0144
Number of specialists	Mean	10,037	0.99 (10.17)	0.98 (11.34)	1.01 (9.05)	0.295	0.295	0.4848	10,037	0.99 (8.98)	0.98 (8.90)	1.01 (9.05)	0.3341	0.3341	0.4325
HRSA PCMH Initiative participant	No	5,011	50.03	58.82	41.19	17.63	35.821	<0.0001	68,382.107	42.9	44.87	41.19	3.68	7.4377	<.0001
HRSA PCMH Initiative participant	Yes	5,026	49.97	41.18	58.81	17.63	35.821	•	91,018.749	57.1	55.13	58.81	3.68	7.4377	•
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	6,751	60.39	56.11	64.7	8.59	17.633	<0.0001	102,251.29	64.15	63.5	64.7	1.2	2.5017	<.0001
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	2,021	21.34	23.4	19.26	4.14	10.119	•	31,891.799	20.01	20.87	19.26	1.61	4.0209	-
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	1,265	18.27	20.49	16.03	4.46	11.564	·	25,257.768	15.85	15.63	16.03	0.4	1.0958	•
PCA Region	Central	2,019	24.3	22.26	26.34	4.08	9.5236	<.0001	42,348.159	26.57	26.83	26.34	0.49	1.1092	<.0001
PCA Region	Mid-Atlantic	1,122	15.02	23.36	6.63	16.73	48.202		11,306.166	7.09	7.63	6.63	1	3.8869	•
PCA Region	Northeast	1,150	13.34	7.74	18.98	11.24	33.497		27,394.131	17.19	15.11	18.98	3.87	10.305	•
PCA Region	Southeast	1,461	15.18	17.05	13.29	3.76	10.496		22,985.058	14.42	15.73	13.29	2.44	6.932	•
PCA Region	West	2,011	13.8	12.94	14.67	1.73	5.0168		22,172.887	13.91	13.03	14.67	1.64	4.7491	
PCA Region	West-Central	2,274	18.36	16.64	20.09	3.45	8.919		33,194.454	20.82	21.67	20.09	1.58	3.888	•
Percent household poverty in census tract	Mean	10,037	22.00 (49.26)	22.37 (50.28)	21.62 (48.34)	1.5225	1.5225	0.0016	10,037	21.93 (47.99)	22.29 (47.54)	21.62 (48.34)	1.3961	1.3961	0.0057
Number of service delivery sites	Mean	10,037	9.11 (34.12)	7.96 (28.92)	10.26 (37.45)	6.7409	6.7409	<0.0001	10,037	9.73 (36.04)	9.11 (34.15)	10.26 (37.45)	3.1909	3.1909	<.0001

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Appendix E. Characteristics of Beneficiaries Entering and Exiting the Claims-Based Evaluation Cohort

Exhibit E.1 displays characteristics of beneficiaries attributed to demonstration and comparison federally qualified health centers (FQHCs), stratified by the year during which each beneficiary is first attributed to a demonstration or comparison site. Statistical significance tests of differences in characteristics between demonstration and comparison FQHCs within each attribution cohort are noted with asterisks.

	Demonstration Baseline Attribution Cohort (n=152,300)	Demonstration Year One Attribution Cohort (n=64,837)	Demonstration Year Two Attribution Cohort (n=52,227)	Comparison Baseline Attribution Cohort (n=275,846)	Comparison Year One Attribution Cohort (n=103,368)	Comparison Year Two Attribution Cohort (n=81,775)
Beneficiary characteristics						
Age as of first attribution quarter: <65 years, n (%)	64,282*** (42.2)	31,805*** (49.1)	24,471*** (46.9)	112,007 (40.6)	49,742 (48.1)	39,877 (48.8)
65–74 years	52,003*** (34.1)	22,604*** (34.9)	19,263*** (36.9)	95,929 (34.8)	37,411 (36.2)	30,841 (37.7)
75–84 years	26,443*** (17.4)	7,602*** (11.7)	5,817*** (11.1)	49,376 (17.9)	12,073 (11.7)	8,187 (10.0)
85+ years	9,572*** (6.3)	2,826*** (4.4)	2,676*** (5.1)	18,534 (6.7)	4,142 (4.0)	2,870 (3.5)
Gender: Male, n (%)	67,714** (44.5)	29,744 (45.9)	23,922 (45.8)	121,355 (44.0)	47,547 (46.0)	37,738 (46.1)
Female	84,586** (55.5)	35,093 (54.1)	28,305 (54.2)	154,491 (56.0)	55,821 (54.0)	44,037 (53.9)
Race/Ethnicity: White, n (%)	105,286*** (69.1)	44,443*** (68.5)	35,427*** (67.8)	192,078 (69.6)	70,484 (68.2)	55,585 (68.0)
Black	26,178*** (17.2)	11,280*** (17.4)	9,198*** (17.6)	50,794 (18.4)	20,014 (19.4)	15,451 (18.9)
Asian	6,272*** (4.1)	2,211*** (3.4)	1,860*** (3.6)	6,022 (2.2)	2,039 (2.0)	1,752 (2.1)
Hispanic	9,796*** (6.4)	4,840*** (7.5)	3,801*** (7.3)	19,707 (7.1)	7,770 (7.5)	6,158 (7.5)
Other/Unknown	4,768*** (3.1)	2,063*** (3.2)	1,941*** (3.7)	7,245 (2.6)	3,061 (3.0)	2,829 (3.5)
Disabled, n (%)	79,655*** (52.3)	36,448*** (56.2)	27,860*** (53.3)	141,167 (51.2)	56,875 (55.0)	44,785 (54.8)
Dual eligible, n (%)	75,292*** (49.4)	30,099*** (46.4)	23,546*** (45.1)	131,448 (47.7)	46,282 (44.8)	35,803 (43.8)
End-stage renal disease (ESRD), n (%)	566 (0.4)	381* (0.6)	354** (0.7)	1,065 (0.4)	696 (0.7)	674 (0.8)
Nursing home resident, n (%)	2,282*** (1.5)	1,344*** (2.1)	1,595*** (3.1)	4,952 (1.8)	1,725 (1.7)	1,120 (1.4)

Exhibit E.1. Characteristics of Beneficiaries Attributed to Demonstration and Comparison FQHCs by Year of First Attribution

	Demonstration Baseline Attribution Cohort (n=152,300)	Demonstration Year One Attribution Cohort (n=64,837)	Demonstration Year Two Attribution Cohort (n=52,227)	Comparison Baseline Attribution Cohort (n=275,846)	Comparison Year One Attribution Cohort (n=103,368)	Comparison Year Two Attribution Cohort (n=81,775)
Clinical conditions: Autoimmune disorders, n (%)	6,625 (4.3)	2,816 (4.3)	2,244 (4.3)	12,127 (4.4)	4,342 (4.2)	3,492 (4.3)
Cancer	12,782 (8.4)	4,838 (7.5)	3,795 (7.3)	23,643 (8.6)	7,719 (7.5)	5,758 (7.0)
Cardiovascular disorders	20,282*** (13.3)	7,464 (11.5)	6,070 (11.6)	38,875 (14.1)	12,128 (11.7)	9,258 (11.3)
Chronic heart failure	18,721*** (12.3)	7,138 (11.0)	6,036*** (11.6)	35,371 (12.8)	11,114 (10.8)	8,348 (10.2)
Chronic lung disorders	25,034 (16.4)	9,563* (14.7)	7,666 (14.7)	45,777 (16.6)	14,861 (14.4)	11,706 (14.3)
Diabetes	52,050*** (34.2)	19,082 (29.4)	15,594 (29.9)	97,346 (35.3)	30,832 (29.8)	24,571 (30.0)
HIV	1,970 (1.3)	902*** (1.4)	685** (1.3)	3,459 (1.3)	1,187 (1.1)	940 (1.1)
Neurological disorders	18,374 (12.1)	8,087* (12.5)	6,812*** (13.0)	33,765 (12.2)	12,513 (12.1)	9,949 (12.2)
Severe mental health disorders	24,445*** (16.1)	12,304*** (19.0)	9,954*** (19.1)	40,981 (14.9)	17,686 (17.1)	14,485 (17.7)
Stroke	6,727 (4.4)	2,962*** (4.6)	2,627*** (5.0)	12,239 (4.4)	4,198 (4.1)	3,218 (3.9)
Substance abuse disorders	6,717*** (4.4)	3,817*** (5.9)	3,190 (6.1)	10,603 (3.8)	5,562 (5.4)	4,792 (5.9)
Hierarchical Condition Category score, mean (standard deviation [SD])	1.16* (1.0)	1.10* (1.0)	1.12* (1.0)	1.17 (1.0)	1.08 (1.0)	1.06 (1.0)
Number of qualifying services in year prior to attribution, mean (SD)	5.3*** (4.4)	4.6*** (4.2)	4.8*** (4.5)	5.4 (4.4)	4.5 (4.1)	4.5 (4.0)
Site-level characteristics						
Location: Metro, n (%)	105,361*** (69.2)	48,449*** (74.7)	38,399*** (73.5)	177,481 (64.3)	69,829 (67.6)	56,676 (69.3)
Nonmetro–urban	27,771*** (18.2)	10,515*** (16.2)	8,620*** (16.5)	55,690 (20.2)	19,710 (19.1)	14,981 (18.3)
Nonmetro–rural	19,168*** (12.6)	5,873*** (9.1)	5,208*** (10.0)	42,675 (15.5)	13,829 (13.4)	10,118 (12.4)
PCA region: Central, n (%)	39,934*** (26.2)	16,360*** (25.2)	12,325*** (23.6)	56,952 (20.6)	22,638 (21.9)	18,198 (22.3)
Mid-Atlantic	15,228*** (10.0)	6,164*** (9.5)	4,718*** (9.0)	39,992 (14.5)	12,516 (12.1)	10,293 (12.6)
Northeast	23,819*** (15.6)	8,763*** (13.5)	6,780*** (13.0)	31,653 (11.5)	11,064 (10.7)	10,003 (12.2)
Southeast	19,240*** (12.6)	8,458*** (13.0)	7,806*** (14.9)	50,631 (18.4)	19,137 (18.5)	13,828 (16.9)
West	25,620*** (16.8)	11,141*** (17.2)	9,061*** (17.3)	41,161 (14.9)	15,466 (15.0)	13,556 (16.6)
West-Central	28,459*** (18.7)	13,951*** (21.5)	11,537*** (22.1)	55,457 (20.1)	22,547 (21.8)	15,897 (19.4)

	Demonstration Baseline Attribution Cohort (n=152,300)	Demonstration Year One Attribution Cohort (n=64,837)	Demonstration Year Two Attribution Cohort (n=52,227)	Comparison Baseline Attribution Cohort (n=275,846)	Comparison Year One Attribution Cohort (n=103,368)	Comparison Year Two Attribution Cohort (n=81,775)
Household poverty in census tract, mean % (SD%)	21.2*** (11.8)	21.3*** (11.8)	21.2*** (11.6)	22.9 (12.3)	23.6 (13.0)	23.6 (13.3)
FQHC age: 1–9 years, n (%)	49,272*** (32.4)	23,084*** (35.6)	20,261*** (38.8)	86,333 (31.3)	35,620 (34.5)	29,118 (35.6)
Age 10–19 years	39,967*** (26.2)	16,444*** (25.4)	12,658*** (24.2)	61,823 (22.4)	23,804 (23.0)	18,008 (22.0)
Age 20–29 years	15,836*** (10.4)	6,278*** (9.7)	5,029*** (9.6)	37,061 (13.4)	12,798 (12.4)	9,507 (11.6)
Age 30–39 years	31,932*** (21.0)	13,063*** (20.1)	9,975*** (19.1)	63,587 (23.1)	21,122 (20.4)	17,365 (21.2)
Age 40+ years	12,382*** (8.1)	4,805*** (7.4)	3,402*** (6.5)	20,063 (7.3)	7,148 (6.9)	5,708 (7.0)
Missing age	2,911*** (1.9)	1,163*** (1.8)	902*** (1.7)	6,979 (2.5)	2,876 (2.8)	2,069 (2.5)
Number of service delivery sites: 1 site, n (%)	3,585*** (2.4)	1,545*** (2.4)	1,333*** (2.6)	21,925 (7.9)	8,015 (7.8)	6,449 (7.9)
2–10 sites	87,572*** (57.5)	37,639*** (58.1)	29,444*** (56.4)	185,213 (67.1)	69,877 (67.6)	54,459 (66.6)
11+ sites	61,143*** (40.1)	25,653*** (39.6)	21,450*** (41.1)	68,708 (24.9)	25,476 (24.6)	20,867 (25.5)
Number of providers: Primary Care, mean (SD)	6.7*** (6.6)	6.4*** (6.0)	6.1*** (5.5)	7.9 (8.8)	7.3 (7.0)	7.3 (6.6)
Specialists	1.1*** (2.5)	1.0*** (2.3)	1.1*** (2.5)	1.1 (2.7)	1.2 (2.8)	1.2 (3.0)
Number of Medicare beneficiaries in baseline attribution cohort, mean (SD)	457.1*** (391.6)	394.1*** (332.5)	398.3*** (337.2)	655.3 (520.1)	583.5 (477.3)	573.6 (465.4)
Total revenue per site in millions, mean (SD)	2.3*** (1.9)	2.3*** (1.8)	2.3*** (1.7)	2.5 (1.9)	2.4 (2.0)	2.5 (2.0)
Affordable Care Act (ACA) grantee, n (%)	81,244*** (53.3)	34,784*** (53.6)	28,244*** (54.1)	97,159 (35.2)	38,634 (37.4)	32,717 (40.0)
Health Center Controlled Networks (HCCN) Grantee, n (%)	86,041*** (56.5)	38,093*** (58.8)	29,080 (55.7)	147,761 (53.6)	56,056 (54.2)	45,947 (56.2)
Quality accreditation, n (%)	54,279*** (35.6)	24,703*** (38.1)	18,998*** (36.4)	79,881 (29.0)	30,193 (29.2)	24,613 (30.1)
CMS Shared Savings Demonstration Participation, n (%)	32,428*** (21.3)	14,08*** (21.7)	12,345*** (23.6)	43,307 (15.7)	17,568 (17.0)	12,612 (15.4)
PCMH supplemental funding fiscal year 2011, n (%)	141,940*** (93.2)	59,922*** (92.4)	47,015*** (90.0)	195,520 (70.9)	74,691 (72.3)	61,214 (74.9)
Participation in HRSA PCMH Initiative, n (%)	89,855*** (59.0)	37,075*** (57.2)	28,970*** (55.5)	103,199 (37.4)	41,165 (39.8)	32,683 (40.0)
NCQA recognition (2008 standards): None, n (%)	138,187*** (90.7)	59,083*** (91.1)	48,059*** (92.0)	262,513 (95.2)	98,617 (95.4)	78,327 (95.8)
Level 1 recognition	999*** (0.7)	483*** (0.7)	386*** (0.7)	3,089 (1.1)	1,145 (1.1)	839 (1.0)
Level 2 recognition	672*** (0.4)	239*** (0.4)	154*** (0.3)	2,439 (0.9)	828 (0.8)	571 (0.7)
Level 3 recognition	12,442*** (8.2)	5,032*** (7.8)	3,628*** (6.9)	7,805 (2.8)	2,778 (2.7)	2,038 (2.5)

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014). Asterisks correspond to statistically significant differences between beneficiaries attributed to demonstration and comparison sites within each of the three attribution cohorts. * p<0.05; ** p<0.01; *** p<0.001.

Exhibit E.2 displays the number of total attritions from the demonstration and the reasons for attrition both overall and stratified by demonstration and comparisons sites. This analysis uses the cohort of beneficiaries ever attributed during the baseline or demonstration period (which includes the Year Three attribution cohort for the sake of completeness).

	Demonstration FQHCs	Comparison FQHCs	Overall
Number of beneficiaries who attrited, n (%)*	64,420 (21.0)	109,151 (21.1)	173,571 (21.1)
Reasons for attrition, n (%)**			
Loss of Part A or Part B eligibility	5,537 (8.6)	9,604 (8.8)	15,141 (8.7)
Enrollment in Medicare Advantage	32,927 (51.1)	55,398 (50.8)	88,325 (50.9)
Medicare entitlement through ESRD	4,504 (7.0)	8,307 (7.6)	12,811 (7.4)
Death	26,035 (40.4)	44,749 (41.0)	70,784 (40.8)

Exhibit E.2. Reasons for Attrition from the Demonstration

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014).

This analysis uses the cohort of beneficiaries who were ever attributed to a demonstration or comparison site over the course of the demonstration, which includes four cohorts: the baseline attribution cohort, Year One attribution cohort, Year Two attribution cohort, and Year Three attribution cohort.

*Percentages are based on the total number of beneficiaries "ever-attributed" to demonstration or comparison sites (306,666 beneficiaries attributed to demonstration sites and 517,672 beneficiaries attributed to comparison sites). **Percentages are based on the total number of beneficiaries attriting as of the last quarter of the demonstration.

Exhibit E.3 displays the characteristics of beneficiaries included in the baseline attribution cohort and illustrates the ways in which the profile of beneficiaries changes over time as beneficiaries attrit from the sample. Statistical significance tests of differences in characteristics over time within demonstration sites and comparison sites are noted with asterisks, as well as tests of differences between demonstration and comparison sites (i.e., difference in differences).

	Demonstration Baseline (n=147,520)	Demonstration Change from Baseline to End of Year Three	Comparison Baseline (n=266,578)	Comparison Change from Baseline to End of Year Three	Difference in Differences
Beneficiary characteristics					
Age as of first attribution quarter: <65 years, n (%)	67,714 (45.9)	1.17***	118,931 (44.6)	1.42***	-0.26
65–74 years	50,763 (34.4)	0.49***	93,309 (35.0)	0.50***	-0.02
75–84 years	22,543 (15.3)	-0.59***	41,929 (15.7)	-0.73***	0.14
85+ years	6,500 (4.4)	-1.06***	12,409 (4.7)	-1.20***	0.13
Gender: Male, n (%)	65,374 (44.3)	-0.37	116,991 (43.9)	-0.40**	0.03
Female	82,146 (55.7)	0.37	149,587 (56.1)	0.40**	-0.03
Race/Ethnicity: White, n (%)	101,870 (69.1)	1.18	185,227 (69.5)	1.12***	0.06
Black	25,434 (17.2)	-0.98	49,282 (18.5)	-0.85***	-0.13
Asian	6,117 (4.1)	0.01	5,853 (2.2)	-0.15***	0.15
Hispanic	9,500 (6.4)	-0.27	19,172 (7.2)	-0.15***	-0.12
Other/Unknown	4,599 (3.1)	0.07	7,044 (2.6)	0.03***	0.04
Disabled, n (%)	77,821 (52.8)	0.61**	137,850 (51.7)	0.82***	-0.21
Dual eligible, n (%)	74,223 (50.3)	-0.22	129,704 (48.7)	-0.12	-0.10
ESRD, n (%)	216 (0.1)	-0.04*	454 (0.2)	-0.03**	0.00
Nursing home resident, n (%)	1,895 (1.3)	-0.36***	3,930 (1.5)	-0.44***	0.09

Exhibit E.3. Changes in the Composition of the Baseline Attribution Cohort Due to Attrition from the Demonstration
	Demonstration Baseline (n=147,520)	Demonstration Change from Baseline to End of Year Three	Comparison Baseline (n=266,578)	Comparison Change from Baseline to End of Year Three	Difference in Differences
Clinical conditions: Autoimmune disorders, n (%)	6,402 (4.3)	0.00	11,697 (4.4)	-0.02	0.02
Cancer	11,526 (7.8)	-0.76***	21,275 (8.0)	-0.73***	-0.03
Cardiovascular disorders	18,496 (12.5)	-1.25***	35,350 (13.3)	-1.33***	0.07
Chronic heart failure	16,171 (11.0)	-1.87***	30,252 (11.3)	-1.97***	0.10
Chronic lung disorders	23,286 (15.8)	-1.57***	42,326 (15.9)	-1.57***	-0.01
Diabetes	50,017 (33.9)	-1.29***	93,399 (35.0)	-1.35***	0.05
HIV	1,897 (1.3)	0.02	3,343 (1.3)	-0.01	0.03
Neurological disorders	17,252 (11.7)	-0.55***	31,571 (11.8)	-0.58***	0.03
Severe mental health disorders	23,892 (16.2)	0.34*	39,981 (15.0)	0.46***	-0.11
Stroke	6,066 (4.1)	-0.41***	10,838 (4.1)	-0.47***	0.07
Substance abuse disorders	6,366 (4.3)	-0.30***	10,004 (3.8)	-0.17**	-0.12
Hierarchical Condition Category score, mean (SD)	1.16 (1.0)	-0.08***	1.17 (1.1)	-0.09***	0.00
Number of qualifying services in year prior to attribution, mean (SD)	5.3 (4.6)	-0.08***	5.5 (5.3)	-0.10***	0.02
Site-level characteristics					
Location: Metro, n (%)	102,208 (69.3)	-1.19***	171,961 (64.5)	-1.03***	-0.15
Nonmetro–urban	26,932 (18.3)	0.62***	53,581 (20.1)	0.44***	0.17
Nonmetro-rural	18,380 (12.5)	0.57***	41,036 (15.4)	0.59***	-0.02
PCA region: Central, n (%)	38,667 (26.2)	0.05***	55,112 (20.7)	0.24***	-0.19
Mid-Atlantic	14,763 (10.0)	0.35***	38,693 (14.5)	0.59***	-0.24
Northeast	23,177 (15.7)	0.63***	30,831 (11.6)	0.23***	0.39
Southeast	18,614 (12.6)	-0.67***	48,880 (18.3)	-0.85***	0.18
West	24,806 (16.8)	-0.28***	39,911 (15.0)	0.14***	-0.42*
West-Central	27,493 (18.6)	-0.08***	53,151 (19.9)	-0.36***	0.27
Household poverty in census tract, mean % (SD%)	21.2 (11.8)	-0.26***	22.9 (12.3)	-0.22***	-0.04

	Demonstration Baseline (n=147,520)	Demonstration Change from Baseline to End of Year Three	Comparison Baseline (n=266,578)	Comparison Change from Baseline to End of Year Three	Difference in Differences
FQHC age: 1–9 years, n (%)	47,808 (32.4)	-0.05	83,282 (31.2)	0.43**	-0.48*
Age 10–19 years	38,691 (26.2)	0.13	59,884 (22.5)	-0.07**	0.20
Age 20–29 years	15,366 (10.4)	-0.04	35,917 (13.5)	0.07**	-0.11
Age 30–39 years	30,871 (20.9)	-0.10	61,299 (23.0)	-0.29**	0.19
Age 40+ years	11,954 (8.1)	0.01	19,405 (7.3)	-0.19**	0.20
Missing age	2,830 (1.9)	0.06	6,791 (2.5)	0.05**	0.00
Number of service delivery sites: 1 site, n (%)	3,481 (2.4)	0.04	21,177 (7.9)	0.33***	-0.29*
2–10 sites	84,764 (57.5)	0.37	179,299 (67.3)	-0.18***	0.55
11+ sites	59,275 (40.2)	-0.41	66,102 (24.8)	-0.15***	-0.26
Number of providers: Primary care, mean (SD)	6.7 (6.5)	-0.14***	7.9 (8.8)	-0.08**	-0.07
Specialists	1.1 (2.5)	-0.02*	1.1 (2.7)	-0.02**	0.00
Number of Medicare beneficiaries in baseline attribution cohort, mean (SD)	457.0 (392.0)	3.05	656.9 (534.4)	5.32***	-2.27
Total revenue per site in millions, mean (SD)	2.3 (1.9)	-0.02**	2.5 (2.1)	-0.01*	-0.01
ACA grantee, n (%)	78,701 (53.3)	-0.67***	94,087 (35.3)	-0.12	-0.55*
Health Center Controlled Network (HCCN) grantee, n (%)	83,311 (56.5)	-0.14	142,861 (53.6)	-0.02	-0.12
Quality accreditation, n (%)	52,630 (35.7)	-0.66***	77,203 (29.0)	-0.58***	-0.09
CMS Shared Savings Demonstration Participation, n (%)	31,476 (21.3)	0.44*	41,557 (15.6)	-0.51***	0.95***
PCMH supplemental funding FY 2011, n (%)	137,487 (93.2)	-0.16	189,057 (70.9)	0.31*	-0.47*
Participation in HRSA PCMH Initiative, n (%)	86,997 (59.0)	-0.75***	99,811 (37.4)	0.36*	-1.11***
NCQA recognition (2008 standards): None, n (%)	133,850 (90.7)	-0.12	253,564 (95.1)	-0.11*	-0.01
Level 1 recognition	966 (0.7)	0.03	2,995 (1.1)	0.07*	-0.03
Level 2 recognition	649 (0.4)	-0.02	2,375 (0.9)	-0.04*	0.03
Level 3 recognition	12,055 (8.2)	0.10	7,644 (2.9)	0.09*	0.01

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014).

NOTE: Asterisks in columns 3 and 5 correspond to statistically significant differences between characteristics measured at baseline and at the end of the third year of the demonstration (for beneficiaries who remain in the sample) for demonstration beneficiaries and comparison beneficiaries, respectively. Asterisks in column 6 correspond to statistically significant differences between the values in columns 3 and 5.

* p<0.05; ** p<0.01; *** p<0.001.

Exhibit E.4 displays the characteristics of beneficiaries who were attributed to a demonstration or comparison site in either the baseline year or any of the three demonstration years, and illustrates the ways in which the profile of the cohort changes due to both late entry into the demonstration and attrition from the sample. Statistical significance tests of changes in characteristics over time within demonstration sites and comparison sites are noted with asterisks, as well as tests of differences in changes between demonstration and comparison sites (i.e., difference in differences).

	Demonstration Baseline (n=147,520)	Demonstration Change from Baseline to End of Year Three	Comparison Baseline (n=266,578)	Comparison Change from Baseline to End of Year Three	Difference in Differences
Beneficiary characteristics					
Age as of first attribution quarter: <65 years, n (%)	67,714 (45.9)	12.20***	118,931 (44.6)	13.08***	-0.88***
65–74 years	50,763 (34.4)	-6.71***	93,309 (35.0)	-6.77***	0.06
75–84 years	22,543 (15.3)	-3.80***	41,929 (15.7)	-4.25***	0.45**
85+ years	6,500 (4.4)	-1.68***	12,409 (4.7)	-2.06***	0.38***
Gender: Male, n (%)	65,374 (44.3)	0.57***	116,991 (43.9)	0.82***	-0.25
Female	82,146 (55.7)	-0.57***	149,587 (56.1)	-0.82***	0.25
Race/Ethnicity: White, n (%)	101,870 (69.1)	0.69***	185,227 (69.5)	0.33***	0.36
Black	25,434 (17.2)	-0.75***	49,282 (18.5)	-0.57***	-0.18
Asian	6,117 (4.1)	-0.39***	5,853 (2.2)	-0.19***	-0.21
Hispanic	9,500 (6.4)	0.19***	19,172 (7.2)	0.03***	0.16
Other/Unknown	4,599 (3.1)	0.26***	7,044 (2.6)	0.40***	-0.13*
Disabled, n (%)	77,821 (52.8)	1.45***	137,850 (51.7)	2.02***	-0.57**
Dual eligible, n (%)	74,223 (50.3)	-2.99***	129,704 (48.7)	-2.61***	-0.37
ESRD, n (%)	216 (0.1)	0.00	454 (0.2)	0.00	-0.01
Nursing home resident, n (%)	1,895 (1.3)	0.15***	3,930 (1.5)	-0.36***	0.52***
Clinical conditions: Autoimmune disorders, n (%)	6,402 (4.3)	-0.01	11,697 (4.4)	-0.10*	0.09
Cancer	11,526 (7.8)	-1.09***	21,275 (8.0)	-1.12***	0.03
Cardiovascular disorders	18,496 (12.5)	-1.70***	35,350 (13.3)	-2.12***	0.42**
Chronic heart failure	16,171 (11.0)	-1.68***	30,252 (11.3)	-2.31***	0.63***

Exhibit E.4. Changes in the Composition of the Ever-Attributed Beneficiary Cohort Due to Late Entry and Attrition

	Demonstration Baseline (n=147,520)	Demonstration Change from Baseline to End of Year Three	Comparison Baseline (n=266,578)	Comparison Change from Baseline to End of Year Three	Difference in Differences
Chronic lung disorders	23,286 (15.8)	-1.92***	42,326 (15.9)	-2.11***	0.19
Diabetes	50,017 (33.9)	-3.47***	93,399 (35.0)	-3.81***	0.34
HIV	1,897 (1.3)	-0.02	3,343 (1.3)	-0.06*	0.04
Neurological disorders	17,252 (11.7)	-0.04	31,571 (11.8)	-0.45***	0.41**
Severe mental health disorders	23,892 (16.2)	1.71***	39,981 (15.0)	1.43***	0.28
Stroke	6,066 (4.1)	-0.14*	10,838 (4.1)	-0.44***	0.30***
Substance abuse disorders	6,366 (4.3)	0.64***	10,004 (3.8)	0.77***	-0.13*
Hierarchical Condition Category score, mean (SD)	1.1 (0.9)	-0.09***	1.1 (0.9)	-0.11***	0.02***
Number of qualifying services in year prior to attribution, mean (SD)	5.3 (4.6)	-0.42***	5.5 (5.3)	-0.56***	0.14***
Site-level characteristics					
Location: Metro, n (%)	102,208 (69.3)	1.24***	171,961 (64.5)	0.94***	0.30*
Nonmetro–urban	26,932 (18.3)	-0.39***	53,581 (20.1)	-0.25***	-0.14
Nonmetro-rural	18,380 (12.5)	-0.85***	41,036 (15.4)	-0.69***	-0.16*
PCA region: Central, n (%)	38,667 (26.2)	-0.55***	55,112 (20.7)	0.88***	-1.44***
Mid-Atlantic	14,763 (10.0)	-0.15***	38,693 (14.5)	-0.64***	0.48**
Northeast	23,177 (15.7)	-1.02***	30,831 (11.6)	0.13***	-1.15***
Southeast	18,614 (12.6)	0.06***	48,880 (18.3)	-1.19***	1.25***
West	24,806 (16.8)	0.03***	39,911 (15.0)	0.50***	-0.47**
West-Central	27,493 (18.6)	1.64***	53,151 (19.9)	0.31***	1.32***
Household poverty in census tract, mean % (SD%)	21.2 (11.8)	-0.19***	22.9 (12.3)	0.07*	-0.26***
FQHC age: 1–9 years, n (%)	47,808 (32.4)	2.46***	83,282 (31.2)	2.34***	0.12
Age 10–19 years	38,691 (26.2)	-0.77***	59,884 (22.5)	-0.08***	-0.69***
Age 20–29 years	15,366 (10.4)	-0.44***	35,917 (13.5)	-0.61***	0.17
Age 30–39 years	30,871 (20.9)	-0.64***	61,299 (23.0)	-1.42***	0.79***

	Demonstration Baseline (n=147,520)	Demonstration Change from Baseline to End of Year Three	Comparison Baseline (n=266,578)	Comparison Change from Baseline to End of Year Three	Difference in Differences
Age 40+ years	11,954 (8.1)	-0.63***	19,405 (7.3)	-0.33***	-0.30*
Missing age	2,830 (1.9)	0.02***	6,791 (2.5)	0.10***	-0.08
Number of service delivery sites: 1 site, n (%)	3,481 (2.4)	0.19***	21,177 (7.9)	0.20**	-0.01*
2–10 sites	84,764 (57.5)	0.22***	179,299 (67.3)	-0.04**	0.26
11+ sites	59,275 (40.2)	-0.41***	66,102 (24.8)	-0.16**	-0.25
Number of providers: Primary care, mean (SD)	6.7 (6.5)	-0.36***	7.9 (8.8)	-0.39***	0.03
Specialists	1.1 (2.5)	-0.06***	1.1 (2.7)	0.01	-0.07***
Number of Medicare beneficiaries in baseline attribution cohort, mean (SD)	457.0 (392.0)	-29.38***	656.9 (534.4)	-35.56***	6.18**
Total revenue per site in millions, mean (SD)	2.3 (1.9)	-0.04***	2.5 (2.1)	-0.01*	-0.03***
ACA grantee, n (%)	78,701 (53.3)	-0.34*	94,087 (35.3)	1.50***	-1.84***
Health Center Controlled Network (HCCN) grantee, n (%)	83,311 (56.5)	0.17	142,861 (53.6)	0.77***	-0.60
Quality accreditation, n (%)	52,630 (35.7)	0.04	77,203 (29.0)	-0.32**	0.36**
CMS Shared Savings Demonstration Participation, n (%)	31,476 (21.3)	0.67***	41,557 (15.6)	-0.22*	0.89***
PCMH supplemental funding FY 2011, n (%)	137,487 (93.2)	-0.93***	189,057 (70.9)	1.74***	-2.67***
Participation in HRSA PCMH Initiative, n (%)	86,997 (59.0)	-1.61***	99,811 (37.4)	1.82***	-3.43***
NCQA recognition (2008 standards): None, n (%)	133,850 (90.7)	0.32***	253,564 (95.1)	0.16***	0.16
Level 1 recognition	966 (0.7)	0.08***	2,995 (1.1)	0.02***	0.06*
Level 2 recognition	649 (0.4)	-0.03***	2,375 (0.9)	-0.12***	0.09
Level 3 recognition	12,055 (8.2)	-0.38***	7,644 (2.9)	-0.06***	-0.32

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014). NOTE: Asterisks in columns 3 and 5 correspond to statistically significant differences between characteristics measured at baseline and at the end of the third year of the demonstration (for beneficiaries who remain in the sample) for demonstration beneficiaries and comparison beneficiaries, respectively. Asterisks in column 6 correspond to statistically significant he values in columns 3 and 5. * p<0.05; ** p<0.01; *** p<0.001.

Exhibit E.5 displays differences between the characteristics of beneficiaries who do and do not remain attributed to their baseline site as of the last quarter of the demonstration. This analysis uses the baseline attribution cohort only and stratifies beneficiaries according to whether or not they remain attributed to their baseline site during the last quarter of the demonstration. Among those who are no longer attributed to their baseline site, we further stratify beneficiaries according to whether they are attributed to a different site or not attributed to any site by virtue of having no primary care utilization that met our criteria for attribution.

Exhibit E.5. Characteristics of Beneficiaries Who Do and Do Not Remain Attributed to Their Baseline Site by the End of the Demonstration

	Demonstration Beneficiaries Re-attributed to Baseline Site (n=64,159)	Demonstration Attributed to a Different Site (n=17,936)	Demonstration Not Attributed (No Primary Care Utilization) (n=52,231)	Comparison Beneficiaries Re-attributed to Baseline Site (n=113,224)	Comparison Attributed to a Different Site (n=31,507)	Comparison Not Attributed (No Primary Care Utilization) (n=98,169)
Beneficiary characteristics						
Age as of first attribution quarter: <65 years, n (%)	27,395 (42.7)	9,233 (51.5)	26,450 (50.6)	47,629 (42.1)	16,014 (50.8)	47,485 (48.4)
65–74 years	23,966 (37.4)	5,523 (30.8)	17,038 (32.6)	42,540 (37.6)	10,088 (32.0)	33,265 (33.9)
75–84 years	10,362 (16.2)	2,520 (14.0)	6,897 (13.2)	18,581 (16.4)	4,226 (13.4)	13,782 (14.0)
85+ years	2,436 (3.8)	660 (3.7)	1,846 (3.5)	4,474 (4.0)	1,179 (3.7)	3,637 (3.7)
Gender: Male, n (%)	27,928 (43.5)	7,495 (41.8)	7,495 (41.8) 23,748 (45.5)		13,254 (42.1)	44,147 (45.0)
Female	36,231 (56.5)	10,441 (58.2)	28,483 (54.5)	64,693 (57.1)	18,253 (57.9)	54,022 (55.0)
Race/Ethnicity: White, n (%)	44,550 (69.4)	12,620 (70.4)	35,669 (68.3)	79,213 (70.0)	22,250 (70.6)	67,293 (68.5)
Black	10,345 (16.1)	3,033 (16.9)	9,637 (18.5)	20,170 (17.8)	5,272 (16.7)	19,374 (19.7)
Asian	3,198 (5.0)	655 (3.7)	1,820 (3.5)	2,735 (2.4)	572 (1.8)	1,972 (2.0)
Hispanic	3,935 (6.1)	1,104 (6.2)	3,518 (6.7)	7,957 (7.0)	2,525 (8.0)	7,078 (7.2)
Other/Unknown	2,131 (3.3)	524 (2.9)	1,587 (3.0)	3,149 (2.8)	888 (2.8)	2,452 (2.5)
Disabled, n (%)	31,745 (49.5)	10,339 (57.6)	29,452 (56.4)	55,550 (49.1)	17,966 (57.0)	53,545 (54.5)
Dual eligible, n (%)	32,085 (50.0)	9,457 (52.7)	26,055 (49.9)	54,529 (48.2)	16,439 (52.2)	47,033 (47.9)
ESRD, n (%)	145 (0.2)	45 (0.3)	193 (0.4)	257 (0.2)	83 (0.3)	411 (0.4)
Nursing home resident, n (%)	544 (0.8)	203 (1.1)	648 (1.2)	1,120 (1.0)	332 (1.1)	1,318 (1.3)
Clinical conditions: Autoimmune disorders, n (%)	2,621 (4.1)	889 (5.0)	2,303 (4.4)	4,911 (4.3)	1,534 (4.9)	4,123 (4.2)

	Demonstration Beneficiaries Re-attributed to Baseline Site (n=64,159)	Demonstration Attributed to a Different Site (n=17,936)	Demonstration Not Attributed (No Primary Care Utilization) (n=52,231)	Comparison Beneficiaries Re-attributed to Baseline Site (n=113,224)	Comparison Attributed to a Different Site (n=31,507)	Comparison Not Attributed (No Primary Care Utilization) (n=98,169)
Cancer	4,786 (7.5)	1,318 (7.3)	3,601 (6.9)	8,752 (7.7)	2,381 (7.6)	6,766 (6.9)
Cardiovascular disorders	7,411 (11.6)	2,234 (12.5)	6,031 (11.5)	14,165 (12.5)	3,873 (12.3)	11,850 (12.1)
Chronic heart failure	6,081 (9.5)	1,797 (10.0)	5,235 (10.0)	11,177 (9.9)	3,170 (10.1)	10,128 (10.3)
Chronic lung disorders	9,316 (14.5)	2,757 (15.4)	7,662 (14.7)	16,483 (14.6)	4,923 (15.6)	14,491 (14.8)
Diabetes	22,622 (35.3)	5,883 (32.8)	16,197 (31.0)	40,800 (36.0)	10,878 (34.5)	31,900 (32.5)
HIV	785 (1.2)	373 (2.1)	549 (1.1)	1,474 (1.3)	463 (1.5)	1,062 (1.1)
Neurological disorders	6,805 (10.6)	2,261 (12.6)	6,152 (11.8)	12,300 (10.9)	3,890 (12.3)	11,593 (11.8)
Severe mental health disorders	9,080 (14.2)	3,592 (20.0)	9,333 (17.9)	14,803 (13.1)	6,250 (19.8)	15,653 (15.9)
Stroke	2,380 (3.7)	701 (3.9)	2,060 (3.9)	4,126 (3.6)	1,163 (3.7)	3,921 (4.0)
Substance abuse disorders	2,013 (3.1)	921 (5.1)	2,579 (4.9)	3,061 (2.7)	1,392 (4.4)	4,360 (4.4)
Hierarchical Condition Category score, mean (SD)	1.0 (0.8)	1.1 (0.9)	1.1 (0.9)	1.0 (0.8)	1.1 (0.9)	1.1 (0.9)
Number of qualifying services in year prior to attribution, mean (SD)	5.5 (4.5)	5.6 (4.8)	4.9 (4.4)	5.5 (4.4)	5.9 (5.8)	5.0 (5.7)
Site-level characteristics						
Location: Metro, n (%)	42,108 (65.6)	12,851 (71.6)	37,936 (72.6)	69,127 (61.1)	21,041 (66.8)	66,545 (67.8)
Nonmetro-urban	12,591 (19.6)	2,696 (15.0)	9,444 (18.1)	24,955 (22.0)	5,525 (17.5)	18,324 (18.7)
Nonmetro-rural	9,460 (14.7)	2,389 (13.3)	4,851 (9.3)	19,142 (16.9)	4,941 (15.7)	13,300 (13.5)
PCA region: Central, n (%)	16,000 (24.9)	4,791 (26.7)	14,381 (27.5)	22,882 (20.2)	6,482 (20.6)	20,962 (21.4)
Mid-Atlantic	6,476 (10.1)	2,107 (11.7)	4,874 (9.3)	18,369 (16.2)	4,109 (13.0)	12,877 (13.1)
Northeast	11,579 (18.0)	2,854 (15.9)	6,638 (12.7)	13,252 (11.7)	4,589 (14.6)	10,139 (10.3)
Southeast	7,794 (12.1)	1,607 (9.0)	7,459 (14.3)	19,979 (17.6)	5,048 (16.0)	19,127 (19.5)
West	10,431 (16.3)	3,276 (18.3)	8,862 (17.0)	17,925 (15.8)	4,729 (15.0)	13,926 (14.2)
West-Central	11,879 (18.5)	3,301 (18.4)	10,017 (19.2)	20,817 (18.4)	6,550 (20.8)	21,138 (21.5)
Household poverty in census tract, mean % (SD%)	20.9 (11.5)	20.8 (11.6)	21.5 (11.9)	22.6 (12.0)	22.7 (12.5)	23.3 (12.6)

	Demonstration Beneficiaries Re-attributed to Baseline Site (n=64,159)	Demonstration Attributed to a Different Site (n=17,936)	Demonstration Not Attributed (No Primary Care Utilization) (n=52,231)	Comparison Beneficiaries Re-attributed to Baseline Site (n=113,224)	Comparison Attributed to a Different Site (n=31,507)	Comparison Not Attributed (No Primary Care Utilization) (n=98,169)
FQHC age: 1–10 years, n (%)	19,951 (31.1)	6,383 (35.6)	17,182 (32.9)	33,949 (30.0)	9,979 (31.7)	32,218 (32.8)
Age 10–20 years	16,969 (26.4)	4,537 (25.3)	13,726 (26.3)	25,077 (22.1)	6,857 (21.8)	22,792 (23.2)
Age 20–30 years	6,978 (10.9)	1,634 (9.1)	5,316 (10.2)	15,439 (13.6)	4,612 (14.6)	12,919 (13.2)
Age 30–40 years	13,077 (20.4)	3,878 (21.6)	11,128 (21.3)	27,294 (24.1)	6,975 (22.1)	21,088 (21.5)
Age 40+ years	5,998 (9.3)	1,170 (6.5)	3,779 (7.2)	8,576 (7.6)	2,111 (6.7)	6,786 (6.9)
Missing age	1,186 (1.8)	334 (1.9)	1,100 (2.1)	2,889 (2.6)	973 (3.1)	2,366 (2.4)
Number of service delivery sites: 1 site, n (%)	1,466 (2.3)	309 (1.7)	1,413 (2.7)	10,855 (9.6)	1,476 (4.7)	6,919 (7.0)
2–10 sites	38,164 (59.5)	10,097 (56.3)	28,981 (55.5)	74,980 (66.2)	21,502 (68.2)	67,022 (68.3)
11+ sites	24,529 (38.2)	7,530 (42.0)	21,837 (41.8)	27,389 (24.2)	8,529 (27.1)	24,228 (24.7)
Number of providers: Primary care, mean (SD)	6.4 (5.8)	7.3 (8.0)	6.8 (6.9)	7.5 (7.2)	10.0 (14.3)	7.7 (8.2)
Specialists	1.1 (2.5)	1.1 (2.3)	1.1 (2.5)	1.1 (2.6)	1.3 (3.0)	1.1 (2.8)
Number of Medicare beneficiaries in baseline attribution cohort, mean (SD)	483.6 (434.4)	443.9 (348.7)	428.5 (352.1)	699.5 (551.4)	671.3 (552.0)	598.6 (500.3)
Total revenue per site in millions, mean (SD)	2.4 (2.0)	2.3 (1.9)	2.3 (1.9)	2.6 (2.2)	2.3 (1.9)	2.4 (2.0)
ACA grantee, n (%)	33,753 (52.6)	9,606 (53.6)	28,055 (53.7)	39,799 (35.2)	11,861 (37.6)	34,037 (34.7)
Health Center Controlled Network grantee, n (%)	35,528 (55.4)	10,712 (59.7)	29,880 (57.2)	60,807 (53.7)	15,960 (50.7)	53,904 (54.9)
Quality accreditation, n (%)	21,484 (33.5)	6,313 (35.2)	20,032 (38.4)	31,277 (27.6)	9,144 (29.0)	29,801 (30.4)
CMS Shared Savings Demonstration Participation, n (%)	14,961 (23.3)	3,951 (22.0)	9,815 (18.8)	16,767 (14.8)	5,301 (16.8)	15,275 (15.6)
PCMH supplemental funding FY11, n (%)	59,607 (92.9)	16,801 (93.7)	48,713 (93.3)	82,377 (72.8)	21,913 (69.5)	68,142 (69.4)
Participation in HRSA PCMH Initiative, n (%)	37,468 (58.4)	10,396 (58.0)	31,124 (59.6)	44,353 (39.2)	10,519 (33.4)	36,147 (36.8)

	Demonstration Beneficiaries Re-attributed to Baseline Site (n=64,159)	Demonstration Attributed to a Different Site (n=17,936)	Demonstration Not Attributed (No Primary Care Utilization) (n=52,231)	Comparison Beneficiaries Re-attributed to Baseline Site (n=113,224)	Comparison Attributed to a Different Site (n=31,507)	Comparison Not Attributed (No Primary Care Utilization) (n=98,169)
NCQA recognition (2008 standards): None, n (%)	57,851 (90.2)	15,831 (88.3)	48,102 (92.1)	108,913 (96.2)	28,771 (91.3)	93,140 (94.9)
Level 1 recognition	402 (0.6)	136 (0.8)	370 (0.7)	1,370 (1.2)	324 (1.0)	1,079 (1.1)
Level 2 recognition	126 (0.2)	181 (1.0)	291 (0.6)	796 (0.7)	227 (0.7)	1,181 (1.2)
Level 3 recognition	5,780 (9.0)	1,788 (10.0)	3,468 (6.6)	2,145 (1.9)	2,185 (6.9)	2,769 (2.8)

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014). NOTE: This analysis uses the baseline attribution cohort to identify the characteristics of beneficiaries who do and do not remain attributed to their baseline site by the end of the three-year demonstration.

Key Policy Question Two

Exhibits F.1 to F.8 show the balance assessments from our analysis for all beneficiaries using the claims-based baseline attribution cohort. Exhibits F.1 and F.2 show the cost and utilization measure propensity scores and weights. Exhibits F.3 and F.4 show the readmission measure propensity scores and weights. Exhibits F.5 and F.6 show the diabetes process measure propensity scores and weights. Exhibits F.7 and F.8 show the ischemic vascular disease process measure propensity scores and weights. Exhibits F.9–F.16 show the balance assessments from our analysis using the claims-based quarter 16 attribution cohort. Exhibits F.11 and F.12 show the cost and utilization measure propensity scores and weights. Exhibits F.13 and F.14 show the diabetes process measure propensity scores and weights. Exhibits F.15 and F.16 show the ischemic vascular disease process measure propensity scores and weights. Exhibits F.15 and F.16 show the ischemic vascular disease process measure propensity scores and weights. Exhibits F.15 and F.16 show the ischemic vascular disease process measure propensity scores and weights. Exhibits F.15 and F.16 show the ischemic vascular disease process measure propensity scores and weights. Exhibits F.15 and F.16 show the ischemic vascular disease process measure propensity scores and weights.

Exhibits F.17 to F.24 show the balance assessments from our analysis for beneficiaries with two or more vists to the attribution site using the claims-based baseline attribution cohort. Exhibits F.17 and F.18 show the cost and utilization measure propensity scores and weights. Exhibits F.19 and F.20 show the readmission measure propensity scores and weights. Exhibits F.21 and F.22 show the diabetes process measure propensity scores and weights. Exhibits F.23 and F.24 show the ischemic vascular disease process measure propensity scores and weights. Exhibits F.25–F.32 show the balance assessments from our analysis for beneficiaries with two or more vists to the attribution site using the claims-based quarter 16 attribution cohort. Exhibits F.25 and F.26 show the cost and utilization measure propensity scores and weights. Exhibits F.27 and F.28 show the readmission measure propensity scores and weights. Exhibits F.27 and F.28 show the readmission measure propensity scores and weights. Exhibits F.27 and F.28 show the readmission measure propensity scores and weights. Exhibits F.27 and F.28 show the readmission measure propensity scores and weights. Exhibits F.29 and F.30 show the diabetes process measure propensity scores and weights. Exhibits F.31 and F.32 show the ischemic vascular disease process measure propensity scores and weights.

Exhibit F.1. Summary of Demonstration vs. Comparison Federally Qualified Health Center (FQHC) Balance Table, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

		Imbalance Summary (CMS approach)									
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates with Statistically Significant Differences						
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)				
Unweighted	34.69	1.92	18.29	9.60	78.95	100.00	88.57				
Propensity Score Weighted	12.24	1.61	4.26	2.85	57.89	87.50	71.43				

NOTE: CMS=Centers for Medicare and Medicaid Services.

				Unweighted ¹					Propensity Score Weighted ⁵					
Variable	Level	Total Sample N	Proportion or Mean (SD)		Standa Differe	ardized ence ^{2,3}	p-value⁴	Prop	Proportion or Mean (SD)			ardized rence ²	p-value4	
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	190,960	44.60	44.11	45.50	1.39	2.80	0.0000	46.26	47.04	45.50	1.54	3.10	0.0000
Age (4 categories)	65-74	147,616	34.48	34.66	34.15	0.50	1.06	NA	33.94	33.71	34.15	0.45	0.94	NA
Age (4 categories)	75-84	67,782	15.83	16.01	15.51	0.50	1.38	NA	15.16	14.80	15.51	0.71	1.99	NA
Age (4 categories)	85+	21,788	5.09	5.23	4.84	0.39	1.77	NA	4.65	4.45	4.84	0.39	1.83	NA
Race/ethnicity	White	297,364	69.45	69.63	69.13	0.50	1.09	0.0000	67.60	66.01	69.13	3.12	6.67	0.0000
Race/ethnicity	Black	76,972	17.98	18.41	17.19	1.23	3.20	NA	17.74	18.31	17.19	1.12	2.93	NA
Race/ethnicity	Asian	12,294	2.87	2.18	4.12	1.94	11.09	NA	4.90	5.71	4.12	1.59	7.38	NA
Race/ethnicity	Hispanic	29,503	6.89	7.14	6.43	0.71	2.83	NA	6.37	6.30	6.43	0.13	0.54	NA
Race/ethnicity	Other/ Unknown	12,013	2.81	2.63	3.13	0.50	3.02	NA	3.39	3.67	3.13	0.54	2.96	NA
Gender	Female	239,077	55.84	56.01	55.54	0.47	0.94	0.0032	55.42	55.30	55.54	0.23	0.47	0.1972
Gender	Male	189,069	44.16	43.99	44.46	0.47	0.94	NA	44.58	44.70	44.46	0.23	0.47	NA
Dual eligible	Yes	206,740	48.29	47.65	49.44	1.78	3.57	0.0000	49.98	50.54	49.44	1.10	2.21	0.0000
Dual eligible	No	221,406	51.71	52.35	50.56	1.78	3.57	NA	50.02	49.46	50.56	1.10	2.21	NA
Disabled	Yes	220,822	51.58	51.18	52.30	1.13	2.25	0.0000	52.80	53.31	52.30	1.01	2.03	0.0000
Disabled	No	207,324	48.42	48.82	47.70	1.13	2.25	NA	47.20	46.69	47.70	1.01	2.03	NA
Institutionalized	Yes	7,234	1.69	1.80	1.50	0.30	2.33	0.0000	1.46	1.42	1.50	0.08	0.66	0.0711
Institutionalized	No	420,912	98.31	98.20	98.50	0.30	2.33	NA	98.54	98.58	98.50	0.08	0.66	NA
Comorbidity index	Mean (SD)	428,146	1.17 (1.04)	1.17 (1.05)	1.16 (1.03)	0.73	0.73	0.0229	1.16 (0.86)	1.15 (0.75)	1.16 (1.03)	1.04	1.00	0.0044
Total payments (baseline year)	Mean (SD)	428,146	7,805.88 (17,806.05)	7,888.17 (17,997.60)	7,656.84 (17,452.84)	1.30	1.30	0.0000	7,626.83 (14,423.78)	7,595.57 (12,439.25)	7,656.84 (17,452.84)	0.42	0.40	0.2460
Number of inpatient admissions (baseline year)	Mean (SD)	428,146	0.29 (0.82)	0.29 (0.83)	0.29 (0.82)	0.59	0.59	0.0659	0.28 (0.68)	0.28 (0.58)	0.29 (0.82)	1.05	1.00	0.0040
Number of ER visits (baseline year)	Mean (SD)	428,146	1.00 (2.46)	0.99 (2.41)	1.01 (2.55)	0.79	0.78	0.0137	1.01 (2.16)	1.01 (1.91)	1.01 (2.55)	0.10	0.09	0.7904
Number of ACS condition admissions (baseline year)	Mean (SD)	428,146	0.04 (0.29)	0.04 (0.29)	0.04 (0.30)	0.17	0.16	0.6027	0.04 (0.24)	0.04 (0.20)	0.04 (0.30)	0.90	0.85	0.0137
Number of readmissions (baseline year)	Mean (SD)	428,146	0.04 (0.33)	0.04 (0.32)	0.04 (0.34)	0.04	0.04	0.8990	0.04 (0.27)	0.04 (0.22)	0.04 (0.34)	0.86	0.81	0.0192
In diabetes denominator (baseline year)	Yes	98,351	22.97	23.18	22.59	0.59	1.42	0.0000	22.65	22.71	22.59	0.12	0.28	0.4431

Exhibit F.2. Demonstration vs. Comparison FQHC Balance Table, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweight	ted ¹			Propensity Score Weighted ⁵					
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value4	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In diabetes denominator (baseline year)	No	329,795	77.03	76.82	77.41	0.59	1.42	NA	77.35	77.29	77.41	0.12	0.28	NA
HbA1c test (baseline year)	Yes	83,647	19.54	19.67	19.30	0.37	0.94	0.0033	19.22	19.14	19.30	0.15	0.39	0.2841
HbA1c test (baseline year)	No	344,499	80.46	80.33	80.70	0.37	0.94	NA	80.78	80.86	80.70	0.15	0.39	NA
Nephropathy test (baseline year)	Yes	53,994	12.61	12.35	13.09	0.74	2.23	0.0000	13.23	13.38	13.09	0.29	0.86	0.0186
Nephropathy test (baseline year)	No	374,152	87.39	87.65	86.91	0.74	2.23	NA	86.77	86.62	86.91	0.29	0.86	NA
Eye exam (baseline year)	Yes	40,865	9.54	9.57	9.49	0.08	0.27	0.3999	9.50	9.52	9.49	0.02	0.07	0.8430
Eye exam (baseline year)	No	387,281	90.46	90.43	90.51	0.08	0.27	NA	90.50	90.48	90.51	0.02	0.07	NA
LDL test—diabetes (baseline year)	Yes	77,587	18.12	18.23	17.93	0.29	0.76	0.0177	17.98	18.03	17.93	0.10	0.25	0.4971
LDL test—diabetes (baseline year)	No	350,559	81.88	81.77	82.07	0.29	0.76	NA	82.02	81.97	82.07	0.10	0.25	NA
In IVD denominator (baseline year)	Yes	56,804	13.27	13.48	12.89	0.59	1.74	0.0000	12.68	12.47	12.89	0.42	1.25	0.0006
In IVD denominator (baseline year)	No	371,342	86.73	86.52	87.11	0.59	1.74	NA	87.32	87.53	87.11	0.42	1.25	NA
LDL test—IVD (baseline year)	Yes	43,300	10.11	10.28	9.80	0.48	1.60	0.0000	9.66	9.51	9.80	0.29	0.98	0.0073
LDL test—IVD (baseline year)	No	384,846	89.89	89.72	90.20	0.48	1.60	NA	90.34	90.49	90.20	0.29	0.98	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	407,899	95.27	97.17	91.83	5.34	23.59	0.0000	91.63	91.41	91.83	0.42	1.51	0.0000
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	20,247	4.73	2.83	8.17	5.34	23.59	NA	8.37	8.59	8.17	0.42	1.51	NA
Number of beneficiaries per site (2010)	Mean (SD)	428,146	587.51 (499.69)	659.50 (536.97)	457.14 (391.56)	40.50	43.06	0.0000	444.90 (327.80)	432.16 (286.28)	457.14 (391.56)	7.62	7.28	0.0000
Total revenue per site (in millions)	Mean (SD)	428,146	2.44 (2.05)	2.49 (2.11)	2.34 (1.93)	7.07	7.17	0.0000	2.37 (1.59)	2.40 (1.38)	2.34 (1.93)	3.32	3.16	0.0000
Years FQHC has been operating	Mean (SD)	428,146	20.27 (13.57)	20.69 (13.65)	19.52 (13.41)	8.62	8.65	0.0000	19.69 (11.56)	19.87 (10.40)	19.52 (13.41)	3.00	2.89	0.0000
Number of primary care physicians per site	Mean (SD)	428,146	7.48 (8.10)	7.91 (8.80)	6.71 (6.56)	14.78	15.41	0.0000	6.68 (5.39)	6.65 (4.61)	6.71 (6.56)	1.15	1.09	0.0017

				Unweighted ¹						Pro	pensity Score	Neighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Number of specialists per site	Mean (SD)	428,146	1.12 (2.64)	1.14 (2.74)	1.09 (2.47)	2.12	2.15	0.0000	1.09 (2.01)	1.09 (1.70)	1.09 (2.47)	0.23	0.22	0.5322
Ambulatory Quality Accreditation	No	293,986	68.66	71.04	64.36	6.68	14.32	0.0000	66.68	69.11	64.36	4.75	10.09	0.0000
Ambulatory Quality Accreditation	Yes	134,160	31.34	28.96	35.64	6.68	14.32	NA	33.32	30.89	35.64	4.75	10.09	NA
HRSA PCMH Initiative participant	No	235,092	54.91	62.59	41.00	21.59	44.25	0.0000	42.42	43.90	41.00	2.89	5.86	0.0000
HRSA PCMH Initiative participant	Yes	193,054	45.09	37.41	59.00	21.59	44.25	NA	57.58	56.10	59.00	2.89	5.86	NA
Participation in other CMS sharing savings demonstration	No	352,411	82.31	84.30	78.71	5.59	14.44	0.0000	80.89	83.17	78.71	4.46	11.37	0.0000
Participation in other CMS sharing savings demonstration	Yes	75,735	17.69	15.70	21.29	5.59	14.44	NA	19.11	16.83	21.29	4.46	11.37	NA
Number of service delivery sites	Mean (SD)	428,146	9.58 (9.14)	8.12 (6.78)	12.23 (11.86)	44.97	42.54	0.0000	11.39 (9.35)	10.52 (7.56)	12.23 (11.86)	18.30	17.20	0.0000
HCCN Grantee	No	194,344	45.39	46.43	43.51	2.93	5.89	0.0000	44.33	45.18	43.51	1.68	3.38	0.0000
HCCN Grantee	Yes	233,802	54.61	53.57	56.49	2.93	5.89	NA	55.67	54.82	56.49	1.68	3.38	NA
PCMH Funding FY 11	No	337,460	78.82	70.88	93.20	22.32	60.76	0.0000	92.24	91.25	93.20	1.95	7.29	0.0000
PCMH Funding FY 11	Yes	90,686	21.18	29.12	6.80	22.32	60.76	NA	7.76	8.75	6.80	1.95	7.29	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	178,403	41.67	35.22	53.34	18.12	37.11	0.0000	52.88	52.39	53.34	0.96	1.92	0.0000
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	249,743	58.33	64.78	46.66	18.12	37.11	NA	47.12	47.61	46.66	0.96	1.92	NA
Rural-Urban Continuum Code (trichotomized)	Metro- politan area	282,842	66.06	64.34	69.18	4.84	10.29	0.0000	69.79	70.43	69.18	1.26	2.73	0.0000
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	61,843	14.44	15.47	12.59	2.88	8.31	NA	12.35	12.11	12.59	0.48	1.46	NA

					Unweight	ed ¹				Pro	pensity Score \	Veighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	83,461	19.49	20.19	18.23	1.95	4.96	NA	17.85	17.46	18.23	0.78	2.03	NA
PCA Region	Central	96,886	22.63	20.65	26.22	5.57	13.19	0.0000	26.22	26.22	26.22	0.00	0.00	0.0000
PCA Region	Mid- Atlantic	55,220	12.90	14.50	10.00	4.50	13.76	NA	8.69	7.34	10.00	2.66	9.48	NA
PCA Region	Northeast	55,472	12.96	11.47	15.64	4.16	12.19	NA	16.41	17.21	15.64	1.57	4.25	NA
PCA Region	Southeast	69,871	16.32	18.35	12.63	5.72	15.86	NA	12.83	13.05	12.63	0.41	1.23	NA
PCA Region	West	66,781	15.60	14.92	16.82	1.90	5.20	NA	17.25	17.70	16.82	0.88	2.32	NA
PCA Region	West- Central	83,916	19.60	20.10	18.69	1.42	3.59	NA	18.59	18.49	18.69	0.20	0.50	NA
Percent household poverty in census tract	Mean (SD)	428,146	22.29 (12.15)	22.89 (12.31)	21.20 (11.77)	13.93	14.05	0.0000	21.23 (9.78)	21.26 (8.47)	21.20 (11.77)	0.67	0.63	0.0690

NOTE: ER=emergency room; ACSC=ambulatory care sensitive condition; HbA1c=hemoglobin A1c; LDL=low-density lipoprotein; IVD=ischemic vascular disease; NCQA= National Committee for Quality Assurance; PCMH=patient-centered medical home; HRSA= Health Resources and Services Administration; HCCN= Health Center Control Networks; FY=fiscal year; ACA=Affordable Care Act; PCA=Primary Care Association. 1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.3. Summary of Demonstration vs. Comparison FQHC Balance Table, Readmission Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				mbalance Summary	(CMS approach)		
-	Imbalance Summary (RAND Approach)	Mean Absolı	ute Standardized Di	fference (%)	% of Covariates v [vith Statistically S Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	34.69	1.76	18.62	9.67	63.16	100.00	80.00
Propensity Score Weighted	14.29	1.54	4.48	2.92	21.05	81.25	48.57

Exhibit F.4. Demonstration vs. Comparison FQHC Balance Table, Readmission Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweighte	d1				Pr	opensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Propo	ortion or Mean ((SD)	Standa Differe	rdized nce ^{2,3}	p-value⁴	Proj	portion or Mear	n (SD)	Standa Differ	ndized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	69,156	42.35	41.86	43.25	1.40	2.83	0.0000	44.04	44.86	43.25	1.61	3.24	0.0000
Age (4 categories)	65-74	52,576	32.20	32.36	31.91	0.45	0.96	NA	31.67	31.42	31.91	0.48	1.04	NA
Age (4 categories)	75-84	30,745	18.83	18.99	18.54	0.44	1.13	NA	18.17	17.78	18.54	0.76	1.97	NA
Age (4 categories)	85+	10,811	6.62	6.80	6.29	0.51	2.05	NA	6.12	5.93	6.29	0.36	1.52	NA
Race/ethnicity	White	116,825	71.55	71.62	71.40	0.22	0.50	0.0000	69.87	68.25	71.40	3.15	6.86	0.0000
Race/ethnicity	Black	29,140	17.85	18.28	17.06	1.21	3.18	NA	17.60	18.16	17.06	1.10	2.88	NA
Race/ethnicity	Asian	3,374	2.07	1.58	2.94	1.36	9.16	NA	3.69	4.47	2.94	1.53	8.09	NA
Race/ethnicity	Hispanic	9,595	5.88	6.03	5.59	0.44	1.90	NA	5.56	5.53	5.59	0.06	0.26	NA
Race/ethnicity	Other/ Unknown	4,354	2.67	2.48	3.00	0.52	3.18	NA	3.28	3.59	3.00	0.58	3.27	NA
Gender	Female	92,976	56.94	57.14	56.58	0.56	1.13	0.0295	56.52	56.45	56.58	0.13	0.27	0.6509
Gender	Male	70,312	43.06	42.86	43.42	0.56	1.13	NA	43.48	43.55	43.42	0.13	0.27	NA
Dual eligible	Yes	81,147	49.70	49.16	50.67	1.50	3.01	0.0000	51.13	51.62	50.67	0.95	1.90	0.0014
Dual eligible	No	82,141	50.30	50.84	49.33	1.50	3.01	NA	48.87	48.38	49.33	0.95	1.90	NA

				Unweighted ¹						Pr	opensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Propo	ortion or Mean ((SD)	Standa Differe	rdized nce ^{2,3}	p-value⁴	Pro	portion or Mear	n (SD)	Standa Differ	ardized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	Yes	84,819	51.94	51.56	52.65	1.09	2.19	0.0000	53.20	53.78	52.65	1.13	2.27	0.0001
Disabled	No	78,469	48.06	48.44	47.35	1.09	2.19	NA	46.80	46.22	47.35	1.13	2.27	NA
Institutionalized	Yes	6,486	3.97	4.20	3.55	0.65	3.38	0.0000	3.49	3.42	3.55	0.13	0.70	0.2397
Institutionalized	No	156,802	96.03	95.80	96.45	0.65	3.38	NA	96.51	96.58	96.45	0.13	0.70	NA
Comorbidity index	Mean (SD)	163,288	1.63 (1.29)	1.64 (1.30)	1.62 (1.28)	1.08	1.09	0.0361	1.62 (1.07)	1.62 (0.93)	1.62 (1.28)	0.00	0.00	0.9969
Total payments (baseline year)	Mean (SD)	163,288	15,206.67 (24,454.81)	15,337.98 (24,611.77)	14,967.96 (24,165.24)	1.51	1.52	0.0034	15,019.56 (19,913.76)	15,074.13 (17,131.11)	14,967.96 (24,165.24)	0.53	0.51	0.3709
Number of inpatient admissions (baseline year)	Mean (SD)	163,288	0.72 (1.18)	0.72 (1.17)	0.72 (1.19)	0.44	0.44	0.3985	0.72 (0.97)	0.72 (0.82)	0.72 (1.19)	0.34	0.32	0.5702
Number of ER visits (baseline year)	Mean (SD)	163,288	1.76 (3.39)	1.75 (3.33)	1.78 (3.50)	0.92	0.91	0.0755	1.79 (2.95)	1.80 (2.59)	1.78 (3.50)	0.55	0.52	0.3574
Number of ACSC admissions (baseline year)	Mean (SD)	163,288	0.10 (0.46)	0.10 (0.45)	0.10 (0.47)	0.15	0.15	0.7698	0.10 (0.38)	0.09 (0.31)	0.10 (0.47)	0.91	0.86	0.1271
Number of readmissions (baseline year)	Mean (SD)	163,288	0.10 (0.52)	0.10 (0.51)	0.10 (0.54)	0.01	0.01	0.9877	0.10 (0.43)	0.10 (0.35)	0.10 (0.54)	1.04	0.97	0.0819
In diabetes denominator (baseline year)	Yes	43,472	26.62	26.80	26.31	0.49	1.11	0.0314	26.35	26.39	26.31	0.09	0.19	0.7457
In diabetes denominator (baseline year)	No	119,816	73.38	73.20	73.69	0.49	1.11	NA	73.65	73.61	73.69	0.09	0.19	NA
HbA1c test (baseline year)	Yes	36,152	22.14	22.17	22.09	0.08	0.18	0.7248	22.02	21.94	22.09	0.16	0.38	0.5273
HbA1c test (baseline year)	No	127,136	77.86	77.83	77.91	0.08	0.18	NA	77.98	78.06	77.91	0.16	0.38	NA
Nephropathy test (baseline year)	Yes	24,660	15.10	14.82	15.62	0.81	2.25	0.0000	15.77	15.92	15.62	0.30	0.82	0.1679
Nephropathy test (baseline year)	No	138,628	84.90	85.18	84.38	0.81	2.25	NA	84.23	84.08	84.38	0.30	0.82	NA
Eye exam (baseline year)	Yes	17,906	10.97	10.88	11.12	0.25	0.78	0.1291	11.10	11.07	11.12	0.06	0.18	0.7625
Eye exam (baseline year)	No	145,382	89.03	89.12	88.88	0.25	0.78	NA	88.90	88.93	88.88	0.06	0.18	NA
LDL test—diabetes (baseline year)	Yes	33,295	20.39	20.41	20.36	0.05	0.12	0.8233	20.39	20.43	20.36	0.07	0.17	0.7817
LDL test—diabetes (baseline year)	No	129,993	79.61	79.59	79.64	0.05	0.12	NA	79.61	79.57	79.64	0.07	0.17	NA

				Unweighted ¹						Pr	ropensity Score	Neighted⁵		
Variable	Level	Total Sample N	Prope	ortion or Mean ((SD)	Standa Differe	nce ^{2,3}	p-value ⁴	Proj	portion or Mear	n (SD)	Standa Differ	ardized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	Yes	33,164	20.31	20.51	19.95	0.55	1.37	0.0081	19.85	19.74	19.95	0.22	0.55	0.3580
In IVD denominator (baseline year)	No	130,124	79.69	79.49	80.05	0.55	1.37	NA	80.15	80.26	80.05	0.22	0.55	NA
LDL test—IVD (baseline year)	Yes	24,569	15.05	15.20	14.77	0.44	1.22	0.0185	14.70	14.64	14.77	0.13	0.36	0.5470
LDL test—IVD (baseline year)	No	138,719	84.95	84.80	85.23	0.44	1.22	NA	85.30	85.36	85.23	0.13	0.36	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	155,682	95.34	97.18	91.99	5.19	23.10	0.0000	91.86	91.72	91.99	0.28	1.01	0.0890
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	7,606	4.66	2.82	8.01	5.19	23.10	NA	8.14	8.28	8.01	0.28	1.01	NA
Number of beneficiaries per site (2010)	Mean (SD)	163,288	589.52 (495.79)	666.82 (537.48)	449.01 (369.98)	43.93	47.21	0.0000	439.63 (310.71)	429.70 (272.49)	449.01 (369.98)	6.21	5.94	0.0000
Total revenue per site (in millions)	Mean (SD)	163,288	2.40 (2.02)	2.47 (2.10)	2.28 (1.87)	9.56	9.73	0.0000	2.31 (1.55)	2.34 (1.35)	2.28 (1.87)	4.27	4.07	0.0000
Years FQHC has been operating	Mean (SD)	163,288	20.05 (13.56)	20.41 (13.67)	19.39 (13.34)	7.48	7.51	0.0000	19.55 (11.45)	19.72 (10.26)	19.39 (13.34)	2.84	2.73	0.0000
Number of primary care physicians per site	Mean (SD)	163,288	7.39 (8.09)	7.86 (8.82)	6.54 (6.48)	16.41	17.17	0.0000	6.53 (5.31)	6.53 (4.55)	6.54 (6.48)	0.05	0.05	0.9293
Number of specialists per site	Mean (SD)	163,288	1.12 (2.71)	1.16 (2.85)	1.05 (2.42)	4.16	4.26	0.0000	1.06 (1.97)	1.08 (1.68)	1.05 (2.42)	1.44	1.37	0.0156
Ambulatory Quality Accreditation	No	112,651	68.99	71.51	64.41	7.10	15.25	0.0000	66.86	69.45	64.41	5.04	10.73	0.0000
Ambulatory Quality Accreditation	Yes	50,637	31.01	28.49	35.59	7.10	15.25	NA	33.14	30.55	35.59	5.04	10.73	NA
HRSA PCMH Initiative participant	No	89,933	55.08	62.77	41.10	21.67	44.43	0.0000	42.70	44.41	41.10	3.31	6.69	0.0000
HRSA PCMH Initiative participant	Yes	73,355	44.92	37.23	58.90	21.67	44.43	NA	57.30	55.59	58.90	3.31	6.69	NA
Participation in other CMS sharing savings demonstration	No	135,191	82.79	84.71	79.30	5.41	14.13	0.0000	81.41	83.64	79.30	4.34	11.20	0.0000

				Unweighted ¹						P	ropensity Score	Weighted⁵		
Variable	Level	Total Sample N	Propo	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Pro	portion or Mea	n (SD)	Standa Differ	ardized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Participation in other CMS sharing savings demonstration	Yes	28,097	17.21	15.29	20.70	5.41	14.13	NA	18.59	16.36	20.70	4.34	11.20	NA
Number of service delivery sites	Mean (SD)	163,288	9.58 (9.16)	8.08 (6.68)	12.32 (11.99)	46.32	43.73	0.0000	11.32 (9.22)	10.27 (7.19)	12.32 (11.99)	22.31	20.82	0.0000
HCCN Grantee	No	75,086	45.98	46.99	44.16	2.82	5.67	0.0000	45.11	46.11	44.16	1.95	3.92	0.0000
HCCN Grantee	Yes	88,202	54.02	53.01	55.84	2.82	5.67	NA	54.89	53.89	55.84	1.95	3.92	NA
PCMH Funding FY 11	No	128,254	78.54	70.66	92.88	22.22	60.10	0.0000	91.87	90.81	92.88	2.07	7.58	0.0000
PCMH Funding FY 11	Yes	35,034	21.46	29.34	7.12	22.22	60.10	NA	8.13	9.19	7.12	2.07	7.58	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	67,010	41.04	35.10	51.84	16.74	34.26	0.0000	51.45	51.05	51.84	0.79	1.57	0.0083
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	96,278	58.96	64.90	48.16	16.74	34.26	NA	48.55	48.95	48.16	0.79	1.57	NA
Rural-Urban Continuum Code (trichotomized)	Metro- politan area	106,692	65.34	63.63	68.45	4.82	10.18	0.0000	69.03	69.65	68.45	1.21	2.61	0.0001
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	24,672	15.11	16.41	12.74	3.67	10.40	NA	12.47	12.18	12.74	0.56	1.70	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	31,924	19.55	19.96	18.81	1.15	2.91	NA	18.50	18.16	18.81	0.65	1.66	NA
PCA Region	Central	39,248	24.04	21.82	28.07	6.26	14.50	0.0000	28.00	27.92	28.07	0.15	0.33	0.0000
PCA Region	Mid-Atlantic	22,546	13.81	15.46	10.81	4.65	13.80	NA	9.39	7.90	10.81	2.91	10.00	NA
PCA Region	Northeast	20,962	12.84	11.46	15.35	3.89	11.44	NA	16.07	16.84	15.35	1.49	4.06	NA
PCA Region	Southeast	27,027	16.55	18.61	12.80	5.81	16.03	NA	13.02	13.26	12.80	0.45	1.35	NA
PCA Region	West	22,906	14.03	13.40	15.16	1.76	5.02	NA	15.48	15.83	15.16	0.66	1.84	NA
PCA Region	West- Central	30,599	18.74	19.25	17.81	1.44	3.71	NA	18.03	18.26	17.81	0.45	1.16	NA

					Unweighte	d ¹				Pi	opensity Score \	Veighted ⁵		
Variable	Level	Total Sample N	Prope	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p-value⁴	Proj	portion or Mear	n (SD)	Standa Diffen	irdized ence ²	p-value ⁴
			Demo & Comp	Proportion or Mean (SD) Permo & Comp Demo Comp FQHC FQHC			CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Percent household poverty in census tract	Mean (SD)	163,288	22.23 (12.07)	22.81 (12.24)	21.17 (11.69)	13.62	13.74	0.0000	21.20 (9.67)	21.23 (8.36)	21.17 (11.69)	0.60	0.57	0.3127

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

5. Numbers in these columns are weighted both for non-response, conditional on sample strata, and by the ATT weight.

Exhibit F.5. Summary of Demonstration vs. Comparison FQHC Balance Table, Diabetes Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				mbalance Summary	(CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized Di	fference (%)	% of Covariates	s with Statistically Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	38.30	1.93	18.02	9.80	47.37	100.00	71.43
Propensity Score Weighted	14.89	1.48	4.62	3.01	26.32	75.00	48.57

					Unweight	ed ¹				Pro	pensity Score	Veighted⁵		
Variable	Level	Total Sample N	Prop	portion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value4	Pro	portion or Mean	(SD)	Standa Differ	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	62,334	55.67	55.50	55.98	0.48	0.96	0.1252	56.30	56.63	55.98	0.65	1.32	0.0687
Age (4 categories)	65-74	49,636	44.33	44.50	44.02	0.48	0.96		43.70	43.37	44.02	0.65	1.32	NA
Age (4 categories)	75-84	NA	NA	NA		NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA		NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	71,398	63.77	63.70	63.89	0.19	0.40	0.0000	62.74	61.53	63.89	2.36	4.87	0.0000
Race/ethnicity	Black	24,280	21.68	22.31	20.52	1.79	4.37	NA	20.87	21.24	20.52	0.72	1.77	NA
Race/ethnicity	Asian	2,707	2.42	2.01	3.16	1.15	7.25	NA	3.74	4.35	3.16	1.19	6.26	NA
Race/ethnicity	Hispanic	9,945	8.88	8.99	8.68	0.31	1.08	NA	8.56	8.43	8.68	0.26	0.92	NA
Race/ethnicity	Other/ Unknown	3,640	3.25	2.99	3.74	0.76	4.19	NA	4.08	4.45	3.74	0.71	3.56	NA
Gender	Female	60,765	54.27	54.34	54.13	0.21	0.42	0.5021	54.29	54.45	54.13	0.32	0.64	0.3727
Gender	Male	51,205	45.73	45.66	45.87	0.21	0.42	NA	45.71	45.55	45.87	0.32	0.64	NA
Dual eligible	Yes	60,781	54.28	53.70	55.37	1.67	3.36	0.0000	55.61	55.87	55.37	0.50	1.01	0.1627
Dual eligible	No	51,189	45.72	46.30	44.63	1.67	3.36	NA	44.39	44.13	44.63	0.50	1.01	NA
Disabled	Yes	72,172	64.46	64.34	64.68	0.34	0.71	0.2592	64.66	64.64	64.68	0.04	0.08	0.9095
Disabled	No	39,798	35.54	35.66	35.32	0.34	0.71	NA	35.34	35.36	35.32	0.04	0.08	NA
Institutionalized	Yes	1,441	1.29	1.34	1.19	0.14	1.30	0.0400	1.17	1.14	1.19	0.05	0.47	0.5134
Institutionalized	No	110,529	98.71	98.66	98.81	0.14	1.30	NA	98.83	98.86	98.81	0.05	0.47	NA
Comorbidity index	Mean (SD)	111,970	1.31 (1.05)	1.31 (1.05)	1.32 (1.05)	1.52	1.52	0.0150	1.32 (0.87)	1.32 (0.76)	1.32 (1.05)	0.51	0.48	0.4840
Total payments (baseline year)	Mean (SD)	111,970	8,864.51 (18,580.74)	8,827.20 (18,453.25)	8,933.45 (18,814.10)	0.57	0.57	0.3611	8,897.95 (15,364.94)	8,860.47 (13,125.90)	8,933.45 (18,814.10)	0.48	0.45	0.5112
Number of inpatient admissions (baseline year)	Mean (SD)	111,970	0.34 (0.94)	0.34 (0.92)	0.35 (0.98)	1.11	1.10	0.0769	0.35 (0.78)	0.34 (0.66)	0.35 (0.98)	1.16	1.10	0.1077
Number of ER visits (baseline year)	Mean (SD)	111,970	1.19 (2.95)	1.18 (2.93)	1.21 (2.97)	1.25	1.24	0.0467	1.21 (2.49)	1.20 (2.19)	1.21 (2.97)	0.63	0.60	0.3867
Number of ACSC admissions (baseline year)	Mean (SD)	111,970	0.06 (0.39)	0.06 (0.36)	0.06 (0.43)	0.81	0.79	0.1967	0.06 (0.33)	0.06 (0.26)	0.06 (0.43)	1.07	1.00	0.1381
Number of readmissions (baseline year)	Mean (SD)	111,970	0.06 (0.44)	0.06 (0.42)	0.06 (0.48)	1.04	1.02	0.0983	0.06 (0.37)	0.06 (0.30)	0.06 (0.48)	1.11	1.03	0.1247
In diabetes denominator (baseline year)	Yes	98,351	87.84	88.02	87.50	0.52	1.58	0.0115	87.55	87.59	87.50	0.09	0.28	0.7025

Exhibit F.6. Demonstration vs. Comparison FQHC Balance Table, Diabetes Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Unweighted ¹						Pro	pensity Score	Neighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Proj	portion or Mean ((SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In diabetes denominator (baseline year)	No	13,619	12.16	11.98	12.50	0.52	1.58	NA	12.45	12.41	12.50	0.09	0.28	NA
HbA1c test (baseline year)	Yes	83,647	74.70	74.68	74.75	0.07	0.17	0.7838	74.28	73.78	74.75	0.97	2.22	0.0021
HbA1c test (baseline year)	No	28,323	25.30	25.32	25.25	0.07	0.17	NA	25.72	26.22	25.25	0.97	2.22	NA
Nephropathy test (baseline year)	Yes	53,994	48.22	46.88	50.70	3.83	7.66	0.0000	51.15	51.61	50.70	0.91	1.82	0.0121
Nephropathy test (baseline year)	No	57,976	51.78	53.12	49.30	3.83	7.66	NA	48.85	48.39	49.30	0.91	1.82	NA
Eye exam (baseline year)	Yes	40,865	36.50	36.34	36.78	0.43	0.90	0.1523	36.69	36.59	36.78	0.18	0.38	0.5958
Eye exam (baseline year)	No	71,105	63.50	63.66	63.22	0.43	0.90	NA	63.31	63.41	63.22	0.18	0.38	NA
LDL test—diabetes (baseline year)	Yes	77,587	69.29	69.20	69.47	0.27	0.59	0.3428	69.50	69.53	69.47	0.06	0.12	0.8630
LDL test—diabetes (baseline year)	No	34,383	30.71	30.80	30.53	0.27	0.59	NA	30.50	30.47	30.53	0.06	0.12	NA
In IVD denominator (baseline year)	Yes	29,869	26.68	27.06	25.97	1.09	2.46	0.0001	25.55	25.10	25.97	0.87	2.00	0.0057
In IVD denominator (baseline year)	No	82,101	73.32	72.94	74.03	1.09	2.46	NA	74.45	74.90	74.03	0.87	2.00	NA
LDL test—IVD (baseline year)	Yes	24,006	21.44	21.68	20.99	0.69	1.69	0.0072	20.65	20.30	20.99	0.69	1.71	0.0181
LDL test—IVD (baseline year)	No	87,964	78.56	78.32	79.01	0.69	1.69	NA	79.35	79.70	79.01	0.69	1.71	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	106,871	95.45	96.81	92.92	3.89	17.68	0.0000	92.43	91.91	92.92	1.01	3.83	0.0000
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	5,099	4.55	3.19	7.08	3.89	17.68	NA	7.57	8.09	7.08	1.01	3.83	NA
Number of beneficiaries per site (2010)	Mean (SD)	111,970	566.36 (478.17)	640.02 (520.43)	430.25 (349.46)	43.87	47.32	0.0000	421.74 (293.88)	412.75 (258.72)	430.25 (349.46)	5.95	5.69	0.0000
Total revenue per site (in millions)	Mean (SD)	111,970	2.44 (2.00)	2.48 (2.03)	2.38 (1.93)	5.08	5.12	0.0000	2.42 (1.59)	2.46 (1.38)	2.38 (1.93)	5.39	5.13	0.0000
Years FQHC has been operating	Mean (SD)	111,970	20.38 (13.34)	20.97 (13.51)	19.30 (12.94)	12.50	12.60	0.0000	19.24 (10.92)	19.16 (9.65)	19.30 (12.94)	1.27	1.21	0.0794
Number of primary care physicians per site	Mean (SD)	111,970	7.68 (8.58)	8.24 (9.55)	6.65 (6.29)	18.61	19.75	0.0000	6.66 (5.06)	6.67 (4.26)	6.65 (6.29)	0.55	0.52	0.4488

				Unweighted ¹						Pro	pensity Score	Weighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Proj	portion or Mean	(SD)	Standa Differ	irdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Number of specialists per site	Mean (SD)	111,970	1.09 (2.54)	1.11 (2.57)	1.06 (2.50)	1.94	1.95	0.0019	1.07 (1.95)	1.07 (1.57)	1.06 (2.50)	0.64	0.60	0.3732
Ambulatory Quality Accreditation	No	74,829	66.83	69.33	62.21	7.12	15.05	0.0000	64.01	65.92	62.21	3.71	7.74	0.0000
Ambulatory Quality Accreditation	Yes	37,141	33.17	30.67	37.79	7.12	15.05	NA	35.99	34.08	37.79	3.71	7.74	NA
HRSA PCMH Initiative participant	No	61,626	55.04	63.01	40.31	22.70	46.65	0.0000	41.68	43.13	40.31	2.83	5.73	0.0000
HRSA PCMH Initiative participant	Yes	50,344	44.96	36.99	59.69	22.70	46.65	NA	58.32	56.87	59.69	2.83	5.73	NA
Participation in other CMS sharing savings demonstration	No	92,886	82.96	84.34	80.39	3.95	10.37	0.0000	82.70	85.13	80.39	4.74	12.56	0.0000
Participation in other CMS sharing savings demonstration	Yes	19,084	17.04	15.66	19.61	3.95	10.37	NA	17.30	14.87	19.61	4.74	12.56	NA
Number of service delivery sites	Mean (SD)	111,970	9.80 (9.20)	8.26 (6.58)	12.63 (12.19)	47.43	44.54	0.0000	11.61 (9.14)	10.54 (6.87)	12.63 (12.19)	22.81	21.08	0.0000
HCCN Grantee	No	49,629	44.32	45.00	43.08	1.92	3.86	0.0000	43.88	44.73	43.08	1.66	3.34	0.0000
HCCN Grantee	Yes	62,341	55.68	55.00	56.92	1.92	3.86	NA	56.12	55.27	56.92	1.66	3.34	NA
PCMH Funding FY 11	No	87,654	78.28	70.17	93.29	23.12	62.70	0.0000	92.54	91.74	93.29	1.54	5.86	0.0000
PCMH Funding FY 11	Yes	24,316	21.72	29.83	6.71	23.12	62.70	NA	7.46	8.26	6.71	1.54	5.86	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	46,608	41.63	36.04	51.95	15.91	32.48	0.0000	51.86	51.77	51.95	0.18	0.35	0.6249
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	65,362	58.37	63.96	48.05	15.91	32.48	NA	48.14	48.23	48.05	0.18	0.35	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	77,339	69.07	67.35	72.25	4.90	10.69	0.0000	73.11	74.01	72.25	1.76	3.97	0.0000
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	14,165	12.65	13.73	10.65	3.08	9.44	NA	10.34	10.01	10.65	0.63	2.09	NA

					Unweight	ed ¹				Pro	pensity Score \	Weighted ⁵		
Variable	Level	Total Sample N	Prop	Proportion or Mean (SD) emo & Comp Demo			ardized ence ^{2,3}	p-value ⁴	Pro	portion or Mean ((SD)	Standa Differ	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	20,466	18.28	18.92	17.10	1.82	4.73	NA	16.55	15.98	17.10	1.12	3.03	NA
PCA Region	Central	26,796	23.93	21.95	27.59	5.64	13.09	0.0000	27.26	26.92	27.59	0.67	1.50	0.0000
PCA Region	Mid-Atlantic	14,679	13.11	14.54	10.46	4.08	12.35	NA	9.09	7.63	10.46	2.83	9.88	NA
PCA Region	Northeast	12,902	11.52	10.45	13.50	3.04	9.39	NA	14.71	15.98	13.50	2.48	7.01	NA
PCA Region	Southeast	19,520	17.43	19.11	14.33	4.79	12.85	NA	14.51	14.70	14.33	0.37	1.04	NA
PCA Region	West	16,617	14.84	14.36	15.74	1.38	3.86	NA	16.10	16.48	15.74	0.75	2.03	NA
PCA Region	West-Central	21,456	19.16	19.58	18.38	1.20	3.06	NA	18.34	18.29	18.38	0.10	0.26	NA
Percent household poverty in census tract	Mean (SD)	111,970	23.35 (12.49)	24.00 (12.63)	22.16 (12.12)	14.71	14.84	0.0000	22.07 (9.93)	21.97 (8.51)	22.16 (12.12)	1.89	1.79	0.0091

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims. 1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.7. Summary of Demonstration vs. Comparison FQHC Balance Table, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				mbalance Summary	(CMS approach)		
-	Imbalance Summary (RAND Approach)	Mean Absolı	ite Standardized Di	fference (%)	% of Covariates	with Statistically Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	40.43	1.61	19.68	10.45	42.11	100.00	68.57
Propensity Score Weighted	17.02	1.26	4.71	2.95	10.53	68.75	37.14

Exhibit F.8. Demonstration vs. Comparison FQHC Balance Table, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweighted	l ¹				Pro	pensity Score	Weighted⁵		
Variable	Level	Total Sample N	Prope	Proportion or Mean (SD) E & Comp Demo COMP EOHC EOHC			rdized nce ^{2,3}	p-value4	Prop	oortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	38,789	49.88	49.91	49.82	0.09	0.19	0.8031	50.27	50.75	49.82	0.93	1.85	0.0343
Age (4 categories)	65-74	38,974	50.12	50.09	50.18	0.09	0.19	NA	49.73	49.25	50.18	0.93	1.85	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	56,411	72.54	72.68	72.27	0.41	0.92	0.0000	71.02	69.70	72.27	2.58	5.68	0.0000
Race/ethnicity	Black	13,907	17.88	18.23	17.24	0.99	2.59	NA	17.85	18.51	17.24	1.27	3.31	NA
Race/ethnicity	Asian	1,265	1.63	1.22	2.40	1.19	8.91	NA	2.87	3.37	2.40	0.96	5.75	NA
Race/ethnicity	Hispanic	4,220	5.43	5.51	5.27	0.24	1.07	NA	5.26	5.25	5.27	0.01	0.06	NA
Race/ethnicity	Other/ Unknown	1,960	2.52	2.36	2.82	0.45	2.85	NA	2.99	3.18	2.82	0.36	2.11	NA
Gender	Female	37,112	47.72	47.84	47.50	0.34	0.68	0.3657	47.59	47.69	47.50	0.19	0.38	0.6648
Gender	Male	40,651	52.28	52.16	52.50	0.34	0.68	NA	52.41	52.31	52.50	0.19	0.38	NA
Dual eligible	Yes	39,035	50.20	49.67	51.20	1.53	3.06	0.0000	51.31	51.44	51.20	0.24	0.47	0.5908
Dual eligible	No	38,728	49.80	50.33	48.80	1.53	3.06	NA	48.69	48.56	48.80	0.24	0.47	NA
Disabled	Yes	48,057	61.80	61.95	61.52	0.43	0.88	0.2457	61.64	61.76	61.52	0.24	0.49	0.5779

				Unweighted ¹ Standardized						Pro	pensity Score \	Veighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	No	29,706	38.20	38.05	38.48	0.43	0.88	NA	38.36	38.24	38.48	0.24	0.49	NA
Institutionalized	Yes	1,405	1.81	1.90	1.63	0.28	2.10	0.0059	1.61	1.60	1.63	0.03	0.22	0.8046
Institutionalized	No	76,358	98.19	98.10	98.37	0.28	2.10	NA	98.39	98.40	98.37	0.03	0.22	NA
Comorbidity index	Mean (SD)	77,763	1.48 (1.18)	1.48 (1.18)	1.50 (1.18)	1.59	1.59	0.0353	1.50 (0.97)	1.50 (0.84)	1.50 (1.18)	0.52	0.50	0.5499
Total payments (baseline year)	Mean (SD)	77,763	11,782.75 (21,567.06)	11,753.45 (21,556.48)	11,838.23 (21,587.36)	0.39	0.39	0.6021	11,846.62 (17,596.10)	11,855.53 (15,067.43)	11,838.23 (21,587.36)	0.10	0.09	0.9107
Number of inpatient admissions (baseline year)	Mean (SD)	77,763	0.50 (1.09)	0.49 (1.07)	0.50 (1.13)	1.31	1.30	0.0814	0.50 (0.90)	0.50 (0.75)	0.50 (1.13)	0.49	0.46	0.5769
Number of ER visits (baseline year)	Mean (SD)	77,763	1.41 (3.14)	1.39 (3.09)	1.45 (3.25)	1.85	1.84	0.0141	1.45 (2.68)	1.45 (2.33)	1.45 (3.25)	0.14	0.13	0.8775
Number of ACSC admissions (baseline year)	Mean (SD)	77,763	0.08 (0.44)	0.08 (0.42)	0.08 (0.49)	0.75	0.73	0.3206	0.08 (0.36)	0.08 (0.28)	0.08 (0.49)	1.21	1.11	0.1688
Number of readmissions (baseline year)	Mean (SD)	77,763	0.09 (0.51)	0.08 (0.49)	0.09 (0.55)	0.99	0.97	0.1903	0.09 (0.42)	0.08 (0.33)	0.09 (0.55)	1.62	1.50	0.0636
In diabetes denominator (baseline year)	Yes	35,883	46.14	46.50	45.48	1.02	2.04	0.0067	45.41	45.34	45.48	0.13	0.27	0.7588
In diabetes denominator (baseline year)	No	41,880	53.86	53.50	54.52	1.02	2.04	NA	54.59	54.66	54.52	0.13	0.27	NA
HbA1c test (baseline year)	Yes	30,694	39.47	39.58	39.27	0.31	0.62	0.4076	39.02	38.74	39.27	0.53	1.08	0.2173
HbA1c test (baseline year)	No	47,069	60.53	60.42	60.73	0.31	0.62	NA	60.98	61.26	60.73	0.53	1.08	NA
Nephropathy test (baseline year)	Yes	20,850	26.81	26.34	27.70	1.36	3.06	0.0000	27.86	28.04	27.70	0.34	0.75	0.3903
Nephropathy test (baseline year)	No	56,913	73.19	73.66	72.30	1.36	3.06	NA	72.14	71.96	72.30	0.34	0.75	NA
Eye exam (baseline year)	Yes	15,643	20.12	19.90	20.53	0.63	1.58	0.0362	20.49	20.45	20.53	0.09	0.21	0.8099
Eye exam (baseline year)	No	62,120	79.88	80.10	79.47	0.63	1.58	NA	79.51	79.55	79.47	0.09	0.21	NA
LDL test—diabetes (baseline year)	Yes	28,978	37.26	37.38	37.04	0.34	0.71	0.3448	37.00	36.95	37.04	0.09	0.18	0.8362
LDL test—diabetes (baseline year)	No	48,785	62.74	62.62	62.96	0.34	0.71	NA	63.00	63.05	62.96	0.09	0.18	NA
In IVD denominator (baseline year)	Yes	56,804	73.05	73.06	73.03	0.02	0.05	0.9458	72.77	72.49	73.03	0.54	1.22	0.1627

					Unweighte	d1				Pro	pensity Score	Weighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	No	20,959	26.95	26.94	26.97	0.02	0.05	NA	27.23	27.51	26.97	0.54	1.22	NA
LDL test—IVD (baseline year)	Yes	43,300	55.68	55.75	55.55	0.20	0.40	0.5989	55.42	55.28	55.55	0.27	0.54	0.5377
LDL test—IVD (baseline year)	No	34,463	44.32	44.25	44.45	0.20	0.40	NA	44.58	44.72	44.45	0.27	0.54	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	74,554	95.87	97.45	92.88	4.57	21.44	0.0000	92.64	92.38	92.88	0.50	1.92	0.0286
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	3,209	4.13	2.55	7.12	4.57	21.44	NA	7.36	7.62	7.12	0.50	1.92	NA
Number of beneficiaries per site (2010)	Mean (SD)	77,763	576.47 (490.48)	661.05 (539.48)	416.34 (325.34)	49.89	54.93	0.0000	407.03 (272.04)	397.14 (238.96)	416.34 (325.34)	7.06	6.73	0.0000
Total revenue per site (in millions)	Mean (SD)	77,763	2.31 (1.93)	2.35 (1.94)	2.23 (1.90)	6.15	6.17	0.0000	2.29 (1.56)	2.34 (1.35)	2.23 (1.90)	6.94	6.58	0.0000
Years FQHC has been operating	Mean (SD)	77,763	20.01 (13.31)	20.54 (13.47)	19.01 (12.94)	11.55	11.64	0.0000	18.97 (10.90)	18.93 (9.65)	19.01 (12.94)	0.75	0.72	0.3899
Number of primary care physicians per site	Mean (SD)	77,763	7.08 (7.68)	7.56 (8.40)	6.16 (5.97)	18.28	19.26	0.0000	6.18 (4.70)	6.21 (3.85)	6.16 (5.97)	1.06	0.99	0.2284
Number of specialists per site	Mean (SD)	77,763	1.00 (2.50)	1.03 (2.60)	0.95 (2.31)	3.40	3.46	0.0000	0.96 (1.78)	0.97 (1.43)	0.95 (2.31)	1.13	1.05	0.1965
Ambulatory Quality Accreditation	No	53,934	69.36	72.67	63.09	9.58	20.63	0.0000	65.12	67.28	63.09	4.20	8.82	0.0000
Ambulatory Quality Accreditation	Yes	23,829	30.64	27.33	36.91	9.58	20.63	NA	34.88	32.72	36.91	4.20	8.82	NA
HRSA PCMH Initiative participant	No	42,712	54.93	62.62	40.35	22.27	45.72	0.0000	41.62	42.97	40.35	2.61	5.31	0.0000
HRSA PCMH Initiative participant	Yes	35,051	45.07	37.38	59.65	22.27	45.72	NA	58.38	57.03	59.65	2.61	5.31	NA
Participation in other CMS sharing savings demonstration	No	64,486	82.93	84.24	80.44	3.80	9.99	0.0000	82.54	84.78	80.44	4.34	11.48	0.0000
Participation in other CMS sharing savings demonstration	Yes	13,277	17.07	15.76	19.56	3.80	9.99	NA	17.46	15.22	19.56	4.34	11.48	NA
Number of service delivery sites	Mean (SD)	77,763	9.54 (9.10)	7.97 (6.50)	12.51 (12.09)	49.91	46.81	0.0000	11.48 (9.17)	10.39 (7.07)	12.51 (12.09)	23.17	21.44	0.0000
HCCN Grantee	No	34,681	44.60	45.07	43.70	1.37	2.77	0.0002	44.50	45.34	43.70	1.64	3.31	0.0002
HCCN Grantee	Yes	43,082	55.40	54.93	56.30	1.37	2.77	NA	55.50	54.66	56.30	1.64	3.31	NA
PCMH Funding FY 11	No	60,960	78.39	70.57	93.21	22.64	61.50	0.0000	92.22	91.18	93.21	2.03	7.56	0.0000

					Unweighted	d ¹				Pro	pensity Score \	Weighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
PCMH Funding FY 11	Yes	16,803	21.61	29.43	6.79	22.64	61.50	NA	7.78	8.82	6.79	2.03	7.56	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	31,300	40.25	34.59	50.97	16.39	33.58	0.0000	50.90	50.81	50.97	0.16	0.32	0.7143
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	46,463	59.75	65.41	49.03	16.39	33.58	NA	49.10	49.19	49.03	0.16	0.32	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	50,057	64.37	62.09	68.68	6.59	13.88	0.0000	69.64	70.65	68.68	1.97	4.28	0.0000
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	12,089	15.55	17.15	12.51	4.64	13.07	NA	11.96	11.37	12.51	1.14	3.53	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	15,617	20.08	20.76	18.80	1.95	4.91	NA	18.41	17.98	18.80	0.82	2.12	NA
PCA Region	Central	20,515	26.38	24.10	30.71	6.62	14.87	0.0000	30.55	30.38	30.71	0.33	0.71	0.0000
PCA Region	Mid-Atlantic	10,946	14.08	15.63	11.13	4.50	13.26	NA	9.58	7.93	11.13	3.20	10.92	NA
PCA Region	Northeast	8,561	11.01	9.64	13.60	3.96	12.37	NA	14.64	15.75	13.60	2.15	6.07	NA
PCA Region	Southeast	14,267	18.35	20.36	14.54	5.81	15.36	NA	14.83	15.13	14.54	0.59	1.66	NA
PCA Region	West	10,325	13.28	12.55	14.66	2.12	6.18	NA	15.05	15.47	14.66	0.80	2.24	NA
PCA Region	West-Central	13,149	16.91	17.73	15.36	2.37	6.39	NA	15.35	15.34	15.36	0.01	0.03	NA
Percent household poverty in census tract	Mean (SD)	77,763	22.65 (11.94)	23.24 (12.07)	21.53 (11.60)	14.31	14.43	0.0000	21.50 (9.51)	21.47 (8.20)	21.53 (11.60)	0.63	0.59	0.4737

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically

significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.9. Summary of Demonstration vs. Comparison FQHC Balance Table, Cost and Utilization Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

			Im	ibalance Summary (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absolu	te Standardized Diff	erence (%)	% of Covariates	with Statistically Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	38.78	3.28	15.42	8.98	52.63	93.75	71.43
Propensity Score Weighted	8.16	1.02	3.40	2.14	5.26	62.50	31.43

Exhibit F.10. Demonstration vs. Comparison FQHC Balance Table, Cost and Utilization Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighted	1				Pro	opensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean ((SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Stand Diffe	lardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	23,414	73.73	74.67	72.28	2.39	5.42	0.0000	72.61	72.94	72.28	0.66	1.47	0.6288
Age (4 categories)	65-74	5,418	17.06	17.09	17.01	0.08	0.21	NA	16.90	16.78	17.01	0.24	0.63	NA
Age (4 categories)	75-84	2,272	7.15	6.48	8.18	1.70	6.52	n/NA	8.05	7.92	8.18	0.27	0.98	NA
Age (4 categories)	85+	652	2.05	1.75	2.52	0.78	5.37	NA	2.45	2.37	2.52	0.15	1.00	NA
Race/ethnicity	White	21,409	67.42	66.70	68.52	1.82	3.90	0.0000	68.00	67.48	68.52	1.04	2.24	0.0010
Race/ethnicity	Black	5,699	17.95	18.55	17.01	1.54	4.03	NA	17.19	17.37	17.01	0.36	0.95	NA
Race/ethnicity	Asian	879	2.77	2.35	3.42	1.07	6.41	NA	3.91	4.40	3.42	0.98	5.08	NA
Race/ethnicity	Hispanic	2,535	7.98	8.40	7.34	1.05	3.91	NA	7.15	6.96	7.34	0.38	1.49	NA
Race/ethnicity	Other/ Unknown	1,234	3.89	4.00	3.70	0.30	1.56	NA	3.75	3.79	3.70	0.09	0.45	NA
Gender	Female	17,008	53.56	53.30	53.96	0.66	1.33	0.2471	53.75	53.54	53.96	0.42	0.84	0.5049
Gender	Male	14,748	46.44	46.70	46.04	0.66	1.33	NA	46.25	46.46	46.04	0.42	0.84	NA
Dual eligible	Yes	13,104	41.26	40.47	42.48	2.01	4.07	0.0004	42.64	42.81	42.48	0.33	0.67	0.5968
Dual eligible	No	18,652	58.74	59.53	57.52	2.01	4.07	NA	57.36	57.19	57.52	0.33	0.67	NA
Disabled	Yes	16,578	52.20	52.35	51.98	0.37	0.74	0.5182	52.25	52.52	51.98	0.54	1.09	0.3901

				Unweighted ¹ Standardized						Pr	opensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p-value⁴	Prop	oortion or Mean	I (SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	No	15,178	47.80	47.65	48.02	0.37	0.74	NA	47.75	47.48	48.02	0.54	1.09	NA
Institutionalized	Yes	773	2.43	1.79	3.42	1.64	10.28	0.0000	3.25	3.07	3.42	0.35	1.97	0.1185
Institutionalized	No	30,983	97.57	98.21	96.58	1.64	10.28	NA	96.75	96.93	96.58	0.35	1.97	NA
Comorbidity index	Mean (SD)	31,756	1.08 (1.03)	1.06 (1.01)	1.12 (1.06)	5.50	5.47	0.0000	1.12 (0.95)	1.12 (0.86)	1.12 (1.06)	0.48	0.47	0.7067
Total payments (baseline year)	Mean (SD)	31,756	8,474.03 (23,009.19)	8,011.16 (21,876.56)	9,184.63 (24,630.91)	5.10	5.04	0.0000	9,085.87 (20,916.02)	8,986.98 (18,090.84)	9,184.63 (24,630.91)	0.95	0.91	0.4547
Number of inpatient admissions (baseline year)	Mean (SD)	31,756	0.30 (1.04)	0.28 (1.05)	0.31 (1.03)	3.14	3.14	0.0063	0.31 (0.89)	0.30 (0.78)	0.31 (1.03)	1.62	1.58	0.1987
Number of ER visits (baseline year)	Mean (SD)	31,756	1.19 (3.14)	1.16 (3.12)	1.24 (3.17)	2.54	2.54	0.0267	1.24 (2.86)	1.23 (2.65)	1.24 (3.17)	0.45	0.44	0.7235
Number of ACSC admissions (baseline year)	Mean (SD)	31,756	0.04 (0.33)	0.04 (0.34)	0.04 (0.32)	0.37	0.38	0.7454	0.04 (0.27)	0.04 (0.23)	0.04 (0.32)	1.10	1.07	0.3823
Number of readmissions (baseline year)	Mean (SD)	31,756	0.04 (0.32)	0.03 (0.29)	0.04 (0.35)	1.70	1.67	0.1385	0.04 (0.29)	0.04 (0.24)	0.04 (0.35)	0.79	0.76	0.5338
In diabetes denominator (baseline year)	Yes	6,487	20.43	20.74	19.94	0.80	1.99	0.0835	19.94	19.94	19.94	0.00	0.00	0.9997
In diabetes denominator (baseline year)	No	25,269	79.57	79.26	80.06	0.80	1.99	NA	80.06	80.06	80.06	0.00	0.00	NA
HbA1c test (baseline year)	Yes	5,334	16.80	17.05	16.41	0.65	1.73	0.1326	16.52	16.63	16.41	0.22	0.60	0.6337
HbA1c test (baseline year)	No	26,422	83.20	82.95	83.59	0.65	1.73	NA	83.48	83.37	83.59	0.22	0.60	NA
Nephropathy test (baseline year)	Yes	3,576	11.26	11.14	11.45	0.31	0.98	0.3941	11.53	11.62	11.45	0.17	0.53	0.6776
Nephropathy test (baseline year)	No	28,180	88.74	88.86	88.55	0.31	0.98	NA	88.47	88.38	88.55	0.17	0.53	NA
Eye exam (baseline year)	Yes	2,360	7.43	7.73	6.97	0.76	2.92	0.0113	6.91	6.85	6.97	0.12	0.48	0.7063
Eye exam (baseline year)	No	29,396	92.57	92.27	93.03	0.76	2.92	NA	93.09	93.15	93.03	0.12	0.48	NA
LDL test—diabetes (baseline year)	Yes	4,827	15.20	15.40	14.90	0.50	1.40	0.2244	14.99	15.09	14.90	0.20	0.55	0.6643
LDL test—diabetes (baseline year)	No	26,929	84.80	84.60	85.10	0.50	1.40	NA	85.01	84.91	85.10	0.20	0.55	NA
In IVD denominator (baseline year)	Yes	3,568	11.24	11.58	10.71	0.86	2.74	0.0174	10.68	10.65	10.71	0.06	0.20	0.8732
In IVD denominator (baseline year)	No	28,188	88.76	88.42	89.29	0.86	2.74	NA	89.32	89.35	89.29	0.06	0.20	NA

				Unweighted ¹						Pro	opensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean ((SD)	Standa Differe	nce ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Stand Diffe	lardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
LDL test—IVD (baseline year)	Yes	2,484	7.82	7.98	7.58	0.39	1.47	0.2025	7.58	7.58	7.58	0.01	0.03	0.9815
LDL test—IVD (baseline year)	No	29,272	92.18	92.02	92.42	0.39	1.47	NA	92.42	92.42	92.42	0.01	0.03	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	30,434	95.84	97.33	93.55	3.78	18.18	0.0000	93.05	92.55	93.55	1.00	3.94	0.0018
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	1,322	4.16	2.67	6.45	3.78	18.18	NA	6.95	7.45	6.45	1.00	3.94	NA
Number of beneficiaries per site (2010)	Mean (SD)	31,756	487.83 (425.72)	549.37 (465.07)	393.34 (335.68)	36.65	38.47	0.0000	382.40 (304.73)	371.45 (282.49)	393.34 (335.68)	7.18	7.06	0.0000
Total revenue per site (in millions)	Mean (SD)	31,756	2.43 (1.99)	2.53 (2.15)	2.28 (1.70)	12.40	12.73	0.0000	2.29 (1.51)	2.29 (1.37)	2.28 (1.70)	0.62	0.61	0.6213
Years FQHC has been operating	Mean (SD)	31,756	18.72 (13.53)	19.27 (13.57)	17.87 (13.42)	10.37	10.40	0.0000	17.73 (12.12)	17.59 (11.19)	17.87 (13.42)	2.34	2.29	0.0645
Number of primary care physicians per site	Mean (SD)	31,756	6.68 (6.22)	7.14 (6.71)	5.98 (5.32)	18.77	19.30	0.0000	5.90 (4.50)	5.82 (3.88)	5.98 (5.32)	3.42	3.31	0.0068
Number of specialists per site	Mean (SD)	31,756	1.15 (2.80)	1.27 (3.05)	0.97 (2.34)	10.80	11.10	0.0000	0.98 (1.98)	1.00 (1.70)	0.97 (2.34)	1.51	1.46	0.2328
Ambulatory Quality Accreditation	No	22,120	69.66	72.16	65.81	6.36	13.77	0.0000	68.02	70.23	65.81	4.43	9.50	0.0000
Ambulatory Quality Accreditation	Yes	9,636	30.34	27.84	34.19	6.36	13.77	NA	31.98	29.77	34.19	4.43	9.50	NA
HRSA PCMH Initiative participant	No	16,682	52.53	57.61	44.74	12.87	25.96	0.0000	45.83	46.93	44.74	2.19	4.40	0.0005
HRSA PCMH Initiative participant	Yes	15,074	47.47	42.39	55.26	12.87	25.96	NA	54.17	53.07	55.26	2.19	4.40	NA
Participation in other CMS sharing savings demonstration	No	25,760	81.12	84.85	75.39	9.46	23.88	0.0000	76.77	78.16	75.39	2.78	6.58	0.0000
Participation in other CMS sharing savings demonstration	Yes	5,996	18.88	15.15	24.61	9.46	23.88	NA	23.23	21.84	24.61	2.78	6.58	NA
Number of service delivery sites	Mean (SD)	31,756	9.35 (8.89)	7.92 (6.85)	11.54 (10.97)	40.72	39.58	0.0000	11.22 (9.71)	10.89 (8.79)	11.54 (10.97)	6.72	6.56	0.0000
HCCN Grantee	No	14,201	44.72	44.53	45.00	0.47	0.94	0.4125	45.95	46.90	45.00	1.90	3.81	0.0026
HCCN Grantee	Yes	17,555	55.28	55.47	55.00	0.47	0.94		54.05	53.10	55.00	1.90	3.81	NA
PCMH Funding FY 11	No	25,538	80.42	74.83	89.01	14.18	37.49	0.0000	88.86	88.71	89.01	0.29	0.94	0.4592
PCMH Funding FY 11	Yes	6,218	19.58	25.17	10.99	14.18	37.49	NA	11.14	11.29	10.99	0.29	0.94	
ACA grant (ACA Building Capacity	No	14,314	45.07	38.09	55.80	17.70	36.05	0.0000	55.66	55.52	55.80	0.28	0.56	0.6565

					Unweighted	1				Pro	opensity Score	Weighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean ((SD)	Standa Differe	rdized nce ^{2,3}	p-value4	Prop	oortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)														
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	17,442	54.93	61.91	44.20	17.70	36.05	NA	44.34	44.48	44.20	0.28	0.56	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	22,456	70.71	68.85	73.57	4.72	10.45	0.0000	73.60	73.63	73.57	0.05	0.12	0.9199
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	3,645	11.48	12.71	9.58	3.13	9.97	NA	9.63	9.68	9.58	0.10	0.35	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	5,655	17.81	18.43	16.84	1.59	4.17	NA	16.77	16.69	16.84	0.16	0.42	NA
PCA Region	Central	7,456	23.48	22.20	25.44	3.24	7.62	0.0000	25.64	25.84	25.44	0.39	0.90	0.0000
PCA Region	Mid-Atlantic	3,350	10.55	12.27	7.90	4.37	14.54	NA	6.90	5.89	7.90	2.02	7.96	NA
PCA Region	Northeast	3,773	11.88	11.79	12.02	0.22	0.68	NA	12.89	13.77	12.02	1.75	5.23	NA
PCA Region	Southeast	5,120	16.12	15.70	16.77	1.06	2.88	NA	17.39	18.02	16.77	1.25	3.30	NA
PCA Region	West	5,456	17.18	17.08	17.34	0.26	0.70	NA	17.32	17.30	17.34	0.04	0.11	NA
PCA Region	West-Central	6,601	20.79	20.95	20.53	0.42	1.03	NA	19.86	19.19	20.53	1.34	3.36	NA
Percent household poverty in census tract	Mean (SD)	31,756	22.50 (12.46)	23.22 (13.03)	21.41 (11.43)	14.53	14.76	0.0000	21.12 (10.09)	20.84 (9.10)	21.41 (11.43)	5.57	5.44	0.0000

 Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.
Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.11. Summary of Demonstration vs. Comparison FQHC Balance Table, Readmission Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

			Ir	nbalance Summary	(CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absolu	ute Standardized Dif	ference (%)	% of Covariates	with Statistically Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	48.98	4.00	18.75	10.92	31.58	100.00	62.86
Propensity Score Weighted	16.33	3.63	4.80	4.18	10.53	37.50	22.86

Exhibit F.12. Demonstration vs. Comparison FQHC Balance Table, Readmission Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

			Unweighted ¹						Propensity Score Weighted ⁵						
Variable	Level	Total Sample N	Proportion or Mean (SD)			Standardized Difference ^{2,3}		p-value ⁴	Proportion or Mean (SD)			Standardized Difference ²		p-value ⁴	
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³		
Age (4 categories)	<65	3,730	67.67	69.61	64.86				67.00	69.26	64.86		9.37		
Age (4 categories)	65-74	994	18.03	17.25	19.17	1.92	4.99		18.65	18.09	19.17	1.08	2.78		
Age (4 categories)	75-84	602	10.92	10.51	11.52	1.01	3.24		10.68	9.80	11.52	1.72	5.57		
Age (4 categories)	85+	186	3.37	2.63	4.45	1.81	9.82		3.67	2.85	4.45	1.60	8.53		
Race/ethnicity	White	3,943	71.53	71.11	72.15	1.04	2.32	0.1904	72.66	73.18	72.15	1.03	2.31	0.4679	
Race/ethnicity	Black	1,010	18.32	18.17	18.55	0.38	0.99		17.82	17.06	18.55	1.49	3.90		
Race/ethnicity	Asian	74	1.34	1.29	1.42	0.14	1.18		1.70	1.98	1.42	0.56	4.32		
Race/ethnicity	Hispanic	309	5.61	5.79	5.34	0.45	1.97		5.29	5.24	5.34	0.10	0.46		
Race/ethnicity	Other/ Unknown	176	3.19	3.65	2.54	1.11	6.42		2.54	2.54	2.54	0.01	0.04		
Gender	Female	2,908	52.76	52.60	52.98	0.38	0.75	0.7833	52.38	51.75	52.98	1.23	2.46	0.4155	
Gender	Male	2,604	47.24	47.40	47.02	0.38	0.75		47.62	48.25	47.02	1.23	2.46		
Dual eligible	Yes	2,473	44.87	44.85	44.88	0.03	0.06	0.9816	44.79	44.70	44.88	0.19	0.38	0.9012	
Dual eligible	No	3,039	55.13	55.15	55.12	0.03	0.06		55.21	55.30	55.12	0.19	0.38		
Disabled	Yes	3,181	57.71	58.82	56.09		5.52		57.36	58.69	56.09		5.26	0.0819	

			Unweighted ¹						Propensity Score Weighted ⁵						
Variable	Level	Total Sample N	Proportion or Mean (SD)			Standardized Difference ^{2,3} p-value			Prop	Standardized Difference ²		p-value4			
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³		
Disabled	No	2,331	42.29	41.18	43.91		5.52		42.64	41.31	43.91		5.26		
Institutionalized	Yes	657	11.92	9.34	15.66				13.34	10.91	15.66				
Institutionalized	No	4,855	88.08	90.66	84.34				86.66	89.09	84.34				
Comorbidity index	Mean (SD)	5,512	2.20 (1.52)	2.16 (1.50)	2.26 (1.54)	6.04	6.03		2.24 (1.37)	2.22 (1.23)	2.26 (1.54)	2.65	2.59	0.3811	
Total payments (baseline year)	Mean (SD)	5,512	30,639.46 (37,536.82)	29,605.87 (36,728.00)	32,140.18 (38,640.16)	6.75	6.72		31,230.00 (33,373.65)	30,271.69 (291,85.61)	32,140.18 (38,640.16)	5.60	5.46	0.0639	
Number of inpatient admissions (baseline year)	Mean (SD)	5,512	1.53 (1.62)	1.51 (1.63)	1.56 (1.61)	3.18	3.19	0.2458	1.52 (1.37)	1.48 (1.17)	1.56 (1.61)	5.54	5.38	0.0670	
Number of ER visits (baseline year)	Mean (SD)	5,512	3.27 (5.38)	3.24 (5.36)	3.32 (5.41)	1.55	1.55	0.5717	3.32 (4.93)	3.31 (4.56)	3.32 (5.41)	0.19	0.18	0.9511	
Number of ACSC admissions (baseline year)	Mean (SD)	5,512	0.20 (0.70)	0.20 (0.73)	0.20 (0.66)	1.21	1.22	0.6592	0.19 (0.55)	0.18 (0.47)	0.20 (0.66)	2.43	2.35	0.4219	
Number of readmissions (baseline year)	Mean (SD)	5,512	0.21 (0.73)	0.21 (0.69)	0.22 (0.79)	2.56	2.53	0.3498	0.21 (0.66)	0.20 (0.55)	0.22 (0.79)	2.97	2.87	0.3254	
In diabetes denominator (baseline year)	Yes	1,510	27.39	27.24	27.62	0.39	0.87	0.7509	28.05	28.51	27.62	0.88	1.97	0.5153	
In diabetes denominator (baseline year)	No	4,002	72.61	72.76	72.38	0.39	0.87		71.95	71.49	72.38	0.88	1.97		
HbA1c test (baseline year)	Yes	1,159	21.03	20.89	21.22	0.32	0.80	0.7716	21.80	22.41	21.22	1.19	2.89	0.3386	
HbA1c test (baseline year)	No	4,353	78.97	79.11	78.78	0.32	0.80		78.20	77.59	78.78	1.19	2.89		
Nephropathy test (baseline year)	Yes	924	16.76	15.75	18.24		6.64		18.54	18.86	18.24	0.62	1.59	0.5980	
Nephropathy test (baseline year)	No	4,588	83.24	84.25	81.76		6.64		81.46	81.14	81.76	0.62	1.59		
Eye exam (baseline year)	Yes	533	9.67	9.62	9.74	0.12	0.41	0.8804	9.62	9.49	9.74	0.25	0.86	0.7760	
Eye exam (baseline year)	No	4,979	90.33	90.38	90.26	0.12	0.41		90.38	90.51	90.26	0.25	0.86		
LDL test—diabetes (baseline year)	Yes	1,054	19.12	18.47	20.06	1.59	4.03	0.1407	20.70	21.38	20.06	1.31	3.24	0.2829	
LDL test—diabetes (baseline year)	No	4,458	80.88	81.53	79.94	1.59	4.03		79.30	78.62	79.94	1.31	3.24		
In IVD denominator (baseline year)	Yes	1,380	25.04	25.40	24.51	0.89	2.05	0.4547	25.16	25.84	24.51	1.33	3.06	0.3108	
					Unweight	ted ¹				Prop	ensity Score W	/eighted ⁵			
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Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ndized Ince ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value⁴	
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³		
In IVD denominator (baseline year)	No	4,132	74.96	74.60	75.49	0.89	2.05		74.84	74.16	75.49	1.33	3.06		
LDL test—IVD (baseline year)	Yes	905	16.42	16.21	16.73	0.52	1.40	0.6093	17.20	17.71	16.73	0.98	2.60	0.3894	
LDL test—IVD (baseline year)	No	4,607	83.58	83.79	83.27	0.52	1.40		82.80	82.29	83.27	0.98	2.60		
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	5,310	96.34	97.21	95.06				94.62	94.16	95.06	0.90	3.99	0.1868	
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	202	3.66	2.79	4.94				5.38	5.84	4.94	0.90	3.99		
Number of beneficiaries per site (2010)	Mean (SD)	5,512	494.95 (425.73)	575.00 (493.41)	378.72 (261.10)				371.36 (249.11)	363.62 (240.39)	378.72 (261.10)	6.06	6.02		
Total revenue per site (in millions)	Mean (SD)	5,512	2.39 (1.84)	2.51 (2.01)	2.23 (1.55)				2.23 (1.43)	2.24 (1.34)	2.23 (1.55)	0.55	0.55	0.8545	
Years FQHC has been operating	Mean (SD)	5,512	17.89 (13.40)	19.06 (13.49)	16.18 (13.09)				16.45 (11.77)	16.74 (10.77)	16.18 (13.09)	4.73	4.65	0.1174	
Number of primary care physicians per site	Mean (SD)	5,512	6.57 (6.44)	7.33 (7.06)	5.47 (5.22)				5.58 (4.43)	5.69 (3.78)	5.47 (5.22)	4.93	4.79	0.1027	
Number of specialists per site	Mean (SD)	5,512	1.16 (3.10)	1.38 (3.60)	0.84 (2.13)				0.90 (1.90)	0.95 (1.72)	0.84 (2.13)	5.70	5.59	0.0592	
Ambulatory Quality Accreditation	No	3,948	71.63	73.93	68.28				69.16	70.09	68.28	1.80	3.91	0.1959	
Ambulatory Quality Accreditation	Yes	1,564	28.37	26.07	31.72				30.84	29.91	31.72	1.80	3.91		
HRSA PCMH Initiative participant	No	3,014	54.68	58.00	49.87				49.42	48.94	49.87	0.92	1.85	0.5408	
HRSA PCMH Initiative participant	Yes	2,498	45.32	42.00	50.13				50.58	51.06	50.13	0.92	1.85		
Participation in other CMS sharing savings demonstration	No	4,339	78.72	85.26	69.22				72.59	76.14	69.22				
Participation in other CMS sharing savings demonstration	Yes	1,173	21.28	14.74	30.78				27.41	23.86	30.78				
Number of service delivery sites	Mean (SD)	5,512	9.01 (8.69)	7.84 (6.80)	10.72 (10.64)				10.67 (9.68)	10.62 (8.95)	10.72 (10.64)	0.99	0.98	0.7422	
HCCN Grantee	No	2,549	46.24	42.98	50.98				50.82	50.66	50.98	0.32	0.65	0.8308	
HCCN Grantee	Yes	2,963	53.76	57.02	49.02				49.18	49.34	49.02	0.32	0.65		

					Unweight	ed ¹				Prop	ensity Score W	/eighted ⁵		
Variable	Level	Total Sample N	Propo	ortion or Mean ((SD)	Standa Differe	rdized nce ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
PCMH Funding FY 11	No	4,230	76.74	74.20	80.43				82.73	85.15	80.43			
PCMH Funding FY 11	Yes	1,282	23.26	25.80	19.57				17.27	14.85	19.57		12.53	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	2,560	46.44	38.27	58.32				56.75	55.09	58.32		6.51	0.0312
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	2,952	53.56	61.73	41.68				43.25	44.91	41.68		6.51	
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	3,917	71.06	67.95	75.58				75.12	74.64	75.58	0.93	2.16	0.6809
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	615	11.16	13.11	8.32				8.65	9.01	8.32	0.69	2.45	
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	980	17.78	18.93	16.10		7.45		16.22	16.35	16.10	0.25	0.67	
PCA Region	Central	1,350	24.49	24.69	24.20	0.49	1.15		25.13	26.11	24.20	1.91	4.40	
PCA Region	Mid-Atlantic	591	10.72	12.78	7.74				7.03	6.28	7.74	1.46	5.73	
PCA Region	Northeast	613	11.12	11.24	10.94	0.30	0.96		12.44	14.02	10.94		9.32	
PCA Region	Southeast	1,112	20.17	15.93	26.33				24.85	23.29	26.33		7.05	
PCA Region	West	774	14.04	14.55	13.30	1.25	3.62		12.96	12.60	13.30	0.70	2.10	
PCA Region	West-Central	1,072	19.45	20.80	17.48		8.45		17.59	17.71	17.48	0.22	0.59	
Percent household poverty in census tract	Mean (SD)	5,512	22.73 (12.28)	23.54 (13.11)	21.54 (10.88)				21.13 (9.84)	20.70 (9.05)	21.54 (10.88)	8.60	8.46	

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.13. Summary of Demonstration vs. Comparison FQHC Balance Table, Diabetes Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates v I	vith Statistically S Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	38.30	4.07	15.39	9.73	42.11	93.75	65.71
Propensity Score Weighted	8.51	1.76	4.34	3.05	5.26	43.75	22.86

Exhibit F.14. Demonstration vs. Comparison FQHC Balance Table, Diabetes Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighted	1				Proj	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mea	n (SD)	Standa Differe	ardized ence ^{2,3}	p- value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	5,569	85.85	86.54	84.75	1.79	5.11		84.91	85.06	84.75	0.32	0.88	0.7557
Age (4 categories)	65-74	918	14.15	13.46	15.25	1.79	5.11		15.09	14.94	15.25	0.32	0.88	
Age (4 categories)	75-84													
Age (4 categories)	85+													
Race/ethnicity	White	3,925	60.51	59.31	62.41		6.35		61.83	61.25	62.41	1.16	2.40	0.2082
Race/ethnicity	Black	1,376	21.21	22.34	19.42		7.19		19.43	19.45	19.42	0.03	0.08	
Race/ethnicity	Asian	208	3.21	2.71	4.00	1.30	7.20		4.64	5.28	4.00	1.27	6.06	
Race/ethnicity	Hispanic	692	10.67	11.41	9.49	1.92	6.28		9.16	8.83	9.49	0.66	2.28	
Race/ethnicity	Other/ Unknown	286	4.41	4.24	4.68	0.45	2.17		4.94	5.20	4.68	0.51	2.38	
Gender	Female	3,482	53.68	53.45	54.04	0.60	1.20	0.6393	53.95	53.85	54.04	0.19	0.39	0.8912
Gender	Male	3,005	46.32	46.55	45.96	0.60	1.20		46.05	46.15	45.96	0.19	0.39	

					Unweighted	1				Prop	ensity Score W	leighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standa Differe	ndized ence ^{2,3}	p- value⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Dual eligible	Yes	2,878	44.37	44.27	44.52	0.24	0.49	0.8474	45.22	45.93	44.52	1.42	2.85	0.3146
Dual eligible	No	3,609	55.63	55.73	55.48	0.24	0.49		54.78	54.07	55.48	1.42	2.85	
Disabled	Yes	3,772	58.15	58.54	57.53	1.01	2.05	0.4223	57.60	57.67	57.53	0.15	0.30	0.9171
Disabled	No	2,715	41.85	41.46	42.47	1.01	2.05		42.40	42.33	42.47	0.15	0.30	
Institutionalized	Yes	129	1.99	1.63	2.56	0.93	6.51		2.81	3.06	2.56	0.50	3.01	0.2888
Institutionalized	No	6,358	98.01	98.37	97.44	0.93	6.51		97.19	96.94	97.44	0.50	3.01	
Comorbidity index	Mean (SD)	6,487	1.35 (1.09)	1.32 (1.06)	1.39 (1.13)	6.77	6.72		1.41 (1.02)	1.42 (0.94)	1.39 (1.13)	3.16	3.09	0.2650
Total payments (baseline year)	Mean (SD)	6,487	9,444.61 (19,531.93)	8,941.14 (18,317.69)	10,248.59 (21,307.26)	6.69	6.58		10,669.08 (19,719.13)	11,093.21 (18,652.71)	10,248.59 (21,307.26)	4.28	4.22	0.1309
Number of inpatient admissions (baseline year)	Mean (SD)	6,487	0.36 (0.94)	0.34 (0.89)	0.39 (1.00)	5.14	5.07		0.39 (0.86)	0.39 (0.76)	0.39 (1.00)	0.19	0.18	0.9472
Number of ER visits (baseline year)	Mean (SD)	6,487	1.41 (3.28)	1.35 (3.12)	1.50 (3.53)	4.75	4.68	0.0629	1.50 (3.07)	1.49 (2.74)	1.50 (3.53)	0.44	0.43	0.8766
Number of ACSC admissions (baseline year)	Mean (SD)	6,487	0.07 (0.41)	0.07 (0.38)	0.08 (0.45)	2.20	2.15	0.3894	0.07 (0.37)	0.07 (0.31)	0.08 (0.45)	0.81	0.78	0.7740
Number of readmissions (baseline year)	Mean (SD)	6,487	0.06 (0.40)	0.05 (0.36)	0.07 (0.45)	4.66	4.55	0.0677	0.07 (0.39)	0.07 (0.34)	0.07 (0.45)	1.11	1.08	0.6953
In diabetes denominator (baseline year)	Yes	6,487	100.00	100.00	100.00	0.00	•		100.00	100.00	100.00	0.00		
In diabetes denominator (baseline year)	No													
HbA1c test (baseline year)	Yes	5,334	82.23	82.2	82.27	0.06	0.17	0.9471	82.83	83.4	82.27	1.13	3.00	0.2904
HbA1c test (baseline year)	No	1,153	17.77	17.80	17.73	0.06	0.17		17.17	16.60	17.73	1.13	3.00	
Nephropathy test (baseline year)	Yes	3,576	55.13	53.7	57.41		7.47		57.92	58.45	57.41	1.04	2.11	0.4574
Nephropathy test (baseline year)	No	2,911	44.87	46.30	42.59		7.47		42.08	41.55	42.59	1.04	2.11	
Eye exam (baseline year)	Yes	2,360	36.38	37.28	34.95		4.85	0.0577	34.73	34.5	34.95	0.45	0.94	0.7414
Eye exam (baseline year)	No	4,127	63.62	62.72	65.05		4.85		65.27	65.50	65.05	0.45	0.94	
LDL test—diabetes (baseline year)	Yes	4,827	74.41	74.23	74.7	0.47	1.08	0.6725	75.24	75.79	74.7	1.09	2.53	0.3724
LDL test—diabetes (baseline year)	No	1,660	25.59	25.77	25.30	0.47	1.08		24.76	24.21	25.30	1.09	2.53	

					Unweighted	1				Pro	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standa Differe	ndized Ince ^{2,3}	p- value⁴	Prop	ortion or Mean	I (SD)	Standa Differe	rdized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	Yes	1,527	23.54	23.61	23.42	0.20	0.46	0.8562	23.3	23.18	23.42	0.24	0.56	0.8422
In IVD denominator (baseline year)	No	4,960	76.46	76.39	76.58	0.20	0.46		76.70	76.82	76.58	0.24	0.56	
LDL test—IVD (baseline year)	Yes	1,165	17.96	17.97	17.93	0.04	0.10	0.9674	17.94	17.94	17.93	0.00	0.01	0.9978
LDL test—IVD (baseline year)	No	5,322	82.04	82.03	82.07	0.04	0.10		82.06	82.06	82.07	0.00	0.01	
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	6,225	95.96	97.09	94.16				93.44	92.73	94.16	1.43	5.78	
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	262	4.04	2.91	5.84				6.56	7.27	5.84	1.43	5.78	
Number of beneficiaries per site (2010)	Mean (SD)	6,487	488.75 (424.23)	547.08 (456.34)	395.61 (347.54)	35.70			384.18 (308.10)	372.66 (280.35)	395.61 (347.54)	7.45	7.27	
Total revenue per site (in millions)	Mean (SD)	6,487	2.42 (1.91)	2.50 (2.03)	2.29 (1.71)				2.31 (1.50)	2.33 (1.36)	2.29 (1.71)	2.55	2.49	0.3681
Years FQHC has been operating	Mean (SD)	6,487	19.17 (13.60)	19.67 (13.74)	18.37 (13.34)	9.59	9.64		18.11 (11.88)	17.86 (10.86)	18.37 (13.34)	4.29	4.19	0.1302
Number of primary care physicians per site	Mean (SD)	6,487	6.97 (6.40)	7.51 (6.93)	6.11 (5.34)	21.89	22.65		5.97 (4.36)	5.83 (3.61)	6.11 (5.34)	6.44	6.16	
Number of specialists per site	Mean (SD)	6,487	1.10 (2.53)	1.19 (2.65)	0.97 (2.33)	8.62	8.75		0.98 (1.88)	0.99 (1.54)	0.97 (2.33)	1.11	1.06	0.6952
Ambulatory Quality Accreditation	No	4,358	67.18	69.44	63.57	5.87			65.88	68.22	63.57	4.65	9.81	
Ambulatory Quality Accreditation	Yes	2,129	32.82	30.56	36.43				34.12	31.78	36.43		9.81	
HRSA PCMH Initiative participant	No	3,386	52.20	57.88	43.11				44.08	45.06	43.11	1.94	3.91	0.1680
HRSA PCMH Initiative participant	Yes	3,101	47.80	42.12	56.89				55.92	54.94	56.89	1.94	3.91	
Participation in other CMS sharing savings demonstration	No	5,310	81.86	84.63	77.42				78.44	79.47	77.42		4.99	0.0788
Participation in other CMS sharing savings demonstration	Yes	1,177	18.14	15.37	22.58				21.56	20.53	22.58		4.99	
Number of service delivery sites	Mean (SD)	6,487	9.58 (8.40)	8.18 (6.29)	11.82 (10.58)	43.33			11.02 (8.49)	10.21 (6.81)	11.82 (10.58)	18.87		
HCCN Grantee	No	2,876	44.33	43.92	45	1.08	2.16	0.3963	46.28	47.57	45	2.57	5.16	0.0687
HCCN Grantee	Yes	3,611	55.67	56.08	55.00	1.08	2.16		53.72	52.43	55.00		5.16	

					Unweighted	1				Pro	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standa Differe	ardized ence ^{2,3}	p- value⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
PCMH Funding FY 11	No	5,216	80.41	73.5	91.43	17.93			91.12	90.8	91.43	0.63	2.22	0.4346
PCMH Funding FY 11	Yes	1,271	19.59	26.50	8.57				8.88	9.20	8.57	0.63	2.22	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	2,948	45.44	39.83	54.4	14.57			54.85	55.29	54.4	0.89	1.78	0.5297
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	3,539	54.56	60.17	45.60	14.57	29.50		45.15	44.71	45.60	0.89	1.78	
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	4,725	72.84	71.62	74.78	3.16	7.13		74.80	74.82	74.78	0.04	0.09	0.9991
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	635	9.79	10.25	9.05	1.21	4.09		9.05	9.05	9.05	0.01	0.02	
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	1,127	17.37	18.12	16.17	1.95	5.18		16.15	16.13	16.17	0.04	0.12	
PCA Region	Central	1,573	24.25	21.73	28.26				28.27	28.29	28.26	0.02	0.05	
PCA Region	Mid-Atlantic	741	11.42	13.84	7.57				6.65	5.73	7.57	1.84	7.39	
PCA Region	Northeast	702	10.82	10.78	10.89	0.11	0.35		11.69	12.49	10.89	1.60	4.99	
PCA Region	Southeast	1,054	16.25	16.34	16.09	0.25	0.68		16.92	17.76	16.09	1.67	4.45	
PCA Region	West	1,103	17.00	17.02	16.97	0.05	0.13		16.90	16.83	16.97	0.14	0.37	
PCA Region	West-Central	1,314	20.26	20.28	20.22	0.06	0.16		19.56	18.90	20.22	1.32	3.32	
Percent household poverty in census tract	Mean (SD)	6,487	23.27 (12.75)	23.93 (13.19)	22.21 (11.96)	13.49			21.89 (10.33)	21.56 (9.17)	22.21 (11.96)	6.35	6.16	

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.15. Summary of Demonstration vs. Comparison FQHC Balance Table, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates v [vith Statistically S Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	46.81	4.09	17.15	10.62	31.58	87.50	57.14
Propensity Score Weighted	10.64	1.79	4.42	3.11	5.26	31.25	17.14

Exhibit F.16. Demonstration vs. Comparison FQHC Balance Table, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighted	1				Prop	ensity Score W	/eighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean (SD)	Standar Differe	rdized nce ^{2,3}	p- value⁴	Prop	oortion or Mear	ı (SD)	Standa Differ	ardized rence ²	p- value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	2,864	80.27	81.40	78.39		7.52		78.78	79.17	78.39	0.78	1.92	0.6188
Age (4 categories)	65-74	704	19.73	18.60	21.61		7.52		21.22	20.83	21.61	0.78	1.92	
Age (4 categories)	75-84													
Age (4 categories)	85+													
Race/ethnicity	White	2,592	72.65	72.42	73.03	0.61	1.37	0.6141	72.87	72.72	73.03	0.30	0.69	0.8414
Race/ethnicity	Black	608	17.04	16.76	17.51	0.75	2.00		17.70	17.89	17.51	0.38	1.00	
Race/ethnicity	Asian	56	1.57	1.57	1.56	0.01	0.06		1.61	1.65	1.56	0.09	0.71	
Race/ethnicity	Hispanic	189	5.30	5.75	4.55	1.20	5.45		4.19	3.85	4.55	0.70	3.49	
Race/ethnicity	Other/ Unknown	123	3.45	3.50	3.35	0.15	0.83		3.62	3.89	3.35	0.54	2.86	
Gender	Female	1,521	42.63	42.41	43.00	0.59	1.19	0.7310	43.15	43.30	43.00	0.30	0.61	0.8749
Gender	Male	2,047	57.37	57.59	57.00	0.59	1.19		56.85	56.70	57.00	0.30	0.61	
Dual eligible	Yes	1,519	42.57	41.73	43.96		4.51	0.1919	43.95	43.94	43.96	0.02	0.05	0.9899
Dual eligible	No	2,049	57.43	58.27	56.04		4.51		56.05	56.06	56.04	0.02	0.05	
Disabled	Yes	2,087	58.49	58.49	58.49	0.00	0.01	0.9980	58.81	59.12	58.49	0.62	1.27	0.7419

					Unweighted ¹				Prope	ensity Score We	eighted⁵			
Variable	Level	Total Sample N	Prope	ortion or Mean (SD)	Standar Differer	rdized nce ^{2,3}	p- value⁴	Prop	oortion or Mean	I (SD)	Standa Differ	ardized ence ²	p- value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Disabled	No	1,481	41.51	41.51	41.51	0.00	0.01		41.19	40.88	41.51	0.62	1.27	
Institutionalized	Yes	120	3.36	2.70	4.47	1.78	9.56		4.39	4.31	4.47	0.16	0.78	0.8389
Institutionalized	No	3,448	96.64	97.30	95.53	1.78	9.56		95.61	95.69	95.53	0.16	0.78	
Comorbidity index	Mean (SD)	3,568	1.65 (1.28)	1.60 (1.25)	1.74 (1.32)				1.76 (1.16)	1.78 (1.06)	1.74 (1.32)	3.91	3.81	0.3104
Total payments (baseline year)	Mean (SD)	3,568	15,077.18 (24,825.69)	14,226.09 (23,885.15)	16,488.89 (26,260.10)	9.11	9.01		17,206.97 (24,070.56)	17,921.10 (22,640.98)	16,488.89 (26,260.10)	5.95	5.84	0.1228
Number of inpatient admissions (baseline year)	Mean (SD)	3,568	0.59 (1.13)	0.56 (1.07)	0.65 (1.22)	8.32	8.20		0.67 (1.04)	0.69 (0.91)	0.65 (1.22)	3.23	3.12	0.4020
Number of ER visits (baseline year)	Mean (SD)	3,568	1.84 (4.33)	1.75 (4.17)	1.98 (4.58)	5.33	5.27	0.1232	2.05 (4.46)	2.11 (4.38)	1.98 (4.58)	2.81	2.80	0.4657
Number of ACSC admissions (baseline year)	Mean (SD)	3,568	0.10 (0.44)	0.10 (0.44)	0.10 (0.43)	0.24	0.24	0.9440	0.10 (0.38)	0.10 (0.35)	0.10 (0.43)	0.68	0.66	0.8610
Number of readmissions (baseline year)	Mean (SD)	3,568	0.09 (0.47)	0.08 (0.44)	0.10 (0.53)	4.46	4.35	0.1968	0.11 (0.45)	0.11 (0.39)	0.10 (0.53)	1.58	1.51	0.6827
In diabetes denominator (baseline year)	Yes	1,527	42.80	42.32	43.59	1.27	2.57	0.4564	42.93	42.28	43.59	1.31	2.65	
In diabetes denominator (baseline year)	No	2,041	57.20	57.68	56.41	1.27	2.57		57.07	57.72	56.41	1.31	2.65	0.4911
HbA1c test (baseline year)	Yes	1,242	34.81	34.50	35.32	0.82	1.72	0.6188	35.19	35.06	35.32	0.26	0.54	
HbA1c test (baseline year)	No	2,326	65.19	65.50	64.68	0.82	1.72		64.81	64.94	64.68	0.26	0.54	0.8883
Nephropathy test (baseline year)	Yes	922	25.84	25.02	27.20		4.96	0.1504	27.03	26.86	27.20	0.34	0.77	
Nephropathy test (baseline year)	No	2,646	74.16	74.98	72.80		4.96		72.97	73.14	72.80	0.34	0.77	0.8423
Eye exam (baseline year)	Yes	586	16.42	16.58	16.17	0.41	1.10	0.7506	15.82	15.48	16.17	0.69	1.89	
Eye exam (baseline year)	No	2,982	83.58	83.42	83.83	0.41	1.10		84.18	84.52	83.83	0.69	1.89	0.6248
LDL test—diabetes (baseline year)	Yes	1,177	32.99	32.61	33.61	0.99	2.11	0.5415	33.11	32.61	33.61	1.00	2.12	
LDL test—diabetes (baseline year)	No	2,391	67.01	67.39	66.39	0.99	2.11		66.89	67.39	66.39	1.00	2.12	0.5826
In IVD denominator (baseline year)	Yes	3,568	100.00	100.00	100.00	0.00			100.00	100.00	100.00	0.00		

					Unweighted ¹				Prope	ensity Score W	eighted⁵			
Variable	Level	Total Sample N	Propo	ortion or Mean (SD)	Standar Differer	rdized 1ce ^{2,3}	p- value⁴	Prop	oortion or Mean	(SD)	Standa Differ	ardized ence ²	p- value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
In IVD denominator (baseline year)	No													
LDL test—IVD (baseline year)	Yes	2,484	69.62	68.91	70.79	1.88	4.09	0.2376	70.81	70.82	70.79	0.03	0.07	0.9852
LDL test—IVD (baseline year)	No	1,084	30.38	31.09	29.21	1.88	4.09		29.19	29.18	29.21	0.03	0.07	
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	3,424	95.96	97.3	93.74				93.39	93.05	93.74	0.69	2.79	0.4695
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	144	4.04	2.70	6.26				6.61	6.95	6.26	0.69	2.79	
Number of beneficiaries per site (2010)	Mean (SD)	3,568	493.58 (442.27)	571.89 (498.24)	363.69 (285.22)	47.08			351.41 (254.54)	339.20 (233.80)	363.69 (285.22)	9.62	9.39	
Total revenue per site (in millions)	Mean (SD)	3,568	2.31 (1.85)	2.35 (1.88)	2.23 (1.79)	6.71	6.76	0.0522	2.23 (1.54)	2.22 (1.38)	2.23 (1.79)	0.40	0.39	0.9166
Years FQHC has been operating	Mean (SD)	3,568	18.77 (13.35)	19.46 (13.53)	17.61 (12.97)				17.34 (11.48)	17.07 (10.49)	17.61 (12.97)	4.69	4.56	0.2241
Number of primary care physicians per site	Mean (SD)	3,568	6.47 (6.09)	6.96 (6.50)	5.67 (5.23)				5.56 (4.24)	5.44 (3.51)	5.67 (5.23)	5.43	5.17	0.1587
Number of specialists per site	Mean (SD)	3,568	1.07 (2.79)	1.23 (3.17)	0.79 (1.97)				0.81 (1.63)	0.83 (1.40)	0.79 (1.97)	2.01	1.93	0.6023
Ambulatory Quality Accreditation	No	2,488	69.73	72.69	64.83	7.86			67.29	69.74	64.83	4.92		
Ambulatory Quality Accreditation	Yes	1,080	30.27	27.31	35.17				32.71	30.26	35.17			
HRSA PCMH Initiative participant	No	1,886	52.86	58.76	43.07				44.06	45.05	43.07	1.98	3.99	0.3009
HRSA PCMH Initiative participant	Yes	1,682	47.14	41.24	56.93				55.94	54.95	56.93	1.98	3.99	
Participation in other CMS sharing savings demonstration	No	2,941	82.43	85.18	77.87				78.45	79.03	77.87	1.16	2.83	0.4632
Participation in other CMS sharing savings demonstration	Yes	627	17.57	14.82	22.13				21.55	20.97	22.13	1.16	2.83	
Number of service delivery sites	Mean (SD)	3,568	9.10 (8.17)	7.80 (6.31)	11.27 (10.20)	42.40			10.87 (8.73)	10.48 (7.70)	11.27 (10.20)	8.98	8.67	
HCCN Grantee	No	1,594	44.67	43.94	45.9	1.97	3.95	0.2524	47.68	49.44	45.9	3.54	7.09	0.0662
HCCN Grantee	Yes	1,974	55.33	56.06	54.10	1.97	3.95		52.32	50.56	54.10		7.09	
PCMH Funding FY 11	No	2,876	80.61	74.93	90.01	15.08			89.64	89.27	90.01	0.74	2.44	0.5274

					Unweighted ¹					Prope	ensity Score W	eighted⁵		
Variable	Level	Total Sample N	Propo	ortion or Mean (S	SD)	Standar Differer	rdized nce ^{2,3}	p- value⁴	Prop	ortion or Mean	(SD)	Standa Differ	irdized ence ²	p- value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
PCMH Funding FY 11	Yes	692	19.39	25.07	9.99				10.36	10.73	9.99	0.74	2.44	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	1,596	44.73	39.22	53.87	14.66			54.64	55.39	53.87	1.52	3.05	0.4286
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	1,972	55.27	60.78	46.13				45.36	44.61	46.13	1.52	3.05	
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	2,470	69.23	67.30	72.43				72.46	72.49	72.43	0.06	0.14	0.9875
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	416	11.66	13.21	9.09				9.01	8.92	9.09	0.17	0.58	
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	682	19.11	19.50	18.48	1.02	2.59		18.53	18.58	18.48	0.10	0.27	
PCA Region	Central	955	26.77	24.84	29.96				29.59	29.24	29.96	0.72	1.58	
PCA Region	Mid-Atlantic	421	11.80	13.79	8.49				7.34	6.19	8.49		8.86	
PCA Region	Northeast	394	11.04	11.05	11.03	0.02	0.07		12.19	13.35	11.03		7.10	
PCA Region	Southeast	650	18.22	17.25	19.82		6.62		21.03	22.23	19.82		5.91	
PCA Region	West	510	14.29	14.78	13.49	1.29	3.71		13.58	13.67	13.49	0.18	0.53	
PCA Region	West-Central	638	17.88	18.28	17.21	1.07	2.80		16.27	15.33	17.21	1.88	5.10	
Percent household poverty in census tract	Mean (SD)	3,568	22.28 (12.21)	23.00 (12.70)	21.09 (11.25)	15.61			20.65 (9.75)	20.20 (8.71)	21.09 (11.25)	9.20	8.91	

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.17. Summary of Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates v [vith Statistically S Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	38.78	2.01	18.29	9.65	63.16	93.75	77.14
Propensity Score Weighted	14.29	1.61	4.33	2.89	52.63	93.75	71.43

Exhibit F.18. Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweighte	d ¹				Pro	pensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ^{2,3}	p-value4	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	161,153	44.08	43.56	45.04	1.48	2.99	0.0000	45.76	46.51	45.04	1.47	2.95	0.0000
Age (4 categories)	65-74	126,214	34.52	34.68	34.23	0.46	0.96	NA	34.04	33.85	34.23	0.38	0.80	NA
Age (4 categories)	75-84	59,398	16.25	16.44	15.90	0.54	1.46	NA	15.54	15.17	15.90	0.73	2.03	NA
Age (4 categories)	85+	18,823	5.15	5.32	4.83	0.49	2.24	NA	4.66	4.47	4.83	0.36	1.70	NA
Race/ethnicity	White	253,153	69.25	69.50	68.78	0.72	1.55	0.0000	67.23	65.61	68.78	3.17	6.76	0.0000
Race/ethnicity	Black	65,520	17.92	18.36	17.13	1.23	3.22	NA	17.64	18.18	17.13	1.05	2.76	NA
Race/ethnicity	Asian	10,999	3.01	2.27	4.36	2.08	11.66	NA	5.17	6.01	4.36	1.66	7.48	NA
Race/ethnicity	Hispanic	25,552	6.99	7.23	6.55	0.68	2.70	NA	6.49	6.42	6.55	0.13	0.51	NA
Race/ethnicity	Other/ Unknown	10,364	2.83	2.64	3.19	0.55	3.25	NA	3.48	3.78	3.19	0.59	3.21	NA
Gender	Female	209,215	57.23	57.39	56.93	0.46	0.93	0.0069	56.84	56.75	56.93	0.18	0.36	0.3647
Gender	Male	156,373	42.77	42.61	43.07	0.46	0.93	NA	43.16	43.25	43.07	0.18	0.36	NA
Dual eligible	Yes	181,205	49.57	48.86	50.85	1.99	3.98	0.0000	51.42	52.02	50.85	1.17	2.35	0.0000
Dual eligible	No	184,383	50.43	51.14	49.15	1.99	3.98	NA	48.58	47.98	49.15	1.17	2.35	NA
Disabled	Yes	188,231	51.49	51.06	52.27	1.20	2.41	0.0000	52.72	53.20	52.27	0.93	1.87	0.0000

					Unweighte	d1				Pro	pensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Disabled	No	177,357	48.51	48.94	47.73	1.20	2.41	NA	47.28	46.80	47.73	0.93	1.87	NA
Institutionalized	Yes	6,804	1.86	1.98	1.65	0.33	2.47	0.0000	1.61	1.57	1.65	0.08	0.64	0.1101
Institutionalized	No	358,784	98.14	98.02	98.35	0.33	2.47	NA	98.39	98.43	98.35	0.08	0.64	NA
Comorbidity index	Mean (SD)	365,588	1.22 (1.05)	1.22 (1.06)	1.21 (1.05)	0.65	0.65	0.0613	1.21 (0.87)	1.20 (0.76)	1.21 (1.05)	0.81	0.77	0.0411
Total payments (baseline year)	Mean (SD)	365,588	8,313.82 (18,033.12)	8,389.36 (18,211.10)	8,175.70 (17,702.27)	1.18	1.19	0.0006	8,151.38 (14,607.76)	8,125.93 (12,598.04)	8,175.70 (17,702.27)	0.34	0.32	0.3918
Number of inpatient admissions (baseline year)	Mean (SD)	365,588	0.31 (0.84)	0.31 (0.84)	0.31 (0.84)	0.64	0.64	0.0640	0.30 (0.69)	0.30 (0.59)	0.31 (0.84)	0.91	0.87	0.0217
Number of ER visits (baseline year)	Mean (SD)	365,588	1.05 (2.54)	1.05 (2.48)	1.07 (2.64)	1.01	1.00	0.0037	1.07 (2.23)	1.07 (1.97)	1.07 (2.64)	0.12	0.12	0.7624
Number of ACSC admissions (baseline year)	Mean (SD)	365,588	0.04 (0.30)	0.04 (0.30)	0.04 (0.31)	0.29	0.29	0.4011	0.04 (0.25)	0.04 (0.20)	0.04 (0.31)	0.83	0.78	0.0379
Number of readmissions (baseline year)	Mean (SD)	365,588	0.04 (0.33)	0.04 (0.33)	0.04 (0.33)	0.19	0.19	0.5735	0.04 (0.27)	0.04 (0.23)	0.04 (0.33)	0.59	0.56	0.1393
In diabetes denominator (baseline year)	Yes	91,132	24.93	25.10	24.61	0.50	1.15	0.0009	24.75	24.91	24.61	0.30	0.69	0.0815
In diabetes denominator (baseline year)	No	274,456	75.07	74.90	75.39	0.50	1.15	NA	75.25	75.09	75.39	0.30	0.69	NA
HbA1c test (baseline year)	Yes	78,895	21.58	21.67	21.41	0.26	0.64	0.0649	21.41	21.40	21.41	0.01	0.02	0.9542
HbA1c test (baseline year)	No	286,693	78.42	78.33	78.59	0.26	0.64	NA	78.59	78.60	78.59	0.01	0.02	NA
Nephropathy test (baseline year)	Yes	51,223	14.01	13.67	14.64	0.97	2.78	0.0000	14.86	15.09	14.64	0.45	1.28	0.0013
Nephropathy test (baseline year)	No	314,365	85.99	86.33	85.36	0.97	2.78	NA	85.14	84.91	85.36	0.45	1.28	NA
Eye exam (baseline year)	Yes	38,794	10.61	10.63	10.58	0.05	0.16	0.6395	10.63	10.68	10.58	0.10	0.32	0.4148
Eye exam (baseline year)	No	326,794	89.39	89.37	89.42	0.05	0.16	NA	89.37	89.32	89.42	0.10	0.32	NA
LDL test—diabetes (baseline year)	Yes	73,384	20.07	20.15	19.94	0.21	0.53	0.1238	20.08	20.23	19.94	0.29	0.73	0.0663
LDL test—diabetes (baseline year)	No	292,204	79.93	79.85	80.06	0.21	0.53	NA	79.92	79.77	80.06	0.29	0.73	NA
In IVD denominator (baseline year)	Yes	51,702	14.14	14.35	13.77	0.58	1.66	0.0000	13.57	13.36	13.77	0.41	1.20	0.0026
In IVD denominator (baseline year)	No	313,886	85.86	85.65	86.23	0.58	1.66	NA	86.43	86.64	86.23	0.41	1.20	NA

					Unweighte	d ¹				Prop	censity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
LDL test—IVD (baseline year)	Yes	40,330	11.03	11.22	10.70	0.52	1.66	0.0000	10.57	10.45	10.70	0.25	0.81	0.0420
LDL test—IVD (baseline year)	No	325,258	88.97	88.78	89.30	0.52	1.66	NA	89.43	89.55	89.30	0.25	0.81	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	348,250	95.26	97.13	91.82	5.31	23.41	0.0000	91.66	91.50	91.82	0.33	1.19	0.0027
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	17,338	4.74	2.87	8.18	5.31	23.41	NA	8.34	8.50	8.18	0.33	1.19	NA
Number of beneficiaries per site (2010)	Mean (SD)	365,588	594.96 (504.53)	668.27 (539.60)	460.88 (399.73)	41.11	43.68	0.0000	448.38 (332.30)	435.31 (288.54)	460.88 (399.73)	7.70	7.34	0.0000
Total revenue per site (in millions)	Mean (SD)	365,588	2.44 (2.05)	2.48 (2.10)	2.35 (1.94)	6.35	6.43	0.0000	2.38 (1.60)	2.41 (1.38)	2.35 (1.94)	3.79	3.60	0.0000
Years FQHC has been operating	Mean (SD)	365,588	20.31 (13.57)	20.74 (13.64)	19.52 (13.42)	8.99	9.02	0.0000	19.71 (11.51)	19.90 (10.32)	19.52 (13.42)	3.31	3.18	0.0000
Number of primary care physicians per site	Mean (SD)	365,588	7.53 (8.21)	7.96 (8.94)	6.74 (6.61)	14.75	15.41	0.0000	6.71 (5.42)	6.67 (4.64)	6.74 (6.61)	1.28	1.22	0.0012
Number of specialists per site	Mean (SD)	365,588	1.14 (2.65)	1.14 (2.70)	1.12 (2.54)	0.67	0.68	0.0517	1.12 (2.06)	1.11 (1.75)	1.12 (2.54)	0.82	0.77	0.0404
Ambulatory Quality Accreditation	No	251,646	68.83	71.18	64.55	6.63	14.24	0.0000	66.80	69.15	64.55	4.61	9.80	0.0000
Ambulatory Quality Accreditation	Yes	113,942	31.17	28.82	35.45	6.63	14.24	NA	33.20	30.85	35.45	4.61	9.80	NA
HRSA PCMH Initiative participant	No	201,429	55.10	62.81	40.99	21.82	44.75	0.0000	42.46	43.99	40.99	3.00	6.07	0.0000
HRSA PCMH Initiative participant	Yes	164,159	44.90	37.19	59.01	21.82	44.75	NA	57.54	56.01	59.01	3.00	6.07	NA
Participation in other CMS sharing savings demonstration	No	300,763	82.27	84.30	78.55	5.76	14.84	0.0000	80.74	83.04	78.55	4.49	11.43	0.0000
Participation in other CMS sharing savings demonstration	Yes	64,825	17.73	15.70	21.45	5.76	14.84	NA	19.26	16.96	21.45	4.49	11.43	NA
Number of service delivery sites	Mean (SD)	365,588	9.56 (9.09)	8.11 (6.76)	12.21 (11.80)	45.12	42.65	0.0000	11.35 (9.25)	10.44 (7.44)	12.21 (11.80)	19.11	17.92	0.0000
HCCN Grantee	No	166,599	45.57	46.40	44.05	2.35	4.72	0.0000	44.74	45.47	44.05	1.42	2.85	0.0000
HCCN Grantee	Yes	198,989	54.43	53.60	55.95	2.35	4.72	NA	55.26	54.53	55.95	1.42	2.85	NA
PCMH Funding FY 11	No	287,830	78.73	70.84	93.16	22.32	60.70	0.0000	92.17	91.14	93.16	2.01	7.49	0.0000
PCMH Funding FY 11	Yes	77,758	21.27	29.16	6.84	22.32	60.70	NA	7.83	8.86	6.84	2.01	7.49	NA

					Unweighte	d1				Pro	pensity Score V	leighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean ((SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	1 (SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	152,055	41.59	35.16	53.36	18.20	37.27	0.0000	52.83	52.29	53.36	1.07	2.14	0.0000
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	213,533	58.41	64.84	46.64	18.20	37.27	NA	47.17	47.71	46.64	1.07	2.14	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	240,351	65.74	64.01	68.92	4.92	10.43	0.0000	69.55	70.20	68.92	1.28	2.78	0.0000
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	53,273	14.57	15.61	12.67	2.94	8.46	NA	12.44	12.19	12.67	0.48	1.44	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	71,964	19.68	20.38	18.41	1.97	4.99	NA	18.02	17.61	18.41	0.80	2.09	NA
PCA Region	Central	82,398	22.54	20.61	26.06	5.44	12.90	0.0000	25.98	25.90	26.06	0.16	0.35	0.0000
PCA Region	Mid-Atlantic	47,801	13.08	14.66	10.17	4.49	13.64	NA	8.84	7.45	10.17	2.72	9.61	NA
PCA Region	Northeast	47,788	13.07	11.56	15.83	4.26	12.42	NA	16.60	17.41	15.83	1.58	4.25	NA
PCA Region	Southeast	60,070	16.43	18.41	12.81	5.60	15.48	NA	13.02	13.24	12.81	0.43	1.28	NA
PCA Region	West	57,625	15.76	15.00	17.15	2.15	5.84	NA	17.55	17.97	17.15	0.82	2.15	NA
PCA Region	West-Central	69,906	19.12	19.74	17.98	1.76	4.51	NA	18.01	18.03	17.98	0.05	0.13	NA
Percent household poverty in census tract	Mean (SD)	365,588	22.34 (12.15)	22.94 (12.30)	21.23 (11.80)	14.09	14.21	0.0000	21.26 (9.75)	21.29 (8.42)	21.23 (11.80)	0.59	0.56	0.1366

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.19. Summary of Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Readmission Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates v [vith Statistically S Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	34.69	1.86	18.60	9.72	47.37	100.00	71.43
Propensity Score Weighted	14.29	1.52	4.50	2.92	21.05	75.00	45.71

Exhibit F.20. Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Readmission Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweigh	ted ¹				Pro	pensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Pro	portion or Mea	n (SD)	Stand Differ	ardized rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	61,063	41.84	41.33	42.77	1.44	2.92	0.0000	43.51	44.31	42.77	1.54	3.11	0.0000
Age (4 categories)	65-74	47,191	32.33	32.47	32.09	0.38	0.82	NA	31.86	31.63	32.09	0.46	0.98	NA
Age (4 categories)	75-84	27,962	19.16	19.33	18.85	0.47	1.21	NA	18.48	18.10	18.85	0.76	1.95	NA
Age (4 categories)	85+	9,740	6.67	6.88	6.30	0.58	2.35	NA	6.14	5.97	6.30	0.33	1.37	NA
Race/ethnicity	White	104,461	71.57	71.70	71.34	0.36	0.79	0.0000	69.83	68.22	71.34	3.12	6.79	0.0000
Race/ethnicity	Black	25,712	17.62	18.02	16.87	1.15	3.03	NA	17.35	17.85	16.87	0.98	2.57	NA
Race/ethnicity	Asian	3,116	2.13	1.64	3.04	1.39	9.23	NA	3.81	4.62	3.04	1.59	8.28	NA
Race/ethnicity	Hispanic	8,720	5.97	6.15	5.66	0.49	2.06	NA	5.62	5.58	5.66	0.08	0.35	NA
Race/ethnicity	Other/ Unknown	3,947	2.70	2.49	3.09	0.60	3.63	NA	3.40	3.73	3.09	0.63	3.50	NA
Gender	Female	84,607	57.97	58.15	57.64	0.51	1.03	0.0593	57.64	57.65	57.64	0.01	0.02	0.9773
Gender	Male	61,349	42.03	41.85	42.36	0.51	1.03	NA	42.36	42.35	42.36	0.01	0.02	NA
Dual eligible	Yes	73,843	50.59	49.98	51.71	1.73	3.47	0.0000	52.27	52.85	51.71	1.14	2.28	0.0003
Dual eligible	No	72,113	49.41	50.02	48.29	1.73	3.47	NA	47.73	47.15	48.29	1.14	2.28	NA
Disabled	Yes	75,590	51.79	51.38	52.55	1.17	2.35	0.0000	53.05	53.59	52.55	1.04	2.09	0.0009

					Unweigh	ted ¹				Pro	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Stand Differ	ardized rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	No	70,366	48.21	48.62	47.45	1.17	2.35	NA	46.95	46.41	47.45	1.04	2.09	NA
Institutionalized	Yes	6,139	4.21	4.46	3.73	0.73	3.68	0.0000	3.68	3.61	3.73	0.12	0.65	0.3057
Institutionalized	No	139,817	95.79	95.54	96.27	0.73	3.68	NA	96.32	96.39	96.27	0.12	0.65	NA
Comorbidity index	Mean (SD)	145,956	1.67 (1.29)	1.68 (1.30)	1.67 (1.28)	0.98	0.98	0.0735	1.67 (1.07)	1.67 (0.93)	1.67 (1.28)	0.16	0.16	0.7957
Total payments (baseline year)	Mean (SD)	145,956	15,711.31 (24,524.57)	15,839.85 (24,673.62)	15,476.06 (24,247.88)	1.48	1.49	0.0067	15,536.55 (19,963.15)	15,600.79 (17,176.18)	15,476.06 (24,247.88)	0.62	0.59	0.3231
Number of inpatient admissions (baseline year)	Mean (SD)	145,956	0.74 (1.17)	0.75 (1.17)	0.74 (1.18)	0.65	0.65	0.2337	0.74 (0.96)	0.74 (0.82)	0.74 (1.18)	0.15	0.14	0.8166
Number of ER visits (baseline year)	Mean (SD)	145,956	1.81 (3.43)	1.79 (3.36)	1.83 (3.56)	0.94	0.93	0.0855	1.83 (2.96)	1.84 (2.57)	1.83 (3.56)	0.37	0.35	0.5624
Number of ACSC admissions (baseline year)	Mean (SD)	145,956	0.10 (0.46)	0.10 (0.45)	0.10 (0.47)	0.38	0.38	0.4841	0.10 (0.38)	0.10 (0.31)	0.10 (0.47)	0.75	0.71	0.2354
Number of readmissions (baseline year)	Mean (SD)	145,956	0.11 (0.52)	0.11 (0.51)	0.11 (0.52)	0.30	0.29	0.5897	0.11 (0.42)	0.10 (0.35)	0.11 (0.52)	0.55	0.52	0.3806
In diabetes denominator (baseline year)	Yes	40,675	27.87	28.01	27.60	0.41	0.92	0.0917	27.68	27.77	27.60	0.17	0.38	0.5488
In diabetes denominator (baseline year)	No	105,281	72.13	71.99	72.40	0.41	0.92	NA	72.32	72.23	72.40	0.17	0.38	NA
HbA1c test (baseline year)	Yes	34,391	23.56	23.55	23.58	0.02	0.05	0.9249	23.54	23.50	23.58	0.08	0.19	0.7629
HbA1c test (baseline year)	No	111,565	76.44	76.45	76.42	0.02	0.05	NA	76.46	76.50	76.42	0.08	0.19	NA
Nephropathy test (baseline year)	Yes	23,509	16.11	15.77	16.73	0.96	2.60	0.0000	16.94	17.17	16.73	0.44	1.17	0.0634
Nephropathy test (baseline year)	No	122,447	83.89	84.23	83.27	0.96	2.60	NA	83.06	82.83	83.27	0.44	1.17	NA
Eye exam (baseline year)	Yes	17,175	11.77	11.68	11.93	0.25	0.78	0.1515	11.94	11.95	11.93	0.02	0.07	0.9108
Eye exam (baseline year)	No	128,781	88.23	88.32	88.07	0.25	0.78	NA	88.06	88.05	88.07	0.02	0.07	NA
LDL test—diabetes (baseline year)	Yes	31,718	21.73	21.73	21.73	0.00	0.00	0.9977	21.83	21.93	21.73	0.20	0.49	0.4367
LDL test—diabetes (baseline year)	No	114,238	78.27	78.27	78.27	0.00	0.00	NA	78.17	78.07	78.27	0.20	0.49	NA

					Unweigh	ted ¹				Proj	pensity Score V	leighted ⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Stand Differ	ardized rence ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	Yes	30,611	20.97	21.17	20.62	0.55	1.35	0.0138	20.50	20.37	20.62	0.25	0.61	0.3348
In IVD denominator (baseline year)	No	115,345	79.03	78.83	79.38	0.55	1.35	NA	79.50	79.63	79.38	0.25	0.61	NA
LDL test—IVD (baseline year)	Yes	23,171	15.88	16.05	15.55	0.50	1.36	0.0133	15.52	15.48	15.55	0.07	0.20	0.7558
LDL test—IVD (baseline year)	No	122,785	84.12	83.95	84.45	0.50	1.36	NA	84.48	84.52	84.45	0.07	0.20	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	139,118	95.32	97.16	91.94	5.22	23.15	0.0000	91.88	91.82	91.94	0.11	0.42	0.5059
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	6,838	4.68	2.84	8.06	5.22	23.15	NA	8.12	8.18	8.06	0.11	0.42	NA
Number of beneficiaries per site (2010)	Mean (SD)	145,956	596.33 (499.73)	675.18 (540.30)	452.03 (374.59)	44.66	48.00	0.0000	442.88 (313.21)	433.17 (273.76)	452.03 (374.59)	6.02	5.75	0.0000
Total revenue per site (in millions)	Mean (SD)	145,956	2.40 (2.02)	2.47 (2.09)	2.28 (1.88)	9.04	9.19	0.0000	2.32 (1.56)	2.35 (1.35)	2.28 (1.88)	4.64	4.42	0.0000
Years FQHC has been operating	Mean (SD)	145,956	20.08 (13.56)	20.46 (13.66)	19.39 (13.35)	7.87	7.90	0.0000	19.58 (11.42)	19.77 (10.22)	19.39 (13.35)	3.30	3.17	0.0000
Number of primary care physicians per site	Mean (SD)	145,956	7.41 (8.15)	7.89 (8.91)	6.54 (6.47)	16.54	17.33	0.0000	6.53 (5.32)	6.52 (4.56)	6.54 (6.47)	0.25	0.24	0.6947
Number of specialists per site	Mean (SD)	145,956	1.12 (2.66)	1.14 (2.76)	1.07 (2.47)	2.84	2.88	0.0000	1.07 (2.01)	1.08 (1.70)	1.07 (2.47)	0.50	0.48	0.4253
Ambulatory Quality Accreditation	No	100,909	69.14	71.59	64.65	6.95	14.94	0.0000	67.10	69.71	64.65	5.06	10.79	0.0000
Ambulatory Quality Accreditation	Yes	45,047	30.86	28.41	35.35	6.95	14.94	NA	32.90	30.29	35.35	5.06	10.79	NA
HRSA PCMH Initiative participant	No	80,513	55.16	62.95	40.91	22.04	45.22	0.0000	42.56	44.31	40.91	3.40	6.89	0.0000
HRSA PCMH Initiative participant	Yes	65,443	44.84	37.05	59.09	22.04	45.22	NA	57.44	55.69	59.09	3.40	6.89	NA
Participation in other CMS sharing savings demonstration	No	120,834	82.79	84.77	79.16	5.61	14.63	0.0000	81.28	83.53	79.16	4.37	11.23	0.0000
Participation in other CMS sharing savings demonstration	Yes	25,122	17.21	15.23	20.84	5.61	14.63	NA	18.72	16.47	20.84	4.37	11.23	NA
Number of service delivery sites	Mean (SD)	145,956	9.57 (9.10)	8.09 (6.67)	12.28 (11.90)	46.00	43.39	0.0000	11.24 (9.09)	10.14 (7.01)	12.28 (11.90)	23.51	21.88	0.0000
HCCN Grantee	No	67,232	46.06	46.90	44.53	2.37	4.75	0.0000	45.37	46.25	44.53	1.72	3.45	0.0000

					Unweight	ed ¹				Prop	ensity Score V	leighted ⁵		
Variable	Level	Total Sample N	Pro	portion or Mean	n (SD)	Standa Differ	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³	
HCCN Grantee	Yes	78,724	53.94	53.10	55.47	2.37	4.75	NA	54.63	53.75	55.47	1.72	3.45	NA
PCMH Funding FY 11	No	114,555	78.49	70.63	92.86	22.23	60.09	0.0000	91.85	90.77	92.86	2.09	7.64	0.0000
PCMH Funding FY 11	Yes	31,401	21.51	29.37	7.14	22.23	60.09	NA	8.15	9.23	7.14	2.09	7.64	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	59,881	41.03	35.10	51.88	16.78	34.34	0.0000	51.46	51.01	51.88	0.87	1.73	0.0062
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	86,075	58.97	64.90	48.12	16.78	34.34	NA	48.54	48.99	48.12	0.87	1.73	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	94,748	64.92	63.21	68.03	4.82	10.15	0.0000	68.57	69.15	68.03	1.12	2.41	0.0006
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	22,388	15.34	16.63	12.98	3.65	10.30	NA	12.71	12.43	12.98	0.55	1.65	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	28,820	19.75	20.16	18.99	1.16	2.93	NA	18.72	18.42	18.99	0.57	1.46	NA
PCA Region	Central	34,927	23.93	21.73	27.95	6.22	14.44	0.0000	27.82	27.67	27.95	0.28	0.63	0.0000
PCA Region	Mid-Atlantic	20,262	13.88	15.51	10.90	4.62	13.67	NA	9.47	7.96	10.90	2.94	10.07	NA
PCA Region	Northeast	18,872	12.93	11.49	15.57	4.09	11.97	NA	16.27	17.02	15.57	1.44	3.91	NA
PCA Region	Southeast	24,149	16.55	18.55	12.88	5.67	15.62	NA	13.06	13.25	12.88	0.37	1.11	NA
PCA Region	West	20,684	14.17	13.56	15.29	1.73	4.93	NA	15.62	15.96	15.29	0.67	1.84	NA
PCA Region	West-Central	27,062	18.54	19.16	17.40	1.76	4.55	NA	17.76	18.14	17.40	0.73	1.92	NA
Percent household poverty in census tract	Mean (SD)	145,956	22.23 (12.04)	22.80 (12.19)	21.20 (11.69)	13.30	13.40	0.0000	21.22 (9.64)	21.24 (8.31)	21.20 (11.69)	0.42	0.40	0.5082

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.21. Summary Table of Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Diabetes Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates v [vith Statistically S Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	38.30	1.99	17.95	9.80	36.84	93.75	62.86
Propensity Score Weighted	14.89	1.51	4.60	3.02	26.32	75.00	48.57

Exhibit F.22. Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Diabetes Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweight	ed ¹				Prop	ensity Score W	/eighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	56,983	55.57	55.39	55.92	0.53	1.06	0.1061	56.19	56.48	55.92	0.56	1.13	0.1344
Age (4 categories)	65-74	45,551	44.43	44.61	44.08	0.53	1.06	NA	43.81	43.52	44.08	0.56	1.13	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA			NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA		NA	NA	NA	NA	NA
Race/ethnicity	White	65,518	63.90	63.87	63.95	0.09	0.18	0.0000	62.77	61.51	63.95	2.44	5.06	0.0000
Race/ethnicity	Black	22,064	21.52	22.17	20.32	1.85	4.52	NA	20.66	21.03	20.32	0.71	1.76	NA
Race/ethnicity	Asian	2,520	2.46	2.06	3.20	1.14	7.16	NA	3.77	4.37	3.20	1.16	6.11	NA
Race/ethnicity	Hispanic	9,123	8.90	8.98	8.74	0.25	0.87	NA	8.63	8.53	8.74	0.21	0.75	NA
Race/ethnicity	Other/ Unknown	3,309	3.23	2.92	3.79	0.86	4.80	NA	4.17	4.57	3.79	0.78	3.90	NA
Gender	Female	56,416	55.02	55.14	54.79	0.35	0.70	0.2826	55.04	55.29	54.79	0.50	1.00	0.1882
Gender	Male	46,118	44.98	44.86	45.21	0.35	0.70	NA	44.96	44.71	45.21	0.50	1.00	NA
Dual eligible	Yes	56,492	55.10	54.47	56.26	1.80	3.62	0.0000	56.56	56.87	56.26	0.60	1.22	0.1078
Dual eligible	No	46,042	44.90	45.53	43.74	1.80	3.62	NA	43.44	43.13	43.74	0.60	1.22	NA
Disabled	Yes	66,229	64.59	64.47	64.83	0.36	0.75	0.2505	64.76	64.70	64.83	0.13	0.27	0.7205

					Unweight	ed ¹				Prop	ensity Score W	eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Standa Differe	irdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Disabled	No	36,305	35.41	35.53	35.17	0.36	0.75	NA	35.24	35.30	35.17	0.13	0.27	NA
Institutionalized	Yes	1,384	1.35	1.40	1.26	0.13	1.16	0.0792	1.23	1.20	1.26	0.06	0.57	0.4509
Institutionalized	No	101,150	98.65	98.60	98.74	0.13	1.16	NA	98.77	98.80	98.74	0.06	0.57	NA
Comorbidity index	Mean (SD)	102,534	1.34 (1.06)	1.33 (1.06)	1.35 (1.06)	1.60	1.60	0.0147	1.35 (0.88)	1.35 (0.76)	1.35 (1.06)	0.41	0.39	0.5835
Total payments (baseline year)	Mean (SD)	102,534	9,122.26 (18,554.64)	9,082.08 (18,411.24)	9,196.76 (18,817.64)	0.62	0.62	0.3450	9,173.71 (15,391.16)	9,149.36 (13,178.28)	9,196.76 (18,817.64)	0.31	0.29	0.6840
Number of inpatient admissions (baseline year)	Mean (SD)	102,534	0.35 (0.94)	0.35 (0.92)	0.36 (0.97)	0.78	0.78	0.2323	0.35 (0.78)	0.35 (0.66)	0.36 (0.97)	1.01	0.95	0.1840
Number of ER visits (baseline year)	Mean (SD)	102,534	1.22 (2.99)	1.21 (2.97)	1.24 (3.02)	1.20	1.20	0.0657	1.23 (2.53)	1.23 (2.23)	1.24 (3.02)	0.55	0.53	0.4675
Number of ACSC admissions (baseline year)	Mean (SD)	102,534	0.06 (0.38)	0.06 (0.36)	0.06 (0.41)	0.72	0.70	0.2737	0.06 (0.33)	0.06 (0.27)	0.06 (0.41)	0.91	0.85	0.2290
Number of readmissions (baseline year)	Mean (SD)	102,534	0.06 (0.43)	0.06 (0.42)	0.06 (0.45)	0.67	0.67	0.3038	0.06 (0.36)	0.06 (0.29)	0.06 (0.45)	0.78	0.73	0.3012
In diabetes denominator (baseline year)	Yes	91,132	88.88	89.07	88.52	0.56	1.76	0.0069	88.62	88.73	88.52	0.22	0.68	0.3705
In diabetes denominator (baseline year)	No	11,402	11.12	10.93	11.48	0.56	1.76	NA	11.38	11.27	11.48	0.22	0.68	NA
HbA1c test (baseline year)	Yes	78,895	76.95	76.90	77.02	0.12	0.28	0.6646	76.62	76.20	77.02	0.82	1.93	0.0105
HbA1c test (baseline year)	No	23,639	23.05	23.10	22.98	0.12	0.28	NA	23.38	23.80	22.98	0.82	1.93	NA
Nephropathy test (baseline year)	Yes	51,223	49.96	48.50	52.66	4.16	8.32	0.0000	53.20	53.78	52.66	1.12	2.25	0.0030
Nephropathy test (baseline year)	No	51,311	50.04	51.50	47.34	4.16	8.32	NA	46.80	46.22	47.34	1.12	2.25	NA
Eye exam (baseline year)	Yes	38,794	37.84	37.72	38.06	0.34	0.71	0.2807	38.00	37.95	38.06	0.11	0.22	0.7671
Eye exam (baseline year)	No	63,740	62.16	62.28	61.94	0.34	0.71	NA	62.00	62.05	61.94	0.11	0.22	NA
LDL test—diabetes (baseline year)	Yes	73,384	71.57	71.49	71.71	0.22	0.49	0.4514	71.88	72.05	71.71	0.34	0.75	0.3225
LDL test—diabetes (baseline year)	No	29,150	28.43	28.51	28.29	0.22	0.49	NA	28.12	27.95	28.29	0.34	0.75	NA
In IVD denominator (baseline year)	Yes	27,987	27.30	27.70	26.54	1.16	2.62	0.0001	26.07	25.57	26.54	0.97	2.21	0.0035
In IVD denominator (baseline year)	No	74,547	72.70	72.30	73.46	1.16	2.62	NA	73.93	74.43	73.46	0.97	2.21	NA

				Unweighted ¹ Standardized						Prop	ensity Score W	leighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
LDL test—IVD (baseline year)	Yes	22,839	22.27	22.57	21.72	0.86	2.06	0.0017	21.39	21.05	21.72	0.67	1.63	0.0316
LDL test—IVD (baseline year)	No	79,695	77.73	77.43	78.28	0.86	2.06	NA	78.61	78.95	78.28	0.67	1.63	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	97,823	95.41	96.76	92.89	3.87	17.54	0.0000	92.44	91.97	92.89	0.92	3.48	0.0000
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	4,711	4.59	3.24	7.11	3.87	17.54	NA	7.56	8.03	7.11	0.92	3.48	NA
Number of beneficiaries per site (2010)	Mean (SD)	102,534	571.33 (480.81)	646.32 (522.47)	432.28 (352.03)	44.52	48.05	0.0000	423.62 (295.43)	414.47 (259.67)	432.28 (352.03)	6.03	5.76	0.0000
Total revenue per site (in millions)	Mean (SD)	102,534	2.44 (1.99)	2.47 (2.02)	2.38 (1.94)	4.38	4.41	0.0000	2.43 (1.60)	2.48 (1.38)	2.38 (1.94)	5.83	5.54	0.0000
Years FQHC has been operating	Mean (SD)	102,534	20.38 (13.33)	20.98 (13.51)	19.28 (12.93)	12.72	12.82	0.0000	19.21 (10.89)	19.14 (9.61)	19.28 (12.93)	1.30	1.25	0.0851
Number of primary care physicians per site	Mean (SD)	102,534	7.70 (8.67)	8.27 (9.66)	6.65 (6.30)	18.72	19.89	0.0000	6.66 (5.08)	6.67 (4.28)	6.65 (6.30)	0.42	0.40	0.5795
Number of specialists per site	Mean (SD)	102,534	1.09 (2.52)	1.10 (2.52)	1.07 (2.53)	0.99	0.99	0.1296	1.07 (1.97)	1.07 (1.59)	1.07 (2.53)	0.09	0.08	0.9072
Ambulatory Quality Accreditation	No	68,782	67.08	69.49	62.61	6.88	14.58	0.0000	64.31	66.10	62.61	3.49	7.30	0.0000
Ambulatory Quality Accreditation	Yes	33,752	32.92	30.51	37.39	6.88	14.58	NA	35.69	33.90	37.39	3.49	7.30	NA
HRSA PCMH Initiative participant	No	56,487	55.09	63.16	40.13	23.03	47.37	0.0000	41.51	42.97	40.13	2.84	5.76	0.0000
HRSA PCMH Initiative participant	Yes	46,047	44.91	36.84	59.87	23.03	47.37	NA	58.49	57.03	59.87	2.84	5.76	NA
Participation in other CMS sharing savings demonstration	No	85,170	83.07	84.48	80.44	4.05	10.66	0.0000	82.70	85.10	80.44	4.67	12.38	0.0000
Participation in other CMS sharing savings demonstration	Yes	17,364	16.93	15.52	19.56	4.05	10.66	NA	17.30	14.90	19.56	4.67	12.38	NA
Number of service delivery sites	Mean (SD)	102,534	9.78 (9.16)	8.26 (6.57)	12.59 (12.15)	47.24	44.34	0.0000	11.57 (9.08)	10.49 (6.80)	12.59 (12.15)	23.19	21.40	0.0000
HCCN Grantee	No	45,505	44.38	44.93	43.35	1.58	3.18	0.0000	44.12	44.93	43.35	1.58	3.18	0.0000
HCCN Grantee	Yes	57,029	55.62	55.07	56.65	1.58	3.18	NA	55.88	55.07	56.65	1.58	3.18	
PCMH Funding FY 11	No	80,214	78.23	70.12	93.26	23.14	62.70	0.0000	92.51	91.73	93.26	1.54	5.83	0.0000
PCMH Funding FY 11	Yes	22,320	21.77	29.88	6.74	23.14	62.70	NA	7.49	8.27	6.74	1.54	5.83	

					Unweight	ed ¹				Prop	ensity Score W	eighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	42,722	41.67	36.12	51.96	15.84	32.32	0.0000	51.90	51.84	51.96	0.12	0.24	0.7515
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	59,812	58.33	63.88	48.04	15.84	32.32	NA	48.10	48.16	48.04	0.12	0.24	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	70,509	68.77	67.07	71.92	4.85	10.54	0.0000	72.78	73.69	71.92	1.77	3.98	0.0000
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	13,144	12.82	13.90	10.82	3.08	9.38	NA	10.49	10.15	10.82	0.67	2.17	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	18,881	18.41	19.03	17.27	1.76	4.58	NA	16.73	16.16	17.27	1.11	2.97	NA
PCA Region	Central	24,485	23.88	21.97	27.42	5.45	12.66	0.0000	27.02	26.60	27.42	0.82	1.85	0.0000
PCA Region	Mid-Atlantic	13,525	13.19	14.62	10.54	4.08	12.31	NA	9.15	7.68	10.54	2.86	9.97	NA
PCA Region	Northeast	11,890	11.60	10.49	13.64	3.15	9.68	NA	14.84	16.11	13.64	2.47	6.95	NA
PCA Region	Southeast	17,895	17.45	19.08	14.44	4.63	12.43	NA	14.63	14.83	14.44	0.39	1.11	NA
PCA Region	West	15,341	14.96	14.43	15.95	1.52	4.22	NA	16.27	16.62	15.95	0.67	1.82	NA
PCA Region	West-Central	19,398	18.92	19.41	18.01	1.40	3.60	NA	18.08	18.16	18.01	0.15	0.39	NA
Percent household poverty in census tract	Mean (SD)	102,534	23.35 (12.47)	23.99 (12.60)	22.18 (12.13)	14.47	14.59	0.0000	22.08 (9.91)	21.98 (8.48)	22.18 (12.13)	2.01	1.91	0.0078

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.23. Summary of Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates	with Statistically Differences	/ Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	40.43	1.72	19.60	10.47	42.11	93.75	65.71
Propensity Score Weighted	17.02	1.23	4.63	2.90	10.53	62.50	34.29

Exhibit F.24. Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweight	ed ¹				Prop	ensity Score W	/eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Differ	ardized ence ^{2,3}	p-value ⁴	Prop	portion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	34,955	49.90	49.92	49.87	0.06	0.11	0.8890	50.32	50.80	49.87	0.93	1.86	0.0447
Age (4 categories)	65-74	35,090	50.10	50.08	50.13	0.06	0.11	NA	49.68	49.20	50.13	0.93	1.86	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	50,721	72.41	72.61	72.04	0.57	1.28	0.0000	70.83	69.54	72.04	2.50	5.49	0.0000
Race/ethnicity	Black	12,489	17.83	18.15	17.21	0.94	2.47	NA	17.75	18.33	17.21	1.11	2.91	NA
Race/ethnicity	Asian	1,180	1.68	1.26	2.49	1.22	9.01	NA	2.95	3.45	2.49	0.97	5.70	NA
Race/ethnicity	Hispanic	3,872	5.53	5.61	5.38	0.23	1.01	NA	5.39	5.40	5.38	0.02	0.10	NA
Race/ethnicity	Other/ Unknown	1,783	2.55	2.37	2.89	0.52	3.26	NA	3.08	3.28	2.89	0.39	2.28	NA
Gender	Female	34,176	48.79	48.89	48.60	0.29	0.58	0.4671	48.74	48.89	48.60	0.29	0.58	0.5319
Gender	Male	35,869	51.21	51.11	51.40	0.29	0.58	NA	51.26	51.11	51.40	0.29	0.58	NA
Dual eligible	Yes	35,996	51.39	50.73	52.64	1.91	3.82	0.0000	52.77	52.91	52.64	0.27	0.54	0.5577
Dual eligible	No	34,049	48.61	49.27	47.36	1.91	3.82	NA	47.23	47.09	47.36	0.27	0.54	NA

					Unweighte	ed ¹				Prop	ensity Score W	leighted⁵		
Variable	Level	Total Sample N	Prop	portion or Mean	(SD)	Stand Differ	lardized rence ^{2,3}	p-value ⁴	Pro	portion or Mean	(SD)	Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	Yes	43,544	62.17	62.27	61.97	0.30	0.62	0.4367	62.08	62.20	61.97	0.23	0.48	0.6052
Disabled	No	26,501	37.83	37.73	38.03	0.30	0.62	NA	37.92	37.80	38.03	0.23	0.48	NA
Institutionalized	Yes	1,356	1.94	2.04	1.73	0.31	2.26	0.0050	1.72	1.70	1.73	0.03	0.25	0.7881
Institutionalized	No	68,689	98.06	97.96	98.27	0.31	2.26	NA	98.28	98.30	98.27	0.03	0.25	NA
Comorbidity index	Mean (SD)	70,045	1.53 (1.19)	1.52 (1.19)	1.55 (1.19)	2.06	2.06	0.0096	1.55 (0.98)	1.55 (0.85)	1.55 (1.19)	0.77	0.73	0.4080
Total payments (baseline year)	Mean (SD)	70,045	12,256.99 (21,775.38)	12,207.83 (21,767.28)	12,350.67 (21,790.93)	0.66	0.66	0.4095	12394.07 (17835.42)	12,440.28 (15,358.06)	12,350.67 (21,790.93)	0.50	0.48	0.5872
Number of inpatient admissions (baseline year)	Mean (SD)	70,045	0.51 (1.10)	0.51 (1.08)	0.52 (1.13)	1.27	1.26	0.1099	0.52 (0.90)	0.52 (0.76)	0.52 (1.13)	0.37	0.34	0.6933
Number of ER visits (baseline year)	Mean (SD)	70,045	1.46 (3.21)	1.43 (3.15)	1.50 (3.31)	2.03	2.02	0.0107	1.50 (2.76)	1.51 (2.42)	1.50 (3.31)	0.32	0.30	0.7308
Number of ACSC admissions (baseline year)	Mean (SD)	70,045	0.08 (0.44)	0.08 (0.42)	0.08 (0.48)	0.80	0.79	0.3135	0.08 (0.36)	0.08 (0.28)	0.08 (0.48)	1.04	0.96	0.2596
Number of readmissions (baseline year)	Mean (SD)	70,045	0.09 (0.51)	0.09 (0.49)	0.09 (0.53)	0.66	0.65	0.4046	0.09 (0.42)	0.09 (0.34)	0.09 (0.53)	1.18	1.10	0.2009
In diabetes denominator (baseline year)	Yes	33,669	48.07	48.41	47.41	1.00	2.00	0.0118	47.42	47.44	47.41	0.03	0.05	0.9561
In diabetes denominator (baseline year)	No	36,376	51.93	51.59	52.59	1.00	2.00	NA	52.58	52.56	52.59	0.03	0.05	NA
HbA1c test (baseline year)	Yes	29,221	41.72	41.83	41.50	0.34	0.69	0.3875	41.34	41.17	41.50	0.32	0.66	0.4783
HbA1c test (baseline year)	No	40,824	58.28	58.17	58.50	0.34	0.69	NA	58.66	58.83	58.50	0.32	0.66	NA
Nephropathy test (baseline year)	Yes	19,907	28.42	27.88	29.45	1.57	3.46	0.0000	29.74	30.05	29.45	0.60	1.31	0.1554
Nephropathy test (baseline year)	No	50,138	71.58	72.12	70.55	1.57	3.46	NA	70.26	69.95	70.55	0.60	1.31	NA
Eye exam (baseline year)	Yes	14,963	21.36	21.14	21.78	0.64	1.57	0.0480	21.79	21.79	21.78	0.00	0.01	0.9907
Eye exam (baseline year)	No	55,082	78.64	78.86	78.22	0.64	1.57	NA	78.21	78.21	78.22	0.00	0.01	NA
LDL test—diabetes (baseline year)	Yes	27,585	39.38	39.53	39.10	0.43	0.88	0.2712	39.20	39.31	39.10	0.21	0.43	0.6419
LDL test—diabetes (baseline year)	No	42,460	60.62	60.47	60.90	0.43	0.88		60.80	60.69	60.90	0.21	0.43	NA
In IVD denominator (baseline year)	Yes	51,702	73.81	73.81	73.83	0.02	0.05	0.9535	73.59	73.34	73.83	0.49	1.10	0.2328

					Unweight	ed ¹				Prop	ensity Score W	/eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Diffe	lardized rence ^{2,3}	p-value⁴	Pro	portion or Mean	(SD)	Standa Differe	irdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	No	18,343	26.19	26.19	26.17	0.02	0.05		26.41	26.66	26.17	0.49	1.10	NA
LDL test—IVD (baseline year)	Yes	40,330	57.58	57.70	57.35	0.34	0.70	0.3811	57.35	57.36	57.35	0.00	0.01	0.9938
LDL test—IVD (baseline year)	No	29,715	42.42	42.30	42.65	0.34	0.70	NA	42.65	42.64	42.65	0.00	0.01	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	67,143	95.86	97.44	92.85	4.59	21.46	0.0000	92.73	92.61	92.85	0.24	0.91	0.3239
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	2,902	4.14	2.56	7.15	4.59	21.46	NA	7.27	7.39	7.15	0.24	0.91	NA
Number of beneficiaries per site (2010)	Mean (SD)	70,045	581.32 (491.55)	666.99 (539.10)	418.02 (327.99)	50.65	55.80	0.0000	408.80 (273.37)	398.98 (239.59)	418.02 (327.99)	6.96	6.63	0.0000
Total revenue per site (in millions)	Mean (SD)	70,045	2.31 (1.92)	2.35 (1.93)	2.25 (1.91)	5.32	5.33	0.0000	2.30 (1.57)	2.36 (1.36)	2.25 (1.91)	7.28	6.91	0.0000
Years FQHC has been operating	Mean (SD)	70,045	20.03 (13.31)	20.55 (13.46)	19.04 (12.94)	11.32	11.41	0.0000	19.02 (10.87)	18.99 (9.60)	19.04 (12.94)	0.44	0.42	0.6366
Number of primary care physicians per site	Mean (SD)	70,045	7.11 (7.79)	7.60 (8.54)	6.18 (6.01)	18.14	19.14	0.0000	6.20 (4.72)	6.21 (3.88)	6.18 (6.01)	0.62	0.58	0.5055
Number of specialists per site	Mean (SD)	70,045	1.00 (2.47)	1.02 (2.53)	0.97 (2.36)	2.01	2.04	0.0113	0.97 (1.82)	0.97 (1.46)	0.97 (2.36)	0.05	0.05	0.9554
Ambulatory Quality Accreditation	No	48,666	69.48	72.76	63.23	9.53	20.54	0.0000	65.26	67.42	63.23	4.20	8.83	0.0000
Ambulatory Quality Accreditation	Yes	21,379	30.52	27.24	36.77	9.53	20.54	NA	34.74	32.58	36.77	4.20	8.83	NA
HRSA PCMH Initiative participant	No	38,513	54.98	62.79	40.11	22.68	46.60	0.0000	41.48	42.93	40.11	2.83	5.74	0.0000
HRSA PCMH Initiative participant	Yes	31,532	45.02	37.21	59.89	22.68	46.60	NA	58.52	57.07	59.89	2.83	5.74	NA
Participation in other CMS sharing savings demonstration	No	58,149	83.02	84.40	80.38	4.02	10.57	0.0000	82.43	84.62	80.38	4.24	11.16	0.0000
Participation in other CMS sharing savings demonstration	Yes	11,896	16.98	15.60	19.62	4.02	10.57	NA	17.57	15.38	19.62	4.24	11.16	NA
Number of service delivery sites	Mean (SD)	70,045	9.54 (9.10)	7.99 (6.53)	12.50 (12.08)	49.54	46.42	0.0000	11.47 (9.14)	10.38 (7.05)	12.50 (12.08)	23.15	21.39	0.0000
HCCN Grantee	No	31,325	44.72	44.98	44.23	0.76	1.52	0.0557	44.94	45.70	44.23	1.47	2.96	0.0014
HCCN Grantee	Yes	38,720	55.28	55.02	55.77	0.76	1.52	NA	55.06	54.30	55.77	1.47	2.96	NA
PCMH Funding FY 11	No	54,847	78.30	70.46	93.24	22.78	61.86	0.0000	92.24	91.17	93.24	2.08	7.75	0.0000

					Unweight	ed ¹				Prop	ensity Score W	eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Differ	ardized ence ^{2,3}	p-value ⁴	Pro	portion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
PCMH Funding FY 11	Yes	15,198	21.70	29.54	6.76	22.78	61.86	NA	7.76	8.83	6.76	2.08	7.75	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	28,185	40.24	34.63	50.93	16.29	33.39	0.0000	50.90	50.86	50.93	0.06	0.12	0.8956
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	41,860	59.76	65.37	49.07	16.29	33.39	NA	49.10	49.14	49.07	0.06	0.12	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	44,924	64.14	61.87	68.46	6.59	13.86	0.0000	69.39	70.38	68.46	1.92	4.18	0.0000
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	10,959	15.65	17.25	12.59	4.66	13.12	NA	12.04	11.46	12.59	1.12	3.45	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	14,162	20.22	20.88	18.96	1.93	4.82	NA	18.57	18.15	18.96	0.80	2.06	NA
PCA Region	Central	18,399	26.27	24.07	30.46	6.39	14.38	0.0000	30.22	29.96	30.46	0.49	1.08	0.0000
PCA Region	Mid-Atlantic	9,946	14.20	15.79	11.16	4.63	13.60	NA	9.61	7.96	11.16	3.20	10.91	NA
PCA Region	Northeast	7,757	11.07	9.65	13.79	4.15	12.92	NA	14.78	15.82	13.79	2.03	5.72	NA
PCA Region	Southeast	12,880	18.39	20.31	14.72	5.59	14.74	NA	14.98	15.26	14.72	0.54	1.50	NA
PCA Region	West	9,397	13.42	12.65	14.87	2.22	6.45	NA	15.26	15.67	14.87	0.80	2.22	NA
PCA Region	West-Central	11,666	16.66	17.53	14.99	2.53	6.87	NA	15.16	15.33	14.99	0.33	0.93	NA
Percent household poverty in census tract	Mean (SD)	70,045	22.69 (11.94)	23.26 (12.06)	21.60 (11.63)	13.90	14.01	0.0000	21.55 (9.49)	21.49 (8.16)	21.60 (11.63)	1.10	1.04	0.2326

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.25. Summary of Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Cost and Utilization Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates v [vith Statistically S Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	48.98	4.30	15.52	9.57	52.63	100.00	74.29
Propensity Score Weighted	6.12	1.40	3.33	2.30	10.53	56.25	31.43

Exhibit F.26. Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Cost and Utilization Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweigh	ted ¹				Pro	pensity Score	Weighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	I (SD)	Standa Differ	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	16,485	74.98	76.40	72.83	3.58	8.22	0.0000	73.39	73.96	72.83	1.13	2.57	0.2213
Age (4 categories)	65-74	3,444	15.67	15.58	15.79	0.21	0.57	NA	15.66	15.53	15.79	0.26	0.72	NA
Age (4 categories)	75-84	1,605	7.30	6.37	8.71	2.35	8.89	NA	8.44	8.17	8.71	0.54	1.95	NA
Age (4 categories)	85+	451	2.05	1.65	2.67	1.02	7.05	NA	2.50	2.34	2.67	0.33	2.13	NA
Race/ethnicity	White	14,773	67.20	66.21	68.69	2.48	5.30	0.0000	68.24	67.79	68.69	0.90	1.93	0.0326
Race/ethnicity	Black	3,827	17.41	18.23	16.16	2.07	5.50	NA	16.28	16.39	16.16	0.24	0.64	NA
Race/ethnicity	Asian	667	3.03	2.47	3.89	1.43	8.13	NA	4.35	4.80	3.89	0.91	4.46	NA
Race/ethnicity	Hispanic	1,847	8.40	8.91	7.63	1.29	4.67	NA	7.41	7.19	7.63	0.44	1.66	NA
Race/ethnicity	Other /Unknown	871	3.96	4.18	3.63	0.55	2.84	NA	3.72	3.82	3.63	0.19	1.00	NA
Gender	Female	12,392	56.37	55.85	57.15	1.30	2.63	0.0566	56.84	56.53	57.15	0.62	1.26	0.4050
Gender	Male	9,593	43.63	44.15	42.85	1.30	2.63	NA	43.16	43.47	42.85	0.62	1.26	NA
Dual eligible	Yes	9,464	43.05	42.11	44.46	2.35	4.74	0.0006	44.65	44.84	44.46	0.38	0.76	0.6143
Dual eligible	No	12,521	56.95	57.89	55.54	2.35	4.74	NA	55.35	55.16	55.54	0.38	0.76	NA
Disabled	Yes	11,508	52.34	52.78	51.69	1.09	2.18	0.1140	52.08	52.46	51.69	0.78	1.55	0.3053

					Unweight	ted ¹				Pro	pensity Score \	Neighted⁵		
Variable	Level	Total Sample N	Prop	oortion or Mean	(SD)	Stand Differ	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³	
Disabled	No	10,477	47.66	47.22	48.31	1.09	2.18	NA	47.92	47.54	48.31	0.78	1.55	NA
Institutionalized	Yes	665	3.02	2.20	4.27	2.07	11.70	0.0000	3.85	3.42	4.27	0.85	4.40	0.0036
Institutionalized	No	21,320	96.98	97.80	95.73	2.07	11.70	NA	96.15	96.58	95.73	0.85	4.40	NA
Comorbidity index	Mean (SD)	21,985	1.18 (1.08)	1.15 (1.06)	1.22 (1.11)	6.12	6.10	0.0000	1.22 (0.99)	1.22 (0.90)	1.22 (1.11)	0.16	0.15	0.9182
Total payments (baseline year)	Mean (SD)	21,985	9,350.30 (22,502.42)	8,748.00 (20,599.16)	10,264.27 (25,090.20)	6.74	6.61	0.0000	10,103.27 (20,965.73)	9,942.06 (17,730.91)	10,264.27 (25,090.20)	1.54	1.48	0.3100
Number of inpatient admissions (baseline year)	Mean (SD)	21,985	0.32 (0.99)	0.31 (0.97)	0.35 (1.03)	4.07	4.05	0.0031	0.34 (0.88)	0.33 (0.77)	0.35 (1.03)	2.11	2.04	0.1642
Number of ER visits (baseline year)	Mean (SD)	21,985	1.29 (3.23)	1.24 (3.08)	1.37 (3.44)	3.85	3.81	0.0052	1.37 (3.22)	1.38 (3.07)	1.37 (3.44)	0.47	0.47	0.7538
Number of ACSC admissions (baseline year)	Mean (SD)	21,985	0.04 (0.35)	0.04 (0.35)	0.04 (0.35)	0.84	0.83	0.5443	0.04 (0.29)	0.04 (0.24)	0.04 (0.35)	1.49	1.44	0.3239
Number of readmissions (baseline year)	Mean (SD)	21,985	0.04 (0.33)	0.04 (0.32)	0.04 (0.34)	1.34	1.33	0.3301	0.04 (0.29)	0.04 (0.25)	0.04 (0.34)	1.28	1.24	0.3976
In diabetes denominator (baseline year)	Yes	5,369	24.42	24.82	23.82	1.00	2.33	0.0909	23.98	24.15	23.82	0.33	0.77	0.6103
In diabetes denominator (baseline year)	No	16,616	75.58	75.18	76.18	1.00	2.33	NA	76.02	75.85	76.18	0.33	0.77	NA
HbA1c test (baseline year)	Yes	4,626	21.04	21.42	20.47	0.94	2.31	0.0937	20.67	20.86	20.47	0.39	0.96	0.5253
HbA1c test (baseline year)	No	17,359	78.96	78.58	79.53	0.94	2.31	NA	79.33	79.14	79.53	0.39	0.96	NA
Nephropathy test (baseline year)	Yes	3,112	14.16	14.05	14.31	0.26	0.75	0.5844	14.51	14.71	14.31	0.40	1.13	0.4573
Nephropathy test (baseline year)	No	18,873	85.84	85.95	85.69	0.26	0.75	NA	85.49	85.29	85.69	0.40	1.13	NA
Eye exam (baseline year)	Yes	2,063	9.38	9.73	8.86	0.86	2.98	0.0316	8.78	8.71	8.86	0.16	0.56	0.7136
Eye exam (baseline year)	No	19,922	90.62	90.27	91.14	0.86	2.98	NA	91.22	91.29	91.14	0.16	0.56	NA
LDL test—diabetes (baseline year)	Yes	4,220	19.19	19.49	18.74	0.75	1.90	0.1691	18.93	19.12	18.74	0.38	0.97	0.5230
LDL test—diabetes (baseline year)	No	17,765	80.81	80.51	81.26	0.75	1.90	NA	81.07	80.88	81.26	0.38	0.97	NA
In IVD denominator (baseline year)	Yes	2,782	12.65	13.24	11.77	1.46	4.43	0.0014	11.76	11.74	11.77	0.03	0.09	0.9532
In IVD denominator (baseline year)	No	19,203	87.35	86.76	88.23	1.46	4.43	NA	88.24	88.26	88.23	0.03	0.09	NA

				Unweighted ¹ Standardized						Pro	pensity Score \	Neighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Differ	ardized rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ndized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
LDL test—IVD (baseline year)	Yes	2,069	9.41	9.63	9.08	0.55	1.88	0.1731	9.08	9.08	9.08	0.00	0.01	0.9934
LDL test—IVD (baseline year)	No	19,916	90.59	90.37	90.92	0.55	1.88	NA	90.92	90.92	90.92	0.00	0.01	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	21,040	95.70	97.18	93.46	3.72	17.66	0.0000	92.96	92.46	93.46	1.01	3.93	0.0094
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	945	4.30	2.82	6.54	3.72	17.66	NA	7.04	7.54	6.54	1.01	3.93	NA
Number of beneficiaries per site (2010)	Mean (SD)	21,985	498.99 (434.37)	561.29 (469.11)	404.45 (355.30)	36.11	37.69	0.0000	391.42 (320.84)	378.38 (295.57)	404.45 (355.30)	8.12	7.98	0.0000
Total revenue per site (in millions)	Mean (SD)	21,985	2.47 (2.00)	2.57 (2.16)	2.32 (1.71)	12.44	12.75	0.0000	2.32 (1.53)	2.32 (1.40)	2.32 (1.71)	0.28	0.27	0.8558
Years FQHC has been operating	Mean (SD)	21,985	18.69 (13.54)	19.36 (13.56)	17.68 (13.45)	12.38	12.41	0.0000	17.59 (12.19)	17.51 (11.29)	17.68 (13.45)	1.45	1.43	0.3373
Number of primary care physicians per site	Mean (SD)	21,985	6.76 (6.38)	7.27 (6.86)	5.99 (5.49)	20.11	20.66	0.0000	5.93 (4.64)	5.86 (3.99)	5.99 (5.49)	2.73	2.64	0.0715
Number of specialists per site	Mean (SD)	21,985	1.15 (2.71)	1.23 (2.82)	1.04 (2.52)	7.18	7.27	0.0000	1.05 (2.15)	1.06 (1.87)	1.04 (2.52)	0.88	0.85	0.5626
Ambulatory Quality Accreditation	No	15,377	69.94	72.06	66.72	5.34	11.61	0.0000	68.91	71.10	66.72	4.38	9.47	0.0000
Ambulatory Quality Accreditation	Yes	6,608	30.06	27.94	33.28	5.34	11.61	NA	31.09	28.90	33.28	4.38	9.47	NA
HRSA PCMH Initiative participant	No	11,578	52.66	57.47	45.37	12.10	24.39	0.0000	46.29	47.21	45.37	1.84	3.69	0.0147
HRSA PCMH Initiative participant	Yes	10,407	47.34	42.53	54.63	12.10	24.39	NA	53.71	52.79	54.63	1.84	3.69	NA
Participation in other CMS sharing savings demonstration	No	17,783	80.89	85.41	74.03	11.38	28.58	0.0000	75.63	77.24	74.03	3.21	7.48	0.0000
Participation in other CMS sharing savings demonstration	Yes	4,202	19.11	14.59	25.97	11.38	28.58	NA	24.37	22.76	25.97	3.21	7.48	NA
Number of service delivery sites	Mean (SD)	21,985	9.28 (8.87)	7.95 (6.85)	11.29 (10.96)	37.65	36.54	0.0000	11.02 (9.76)	10.74 (8.87)	11.29 (10.96)	5.60	5.48	0.0002
HCCN Grantee	No	9,849	44.80	43.62	46.58	2.96	5.95	0.0000	47.03	47.49	46.58	0.91	1.81	0.2309
HCCN Grantee	Yes	12,136	55.20	56.38	53.42	2.96	5.95	NA	52.97	52.51	53.42	0.91	1.81	NA
PCMH Funding FY 11	No	17,543	79.80	74.56	87.74	13.17	34.17	0.0000	88.01	88.28	87.74	0.54	1.67	0.2708
PCMH Funding FY 11	Yes	4,442	20.20	25.44	12.26	13.17	34.17	NA	11.99	11.72	12.26	0.54	1.67	NA

					Unweight	ted ¹				Pro	pensity Score \	Neighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standardized Difference ^{2,3}		p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	10,120	46.03	38.79	57.03	18.24	37.13	0.0000	56.28	55.53	57.03	1.49	3.01	0.0467
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	11,865	53.97	61.21	42.97	18.24	37.13	NA	43.72	44.47	42.97	1.49	3.01	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	15,559	70.77	68.99	73.48	4.49	9.94	0.0000	73.38	73.27	73.48	0.21	0.46	0.8856
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	2,439	11.09	12.22	9.39	2.83	9.12	NA	9.50	9.61	9.39	0.22	0.74	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	3,987	18.14	18.80	17.13	1.67	4.34	NA	17.12	17.12	17.13	0.01	0.03	NA
PCA Region	Central	5,060	23.02	22.18	24.29	2.11	5.00	0.0000	24.76	25.24	24.29	0.95	2.21	0.0000
PCA Region	Mid-Atlantic	2,324	10.57	12.51	7.63	4.89	16.29	NA	6.62	5.61	7.63	2.02	8.11	NA
PCA Region	Northeast	2,578	11.73	11.45	12.15	0.70	2.18	NA	12.95	13.75	12.15	1.60	4.78	NA
PCA Region	Southeast	3,589	16.32	15.44	17.67	2.23	6.00	NA	17.99	18.31	17.67	0.64	1.68	NA
PCA Region	West	3,921	17.83	17.78	17.92	0.14	0.37	NA	17.71	17.50	17.92	0.42	1.10	NA
PCA Region	West-Central	4,513	20.53	20.65	20.35	0.30	0.74	NA	19.97	19.58	20.35	0.77	1.91	NA
Percent household poverty in census tract	Mean (SD)	21,985	22.57 (12.36)	23.35 (13.02)	21.38 (11.17)	15.98	16.28	0.0000	21.09 (9.87)	20.80 (8.90)	21.38 (11.17)	5.89	5.76	0.0001

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.27. Summary of Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Readmission Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates	with Statistically Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	53.06	4.84	19.37	11.66	26.32	100.00	60.00
Propensity Score Weighted	22.45	3.95	5.54	4.70	10.53	37.50	22.86

Exhibit F.28. Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Readmission Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweight	ed ¹			Propensity Score Weighted ⁵						
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standardized Difference ^{2,3}		p-value ⁴	Proportion or Mean (SD)			Standa Differe	p-value ⁴		
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³		
Age (4 categories)	<65	2,897	67.54	69.53	64.67	4.86	10.36	0.0005	66.83	69.11	64.67	4.44	9.44	0.0080	
Age (4 categories)	65-74	762	17.77	17.20	18.58	1.38	3.59	NA	18.24	17.88	18.58	0.71	1.83	NA	
Age (4 categories)	75-84	484	11.28	10.63	12.24	1.61	5.05	NA	11.17	10.05	12.24	2.19	6.95	NA	
Age (4 categories)	85+	146	3.40	2.64	4.52	1.88	10.13	NA	3.76	2.97	4.52	1.55	8.17	NA	
Race/ethnicity	White	3,070	71.58	71.14	72.21	1.07	2.38	0.3737	72.88	73.59	72.21	1.37	3.09	0.2958	
Race/ethnicity	Black	762	17.77	17.64	17.95	0.32	0.82	NA	16.89	15.77	17.95	2.19	5.84	NA	
Race/ethnicity	Asian	65	1.52	1.50	1.54	0.05	0.39	NA	1.86	2.20	1.54	0.66	4.87	NA	
Race/ethnicity	Hispanic	243	5.67	5.79	5.49	0.30	1.29	NA	5.42	5.34	5.49	0.15	0.67	NA	
Race/ethnicity	Other /Unknown	149	3.47	3.94	2.80	1.14	6.30	NA	2.95	3.10	2.80	0.30	1.79	NA	
Gender	Female	2,390	55.72	55.04	56.72	1.68	3.38	0.2767	56.10	55.46	56.72	1.26	2.54	0.4583	
Gender	Male	1,899	44.28	44.96	43.28	1.68	3.38	NA	43.90	44.54	43.28	1.26	2.54	NA	
Dual eligible	Yes	1,979	46.14	45.63	46.88	1.25	2.52	0.4182	46.59	46.28	46.88	0.61	1.22	0.7228	
Dual eligible	No	2,310	53.86	54.37	53.12	1.25	2.52		53.41	53.72	53.12	0.61	1.22	NA	
Disabled	Yes	2,443	56.96	57.87	55.63	2.24	4.53	0.1450	56.82	58.07	55.63	2.44	4.93	0.1506	

			Unweighted ¹ Propensity Score Weighted ⁵ Standardized Standardized											
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	No	1,846	43.04	42.13	44.37	2.24	4.53	NA	43.18	41.93	44.37	2.44	4.93	NA
Institutionalized	Yes	575	13.41	10.43	17.72	7.29	21.08	0.0000	15.04	12.21	17.72	5.52	15.51	0.0000
Institutionalized	No	3,714	86.59	89.57	82.28	7.29	21.08	NA	84.96	87.79	82.28	5.52	15.51	NA
Comorbidity index	Mean (SD)	4,289	2.27 (1.52)	2.23 (1.52)	2.34 (1.53)	7.52	7.52	0.0156	2.32 (1.36)	2.30 (1.23)	2.34 (1.53)	3.08	3.01	0.3693
Total payments (baseline year)	Mean (SD)	4,289	31,321.12 (36,544.94)	30,081.35 (36,049.49)	33,121.58 (37,189.55)	8.32	8.30	0.0074	32,257.18 (32,392.48)	31,346.51 (28,615.17)	33,121.58 (37,189.55)	5.48	5.35	0.1098
Number of inpatient admissions (baseline year)	Mean (SD)	4,289	1.54 (1.60)	1.52 (1.64)	1.58 (1.54)	4.08	4.11	0.1887	1.55 (1.34)	1.52 (1.19)	1.58 (1.54)	4.91	4.80	0.1518
Number of ER visits (baseline year)	Mean (SD)	4,289	3.33 (5.44)	3.22 (5.20)	3.48 (5.77)	4.81	4.76	0.1220	3.50 (5.43)	3.52 (5.18)	3.48 (5.77)	0.72	0.71	0.8340
Number of ACSC admissions (baseline year)	Mean (SD)	4,289	0.20 (0.72)	0.21 (0.75)	0.20 (0.66)	0.84	0.85	0.7871	0.20 (0.56)	0.19 (0.47)	0.20 (0.66)	2.09	2.03	0.5414
Number of readmissions (baseline year)	Mean (SD)	4,289	0.21 (0.72)	0.21 (0.70)	0.22 (0.74)	1.82	1.81	0.5577	0.21 (0.63)	0.20 (0.54)	0.22 (0.74)	3.01	2.92	0.3804
In diabetes denominator (baseline year)	Yes	1,249	29.12	28.54	29.96	1.42	3.11	0.3156	30.40	30.87	29.96	0.91	1.97	0.5654
In diabetes denominator (baseline year)	No	3,040	70.88	71.46	70.04	1.42	3.11	NA	69.60	69.13	70.04	0.91	1.97	NA
HbA1c test (baseline year)	Yes	1,015	23.67	23.27	24.24	0.97	2.29	0.4605	24.88	25.55	24.24	1.31	3.02	0.3779
HbA1c test (baseline year)	No	3,274	76.33	76.73	75.76	0.97	2.29	NA	75.12	74.45	75.76	1.31	3.02	NA
Nephropathy test (baseline year)	Yes	792	18.47	17.24	20.24	3.00	7.68	0.0130	20.60	20.98	20.24	0.74	1.82	0.5957
Nephropathy test (baseline year)	No	3,497	81.53	82.76	79.76	3.00	7.68	NA	79.40	79.02	79.76	0.74	1.82	NA
Eye exam (baseline year)	Yes	469	10.93	10.59	11.44	0.84	2.70	0.3838	11.32	11.21	11.44	0.23	0.73	0.8323
Eye exam (baseline year)	No	3,820	89.07	89.41	88.56	0.84	2.70	NA	88.68	88.79	88.56	0.23	0.73	NA
LDL test—diabetes (baseline year)	Yes	927	21.61	20.75	22.87	2.12	5.14	0.0970	23.53	24.22	22.87	1.35	3.17	0.3544
LDL test—diabetes (baseline year)	No	3,362	78.39	79.25	77.13	2.12	5.14	NA	76.47	75.78	77.13	1.35	3.17	NA
In IVD denominator (baseline year)	Yes	1,091	25.44	25.98	24.64	1.34	3.09	0.3215	25.38	26.15	24.64	1.51	3.46	0.3122
In IVD denominator (baseline year)	No	3,198	74.56	74.02	75.36	1.34	3.09	NA	74.62	73.85	75.36	1.51	3.46	NA

					Unweight	ed ¹				Prop	censity Score V	Veighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standa Differe	ndized Ince ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
LDL test—IVD (baseline year)	Yes	777	18.12	17.72	18.70	0.98	2.54	0.4129	19.27	19.88	18.70	1.18	2.99	0.3827
LDL test—IVD (baseline year)	No	3,512	81.88	82.28	81.30	0.98	2.54	NA	80.73	80.12	81.30	1.18	2.99	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	4,137	96.46	97.36	95.14	2.22	11.72	0.0001	94.64	94.11	95.14	1.03	4.58	0.1810
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	152	3.54	2.64	4.86	2.22	11.72	NA	5.36	5.89	4.86	1.03	4.58	NA
Number of beneficiaries per site (2010)	Mean (SD)	4,289	501.88 (433.30)	586.56 (502.51)	378.90 (261.24)	47.92	51.85	0.0000	369.95 (250.49)	360.51 (242.63)	378.90 (261.24)	7.34	7.29	0.0321
Total revenue per site (in millions)	Mean (SD)	4,289	2.39 (1.81)	2.52 (1.98)	2.20 (1.50)	17.78	18.28	0.0000	2.21 (1.39)	2.21 (1.31)	2.20 (1.50)	0.26	0.25	0.9404
Years FQHC has been operating	Mean (SD)	4,289	17.96 (13.48)	19.24 (13.53)	16.09 (13.18)	23.42	23.63	0.0000	16.38 (11.87)	16.69 (10.87)	16.09 (13.18)	5.08	4.99	0.1384
Number of primary care physicians per site	Mean (SD)	4,289	6.53 (6.46)	7.32 (7.06)	5.38 (5.27)	30.03	31.15	0.0000	5.50 (4.45)	5.63 (3.77)	5.38 (5.27)	5.70	5.53	0.0963
Number of specialists per site	Mean (SD)	4,289	1.08 (2.69)	1.28 (3.08)	0.79 (1.95)	17.99	18.76	0.0000	0.86 (1.75)	0.93 (1.60)	0.79 (1.95)	7.65	7.51	0.0256
Ambulatory Quality Accreditation	No	3,083	71.88	73.82	69.07	4.75	10.53	0.0007	69.74	70.45	69.07	1.38	3.01	0.3795
Ambulatory Quality Accreditation	Yes	1,206	28.12	26.18	30.93	4.75	10.53	NA	30.26	29.55	30.93	1.38	3.01	NA
HRSA PCMH Initiative participant	No	2,357	54.95	57.80	50.83	6.97	14.02	0.0000	50.37	49.89	50.83	0.94	1.87	0.5848
HRSA PCMH Initiative participant	Yes	1,932	45.05	42.20	49.17	6.97	14.02	NA	49.63	50.11	49.17	0.94	1.87	NA
Participation in other CMS sharing savings demonstration	No	3,377	78.74	85.94	68.27	17.68	43.04	0.0000	71.86	75.65	68.27	7.38	16.49	0.0000
Participation in other CMS sharing savings demonstration	Yes	912	21.26	14.06	31.73	17.68	43.04	NA	28.14	24.35	31.73	7.38	16.49	NA
Number of service delivery sites	Mean (SD)	4,289	8.83 (8.57)	7.72 (6.67)	10.45 (10.55)	31.83	30.92	0.0000	10.52 (9.61)	10.59 (8.91)	10.45 (10.55)	1.48	1.46	0.6662
HCCN Grantee	No	1,986	46.30	42.24	52.20	9.96	20.05	0.0000	51.36	50.48	52.20	1.72	3.44	0.3158
HCCN Grantee	Yes	2,303	53.70	57.76	47.80	9.96	20.05	NA	48.64	49.52	47.80	1.72	3.44	NA
PCMH Funding FY 11	No	3,267	76.17	73.82	79.59	5.77	13.68	0.0000	82.41	85.38	79.59	5.79	15.28	0.0000
PCMH Funding FY 11	Yes	1,022	23.83	26.18	20.41	5.77	13.68	NA	17.59	14.62	20.41	5.79	15.28	NA
ACA grant	No	2,011	46.89	38.86	58.55	19.69	40.18	0.0000	57.12	55.61	58.55	2.94	5.93	0.0834

			Unweighted ¹								Propensity Score Weighted ⁵						
Variable	Level	Total Sample N	Proj	portion or Mear	n (SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Prop	ortion or Mean	I (SD)	Standa Differe	rdized ence ²	p-value ⁴			
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³				
(ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)																	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	2,278	53.11	61.14	41.45	19.69	40.18	NA	42.88	44.39	41.45	2.94	5.93	NA			
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	3,005	70.06	66.97	74.56	7.59	16.74	0.0000	74.05	73.53	74.56	1.03	2.35	0.7237			
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	486	11.33	13.11	8.75	4.36	14.02	NA	9.09	9.46	8.75	0.71	2.47	NA			
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	798	18.61	19.92	16.70	3.23	8.35	NA	16.85	17.02	16.70	0.32	0.86	NA			
PCA Region	Central	1,048	24.43	25.28	23.21	2.06	4.81	0.0000	24.26	25.37	23.21	2.16	5.03	0.0045			
PCA Region	Mid-Atlantic	462	10.77	12.95	7.60	5.35	17.68	NA	6.84	6.03	7.60	1.58	6.27	NA			
PCA Region	Northeast	464	10.82	10.71	10.98	0.27	0.87	NA	12.47	14.05	10.98	3.07	9.30	NA			
PCA Region	Southeast	875	20.40	15.79	27.10	11.31	27.83	NA	25.24	23.28	27.10	3.82	8.80	NA			
PCA Region	West	609	14.20	14.49	13.78	0.71	2.04	NA	13.38	12.96	13.78	0.82	2.42	NA			
PCA Region	West-Central	831	19.38	20.79	17.32	3.46	8.83		17.81	18.31	17.32	0.99	2.58	NA			
Percent household poverty in census tract	Mean (SD)	4,289	22.63 (12.18)	23.44 (13.00)	21.47 (10.78)	16.17	16.49	0.0000	21.00 (9.70)	20.50 (8.87)	21.47 (10.78)	9.95	9.78	0.0037			

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.29. Summary of Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Diabetes Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates v E	vith Statistically S Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	46.81	4.48	15.31	9.90	47.37	93.75	68.57
Propensity Score Weighted	6.38	1.73	4.07	2.90	5.26	31.25	17.14

Exhibit F.30. Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Diabetes Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighted			Prop	censity Score V	leighted⁵				
Variable	Level	Total Sample N	Pro	Proportion or Mean (SD)		Standardized Difference ^{2,3}		p-value ⁴	Proportion or Mean (SD)			Standa Differe	rdized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³	
Age (4 categories)	<65	4,668	86.94	87.78	85.63	2.15	6.34	0.0226	85.48	85.33	85.63	0.30	0.85	0.7854
Age (4 categories)	65-74	701	13.06	12.22	14.38	2.15	6.34	NA	14.52	14.67	14.38	0.30	0.85	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	3,244	60.42	59.08	62.55	3.47	7.12	0.0002	61.90	61.25	62.55	1.30	2.68	0.2035
Race/ethnicity	Black	1,118	20.82	21.89	19.13	2.76	6.83	NA	19.21	19.29	19.13	0.16	0.40	NA
Race/ethnicity	Asian	177	3.30	2.74	4.18	1.45	7.92	NA	4.89	5.61	4.18	1.43	6.61	NA
Race/ethnicity	Hispanic	592	11.03	11.95	9.57	2.38	7.69	NA	9.16	8.76	9.57	0.81	2.80	NA
Race/ethnicity	Other /Unknown	238	4.43	4.35	4.57	0.22	1.06	NA	4.83	5.09	4.57	0.52	2.44	NA
Gender	Female	2,975	55.41	55.15	55.82	0.66	1.34	0.6336	55.42	55.01	55.82	0.80	1.62	0.6023
Gender	Male	2,394	44.59	44.85	44.18	0.66	1.34	NA	44.58	44.99	44.18	0.80	1.62	NA
Dual eligible	Yes	2,435	45.35	45.52	45.10	0.42	0.84	0.7637	45.76	46.43	45.10	1.34	2.68	0.3876
Dual eligible	No	2,934	54.65	54.48	54.90	0.42	0.84	NA	54.24	53.57	54.90	1.34	2.68	NA
Disabled	Yes	3,086	57.48	57.83	56.92	0.91	1.83	0.5130	56.94	56.95	56.92	0.03	0.05	0.9867

					Unweighted	d ¹			Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Pro	portion or Mean	(SD)	Stand Diffe	lardized rence ^{2,3}	p-value ⁴	Proportion or Mean (SD)		Standardized Difference ²		p-value4			
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³			
Disabled	No	2,283	42.52	42.17	43.08	0.91	1.83	NA	43.06	43.05	43.08	0.03	0.05	NA		
Institutionalized	Yes	117	2.18	1.70	2.93	1.23	8.18	0.0026	3.10	3.27	2.93	0.34	1.96	0.5267		
Institutionalized	No	5,252	97.82	98.30	97.07	1.23	8.18	NA	96.90	96.73	97.07	0.34	1.96	NA		
Comorbidity index	Mean (SD)	5,369	1.38 (1.09)	1.34 (1.06)	1.43 (1.13)	7.48	7.43	0.0075	1.44 (1.02)	1.45 (0.95)	1.43 (1.13)	2.63	2.58	0.3962		
Total payments (baseline year)	Mean (SD)	5,369	9,573.57 (18,915.51)	8,948.87 (17,467.68)	10,561.37 (20,968.66)	8.52	8.36	0.0023	10,801.30 (18,348.67)	11,041.98 (16,479.36)	10,561.37 (20,968.66)	2.62	2.55	0.3987		
Number of inpatient admissions (baseline year)	Mean (SD)	5,369	0.35 (0.91)	0.33 (0.89)	0.38 (0.94)	5.64	5.60	0.0442	0.38 (0.83)	0.38 (0.75)	0.38 (0.94)	0.06	0.05	0.9856		
Number of ER visits (baseline year)	Mean (SD)	5,369	1.41 (3.32)	1.33 (3.08)	1.55 (3.66)	6.62	6.49	0.0182	1.56 (3.36)	1.57 (3.16)	1.55 (3.66)	0.78	0.76	0.8027		
Number of ACSC admissions (baseline year)	Mean (SD)	5,369	0.07 (0.41)	0.07 (0.39)	0.08 (0.43)	1.87	1.85	0.5050	0.07 (0.36)	0.07 (0.30)	0.08 (0.43)	1.70	1.63	0.5839		
Number of readmissions (baseline year)	Mean (SD)	5,369	0.05 (0.36)	0.05 (0.37)	0.06 (0.35)	3.50	3.51	0.2118	0.06 (0.33)	0.06 (0.32)	0.06 (0.35)	0.92	0.91	0.7674		
In diabetes denominator (baseline year)	Yes	5,369	100.00	100.00	100.00	0.00	NA	NA	100.00	100.00	100.00	0.00	NA	NA		
In diabetes denominator (baseline year)	No	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
HbA1c test (baseline year)	Yes	4,626	86.16	86.29	85.96	0.33	0.94	0.7360	86.19	86.42	85.96	0.46	1.33	0.6692		
HbA1c test (baseline year)	No	743	13.84	13.71	14.04	0.33	0.94	NA	13.81	13.58	14.04	0.46	1.33	NA		
Nephropathy test (baseline year)	Yes	3,112	57.96	56.61	60.1	3.48	7.07	0.0118	60.56	61.02	60.1	0.93	1.90	0.5409		
Nephropathy test (baseline year)	No	2,257	42.04	43.39	39.90	3.48	7.07	NA	39.44	38.98	39.90	0.93	1.90	NA		
Eye exam (baseline year)	Yes	2,063	38.42	39.19	37.21	1.98	4.08	0.1463	36.75	36.29	37.21	0.92	1.92	0.5366		
Eye exam (baseline year)	No	3,306	61.58	60.81	62.79	1.98	4.08	NA	63.25	63.71	62.79	0.92	1.92	NA		
LDL test—diabetes (baseline year)	Yes	4,220	78.6	78.53	78.7	0.17	0.41	0.8842	79	79.29	78.7	0.59	1.45	0.6397		
LDL test—diabetes (baseline year)	No	1,149	21.40	21.47	21.30	0.17	0.41	NA	21.00	20.71	21.30	0.59	1.45	NA		
In IVD denominator (baseline year)	Yes	1,286	23.95	24.23	23.51	0.72	1.70	0.5456	23.27	23.02	23.51	0.49	1.15	0.7114		
					Unweightee	d ¹				Proj	pensity Score V	Veighted⁵				
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Variable	Level	Total Sample N	Pro	portion or Mean	I (SD)	Stand Differ	ardized ence ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴		
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³			
In IVD denominator (baseline year)	No	4,083	76.05	75.77	76.49	0.72	1.70	NA	76.73	76.98	76.49	0.49	1.15	NA		
LDL test—IVD (baseline year)	Yes	1,019	18.98	19	18.94	0.06	0.15	0.9561	18.82	18.7	18.94	0.25	0.63	0.8392		
LDL test—IVD (baseline year)	No	4,350	81.02	81.00	81.06	0.06	0.15	NA	81.18	81.30	81.06	0.25	0.63	NA		
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	5,150	95.92	97.05	94.13	2.92	14.24	0.0000	93.62	93.11	94.13	1.02	4.18	0.1781		
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	219	4.08	2.95	5.87	2.92	14.24	NA	6.38	6.89	5.87	1.02	4.18	NA		
Number of beneficiaries per site (2010)	Mean (SD)	5,369	497.62 (433.15)	557.51 (463.63)	402.92 (360.32)	35.69	37.23	0.0000	389.92 (317.77)	376.88 (287.32)	402.92 (360.32)	8.19	7.99	0.0083		
Total revenue per site (in millions)	Mean (SD)	5,369	2.44 (1.93)	2.53 (2.07)	2.28 (1.68)	12.88	13.19	0.0000	2.30 (1.49)	2.32 (1.35)	2.28 (1.68)	2.58	2.52	0.4050		
Years FQHC has been operating	Mean (SD)	5,369	19.16 (13.65)	19.58 (13.82)	18.50 (13.37)	7.93	7.96	0.0047	18.23 (11.98)	17.96 (11.01)	18.50 (13.37)	4.52	4.42	0.1451		
Number of primary care physicians per site	Mean (SD)	5,369	6.99 (6.42)	7.57 (7.02)	6.08 (5.22)	23.14	24.03	0.0000	5.92 (4.32)	5.77 (3.63)	6.08 (5.22)	7.26	6.97	0.0194		
Number of specialists per site	Mean (SD)	5,369	1.08 (2.43)	1.13 (2.43)	1.00 (2.41)	5.49	5.50	0.0500	1.00 (1.96)	1.00 (1.60)	1.00 (2.41)	0.12	0.12	0.9687		
Ambulatory Quality Accreditation	No	3,604	67.13	68.62	64.76	3.86	8.20	0.0033	67.04	69.33	64.76	4.57	9.74	0.0017		
Ambulatory Quality Accreditation	Yes	1,765	32.87	31.38	35.24	3.86	8.20	NA	32.96	30.67	35.24	4.57	9.74	NA		
HRSA PCMH Initiative participant	No	2,818	52.49	58.32	43.27	15.05	30.44	0.0000	43.94	44.62	43.27	1.35	2.72	0.3816		
HRSA PCMH Initiative participant	Yes	2,551	47.51	41.68	56.73	15.05	30.44	NA	56.06	55.38	56.73	1.35	2.72	NA		
Participation in other CMS sharing savings demonstration	No	4,419	82.31	85.47	77.31	8.16	21.08	0.0000	78.05	78.79	77.31	1.48	3.58	0.2483		
Participation in other CMS sharing savings demonstration	Yes	950	17.69	14.53	22.69	8.16	21.08	NA	21.95	21.21	22.69	1.48	3.58	NA		
Number of service delivery sites	Mean (SD)	5,369	9.50 (8.25)	8.16 (6.21)	11.62 (10.37)	41.91	40.47	0.0000	10.82 (8.24)	10.01 (6.49)	11.62 (10.37)	19.51	18.59	0.0000		
HCCN Grantee	No	2,368	44.11	43.33	45.34	2.01	4.05	0.1484	46.65	47.97	45.34	2.63	5.28	0.0889		
HCCN Grantee	Yes	3,001	55.89	56.67	54.66	2.01	4.05	NA	53.35	52.03	54.66	2.63	5.28	NA		

					Unweighted	d ¹				Prop	ensity Score W	leighted ⁵		
Variable	Level	Total Sample N	Pro	oportion or Mean	(SD)	Stand Differ	ardized rence ^{2,3}	p-value4	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
PCMH Funding FY 11	No	4,296	80.01	73.06	91.01	17.95	48.09	0.0000	90.94	90.87	91.01	0.14	0.48	0.8767
PCMH Funding FY 11	Yes	1,073	19.99	26.94	8.99	17.95	48.09	NA	9.06	9.13	8.99	0.14	0.48	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	2,472	46.04	40.38	55	14.62	29.60	0.0000	54.99	54.97	55	0.03	0.05	0.9863
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	2,897	53.96	59.62	45.00	14.62	29.60	NA	45.01	45.03	45.00	0.03	0.05	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	3,891	72.47	71.27	74.38	3.11	6.99	0.0431	74.18	73.98	74.38	0.40	0.91	0.9520
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	532	9.91	10.25	9.38	0.87	2.93	NA	9.41	9.44	9.38	0.06	0.21	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	946	17.62	18.49	16.25	2.24	5.90	NA	16.42	16.59	16.25	0.34	0.91	NA
PCA Region	Central	1,291	24.05	22.01	27.26	5.25	12.20	0.0000	27.42	27.58	27.26	0.32	0.72	0.1728
PCA Region	Mid-Atlantic	615	11.45	13.99	7.45	6.53	21.24	NA	6.61	5.77	7.45	1.68	6.76	NA
PCA Region	Northeast	568	10.58	10.40	10.87	0.47	1.52	NA	11.41	11.95	10.87	1.09	3.43	NA
PCA Region	Southeast	864	16.09	15.66	16.78	1.12	3.04	NA	17.57	18.37	16.78	1.59	4.19	NA
PCA Region	West	933	17.38	17.42	17.31	0.11	0.30	NA	17.20	17.08	17.31	0.23	0.60	NA
PCA Region	West-Central	1,098	20.45	20.52	20.34	0.19	0.46	NA	19.79	19.24	20.34	1.10	2.76	NA
Percent household poverty in census tract	Mean (SD)	5,369	23.22 (12.65)	23.87 (13.09)	22.19 (11.86)	13.27	13.45	0.0000	21.85 (10.26)	21.50 (9.10)	22.19 (11.86)	6.77	6.57	0.0292

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.31. Summary of Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized D	ifference (%)	% of Covariates	with Statistically Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	61.70	5.82	18.30	12.06	42.11	93.75	65.71
Propensity Score Weighted	14.89	2.24	4.48	3.36	5.26	25.00	14.29

Exhibit F.32. Demonstration vs. Comparison FQHC Balance Table for Beneficiaries with Two+ Visits to First Attribution Site, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Unweighted ¹						Pro	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Stand Diffe	lardized rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	2,270	81.60	82.55	79.96	2.59	6.65	0.0885	80.58	81.18	79.96	1.22	3.07	0.4833
Age (4 categories)	65-74	512	18.40	17.45	20.04	2.59	6.65	NA	19.42	18.82	20.04	1.22	3.07	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	1,991	71.57	71.44	71.79	0.35	0.78	0.4835	71.49	71.19	71.79	0.60	1.33	0.8094
Race/ethnicity	Black	478	17.18	16.70	18.00	1.29	3.41	NA	18.12	18.24	18.00	0.24	0.63	NA
Race/ethnicity	Asian	50	1.80	1.71	1.95	0.24	1.76	NA	2.08	2.21	1.95	0.27	1.89	NA
Race/ethnicity	Hispanic	160	5.75	6.27	4.86	1.41	6.14	NA	4.52	4.18	4.86	0.69	3.31	NA
Race/ethnicity	Other/ Unknown	103	3.70	3.88	3.40	0.47	2.52	NA	3.80	4.18	3.40	0.78	4.06	NA
Gender	Female	1,247	44.82	44.18	45.91	1.73	3.48	0.3759	46.13	46.34	45.91	0.43	0.86	0.8452
Gender	Male	1,535	55.18	55.82	54.09	1.73	3.48	NA	53.87	53.66	54.09	0.43	0.86	NA
Dual eligible	Yes	1,236	44.43	42.93	46.98	4.05	8.16	0.0378	47.04	47.10	46.98	0.11	0.23	0.9590
Dual eligible	No	1,546	55.57	57.07	53.02	4.05	8.16	NA	52.96	52.90	53.02	0.11	0.23	NA
Disabled	Yes	1,639	58.91	58.72	59.24	0.52	1.05	0.7885	59.56	59.86	59.24	0.62	1.27	0.7725
Disabled	No	1,143	41.09	41.28	40.76	0.52	1.05	NA	40.44	40.14	40.76	0.62	1.27	NA
Institutionalized	Yes	107	3.85	2.91	5.45	2.54	12.72	0.0008	4.95	4.47	5.45	0.98	4.50	0.3042
Institutionalized	No	2,675	96.15	97.09	94.55	2.54	12.72	NA	95.05	95.53	94.55	0.98	4.50	NA
Comorbidity index	Mean (SD)	2,782	1.73 (1.30)	1.67 (1.27)	1.85 (1.34)	13.81	13.74	0.0004	1.87 (1.17)	1.89 (1.06)	1.85 (1.34)	3.93	3.81	0.3693

					Unweight	ted ¹				Pro	pensity Score V	Veighted ⁵		
		Total				Stand	lardized					Standa	rdized	_
Variable	Level	Sample N	Pro	portion or Mean	(SD)	Differ	rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Differe	ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Total payments	Mean	2,782	15,890.51	14,660.92	17,988.46	13.15	12.94	0.0008	18,368.34	18,737.99	17,988.46	3.18	3.08	0.4674
Number of innatient	(SD) Mean	2 782	0.60	0.57	0.67	9.25	9 16	0.0186	0.68	(20,909.00)	0.67	2.40	2 32	0 5844
admissions (baseline year)	(SD)	2,102	(1.11)	(1.08)	(1.16)	0.20	0.10	0.0100	(1.01)	(0.90)	(1.16)	2.10	2.02	0.0011
Number of ER visits	Mean	2,782	1.92	1.79	2.14	7.80	7.62	0.0470	2.27	2.39	2.14	4.94	4.98	0.2597
(baseline year)	(SD)		(4.49)	(4.17)	(5.00)				(5.19)	(5.30)	(5.00)			
Number of ACSC admissions (baseline year)	Mean (SD)	2,782	0.10 (0.43)	0.10 (0.43)	0.11 (0.43)	1.09	1.09	0.7815	0.10 (0.38)	0.10 (0.35)	0.11 (0.43)	1.10	1.06	0.8026
Number of	Mean	2,782	0.09	0.08	0.10	3.53	3.52	0.3689	0.10	0.10	0.10	0.07	0.07	0.9874
readmissions (baseline year)	(SD)		(0.43)	(0.43)	(0.43)				(0.38)	(0.35)	(0.43)			
In diabetes denominator (baseline year)	Yes	1,286	46.23	45.44	47.57	2.13	4.27	0.2770	46.52	45.51	47.57	2.06	4.13	0.3463
In diabetes denominator (baseline year)	No	1,496	53.77	54.56	52.43	2.13	4.27	NA	53.48	54.49	52.43	2.06	4.13	NA
HbA1c test (baseline year)	Yes	1,083	38.93	38.20	40.18	1.98	4.05	0.3020	39.82	39.47	40.18	0.71	1.45	0.7414
HbA1c test (baseline vear)	No	1,699	61.07	61.80	59.82	1.98	4.05	NA	60.18	60.53	59.82	0.71	1.45	NA
Nephropathy test (baseline year)	Yes	796	28.61	27.42	30.64	3.22	7.10	0.0698	30.41	30.19	30.64	0.45	0.99	0.8215
Nephropathy test (baseline year)	No	1,986	71.39	72.58	69.36	3.22	7.10	NA	69.59	69.81	69.36	0.45	0.99	NA
Eye exam (baseline year)	Yes	517	18.58	18.36	18.97	0.61	1.57	0.6893	18.58	18.21	18.97	0.76	1.96	0.6545
Eye exam (baseline year)	No	2,265	81.42	81.64	81.03	0.61	1.57	NA	81.42	81.79	81.03	0.76	1.96	NA
LDL test—diabetes (baseline year)	Yes	1,029	36.99	36.03	38.62	2.59	5.35	0.1725	37.79	36.98	38.62	1.64	3.38	0.4404
LDL test—diabetes (baseline year)	No	1,753	63.01	63.97	61.38	2.59	5.35	NA	62.21	63.02	61.38	1.64	3.38	NA
In IVD denominator (baseline year)	Yes	2,782	100.00	100.00	100.00	0.00	NA	NA	100.00	100.00	100.00	0.00	NA	NA
In IVD denominator (baseline year)	No	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LDL test—IVD (baseline year)	Yes	2,069	74.37	72.75	77.14	4.39	10.15	0.0104	77.18	77.23	77.14	0.09	0.21	0.9617
LDL test—IVD (baseline year)	No	713	25.63	27.25	22.86	4.39	10.15	NA	22.82	22.77	22.86	0.09	0.21	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	2,669	95.94	97.15	93.87	3.28	15.88	0.0000	93.83	93.79	93.87	0.08	0.34	0.9387
Level 3 NCQA PCMH recognition at baseline (2008 standards)	Yes	113	4.06	2.85	6.13	3.28	15.88	NA	6.17	6.21	6.13	0.08	0.34	NA
Number of beneficiaries per site	Mean (SD)	2,782	500.51 (442.79)	581.19 (495.04)	362.85 (287.28)	49.31	53.95	0.0000	346.73 (255.06)	331.05 (233.57)	362.85 (287.28)	12.47	12.14	0.0044

					Unweigh	nted ¹			Pro	pensity Score V	Veighted ⁵			
		Total	_		(07)	Stand	lardized	. 4	_		(07)	Standa	rdized	. 4
Variable	Level	Sample N	Pro	portion or Mean	(SD)	Diffe	rence	p-value ⁺	Prop Domo %	ortion or Mean	n (SD)	Differe	ence	p-value ⁻
			Comp	FOHC	FOHC		CMS ³		Comp	FOHC	Demo		CMS ³	
(2010)			comp			Toute			Comp		Donno	IUUD	onio	
Total revenue per site	Mean	2 782	2 31	2 37	2 21	8.60	8 72	0.0285	2 20	2 18	2 21	2.05	1 98	0 6404
(in millions)	(SD)	2,102	(1.83)	(1.89)	(1.72)	0.00	0.72	0.0200	(1.48)	(1.32)	(1.72)	2.00	1.00	0.0101
Years FQHC has been	Mean	2,782	18.84	19.68	17.41	16.87	17.03	0.0000	17.20	17.01	17.41	3.47	3.38	0.4283
operating	(SD)	0 700	(13.45)	(13.63)	(13.01)	00.04	00.00	0.0000	(11.52)	(10.55)	(13.01)	F 40	F 00	0.0110
Number of primary	Ivlean	2,782	0.00	7.06	5.08	22.04	22.83	0.0000	5.50	5.45	5.08	5.48	5.20	0.2113
site	(50)		(0.23)	(0.09)	(5.20)				(4.20)	(3.55)	(5.20)			
Number of specialists	Mean	2,782	1.04	1.19	0.80	14.51	15.32	0.0002	0.81	0.81	0.80	1.11	1.07	0.8002
per site	(SD)		(2.69)	(3.03)	(1.94)				(1.64)	(1.44)	(1.94)			
Ambulatory Quality	No	1,942	69.81	72.23	65.66	6.57	14.24	0.0003	68.57	71.4	65.66	5.74	12.37	0.0048
Accreditation Ambulatory Quality	Yes	840	30.19	27 77	34.34	6.57	14 24	NΔ	31 43	28.60	34.34	5 74	12 37	NΔ
Accreditation	100	010	00.10	21.11	01.01	0.01			01.10	20.00	01.01	0.14	12.07	
HRSA PCMH Initiative	No	1,485	53.38	59.41	43.09	16.31	33.08	0.0000	43.42	43.74	43.09	0.64	1.29	0.7676
HRSA PCMH Initiative	Vec	1 207	46.62	40.59	56.01	16 31	33.08	NA	56 58	56.26	56.01	0.64	1 20	ΝΔ
participant	163	1,201	40.02	40.05	50.51	10.51	55.00		50.50	50.20	50.51	0.04	1.23	11/5
Participation in other	No	2,290	82.31	85.80	76.36	9.44	24.29	0.0000	76.89	77.41	76.36	1.05	2.49	0.5692
CMS sharing savings														
demonstration			1= 00									1.05	A	
Participation in other	Yes	492	17.69	14.20	23.64	9.44	24.29	NA	23.11	22.59	23.64	1.05	2.49	NA
demonstration														
Number of service	Mean	2.782	9.18	7.94	11.31	40.62	38.98	0.0000	10.92	10.55	11.31	8.66	8.33	0.0481
delivery sites	(SD)	, -	(8.28)	(6.48)	(10.34)				(8.76)	(7.68)	(10.34)			
HCCN Grantee	No	1,247	44.82	43.56	46.98	3.43	6.89	0.0794	48.7	50.36	46.98	3.38	6.76	0.1230
HCCN Grantee	Yes	1,535	55.18	56.44	53.02	3.43	6.89	NA	51.30	49.64	53.02	3.38	6.76	NA
PCMH Funding FY 11	No	2,227	80.05	74.29	89.88	15.60	41.54	0.0000	90.04	90.19	89.88	0.31	1.03	0.8144
PCMH Funding FY 11	Yes	555	19.95	25.71	10.12	15.60	41.54	NA	9.96	9.81	10.12	0.31	1.03	NA
ACA grant	No	1,261	45.33	40.02	54.38	14.35	29.06	0.0000	55.21	56.02	54.38	1.64	3.31	0.4505
(ACA Building														
Capacity Grantee;														
ACA New Access														
Immediate Facility														
Improve Grantee)														
ACA grant	Yes	1,521	54.67	59.98	45.62	14.35	29.06	NA	44.79	43.98	45.62	1.64	3.31	NA
(ACA Building														
Capacity Grantee;														
ACA New Access														
Point Grantee; ACA														
Immediate Facility														
Rural-Urban	Metropolitan	1,922	69.09	66.82	72 96	6.14	13.41	0.0001	73 29	73.61	72.96	0.65	1 47	0 9244
Continuum Code	area	1,022	00.00	00.02	, 2.00	0.14	10.71	0.0001	, 0.20	, 0.01	12.00	0.00	1.77	0.0277
(trichotomized)														
Rural-Urban	Nonmetro	316	11.36	13.23	8.17	5.06	16.41	NA	8.18	8.19	8.17	0.02	0.08	NA
Continuum Code	/rural area													

					Unweight	ted ¹				Pro	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Stand Diffe	lardized rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
(trichotomized)														
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	544	19.55	19.95	18.87	1.08	2.74	NA	18.53	18.20	18.87	0.67	1.73	NA
PCA Region	Central	733	26.35	24.91	28.79	3.88	8.76	0.0001	28.56	28.34	28.79	0.46	1.01	0.1018
PCA Region	Mid-Atlantic	325	11.68	13.45	8.66	4.80	15.34	NA	7.34	6.05	8.66	2.61	10.00	NA
PCA Region	Northeast	301	10.82	10.21	11.87	1.66	5.31	NA	12.78	13.67	11.87	1.80	5.41	NA
PCA Region	Southeast	519	18.66	17.39	20.82	3.43	8.73	NA	22.06	23.27	20.82	2.45	5.91	NA
PCA Region	West	415	14.92	15.11	14.59	0.52	1.45	NA	14.97	15.35	14.59	0.76	2.12	NA
PCA Region	West-Central	489	17.58	18.93	15.27	3.66	9.72	NA	14.29	13.33	15.27	1.94	5.56	NA
Percent household	Mean	2,782	22.36	23.13	21.06	17.02	17.28	0.0000	20.55	20.05	21.06	10.45	10.08	0.0171
poverty in census tract	(SD)		(12.13)	(12.49)	(11.38)				(9.74)	(8.62)	(11.38)			

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Key Policy Question Three

Exhibits F.33 to F.40 show the balance assessments from our analysis for all beneficiaries in sites with NCQA Level 3 recognition by Year Three using the claims-based baseline attribution cohort. Exhibits F.33 and F.34 show the cost and utilization measure propensity scores and weights. Exhibits F.35 and F.36 show the readmission measure propensity scores and weights. Exhibits F.37 and F.38 show the diabetes process measure propensity scores and weights. Exhibits F.39 and F.40 show the ischemic vascular disease process measure propensity scores and weights. Exhibits F.41–F.48 show the balance assessments from our analysis using the claims-based quarter 16 attribution cohort. Exhibits F.41 and F.42 show the cost and utilization measure propensity scores and weights. Exhibits F.43 and F.44 show the readmission measure propensity scores and weights. Exhibits F.45 and F.46 show the diabetes process measure process me

Exhibits F.49 to F.56 show the balance assessments from our analysis for beneficiaries with two or more vists to the attribution site using the claims-based baseline attribution cohort. Exhibits F.49 and F.50 show the cost and utilization measure propensity scores and weights. Exhibits F.51 and F.52 show the readmission measure propensity scores and weights. Exhibits F.53 and F.54 show the diabetes process measure propensity scores and weights. Exhibits F.55 and F.56 show the ischemic vascular disease process measure propensity scores and weights. Exhibits F.57–F.64 show the balance assessments from our analysis for beneficiaries with two or more vists to the attribution site using the claims-based quarter 16 attribution cohort. Exhibits F.57 and F.58 show the cost and utilization measure propensity scores and weights. Exhibits F.59 and F.60 show the readmission measure propensity scores and weights. Exhibits F.59 and F.60 show the readmission measure propensity scores and weights. Exhibits F.59 and F.60 show the readmission measure propensity scores and weights. Exhibits F.59 and F.60 show the readmission measure propensity scores and weights. Exhibits F.61 and F.62 show the diabetes process measure propensity scores and weights.

Exhibit F.33. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summary	/ (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized [Difference (%)	% of Covariates v E	vith Statistically \$ Differences	Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	45.83	2.77	21.25	11.24	73.68	100.00	85.29
Propensity Score Weighted	10.42	0.56	3.40	1.86	21.05	73.33	44.12

Exhibit F.34. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweig	hted ¹				Pro	pensity Score	Weighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Diffe	lardized rence ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	190,960	44.60	44.13	45.46	1.33	2.68	0.0000	45.74	46.02	45.46	0.55	1.11	0.0000
Age (4 categories)	65-74	147,616	34.48	34.98	33.56	1.42	2.98	NA	33.64	33.72	33.56	0.16	0.34	NA
Age (4 categories)	75-84	67,782	15.83	15.87	15.77	0.10	0.28	NA	15.54	15.32	15.77	0.45	1.23	NA
Age (4 categories)	85+	21,788	5.09	5.02	5.21	0.19	0.84	NA	5.08	4.94	5.21	0.27	1.21	NA
Race/ethnicity	White	297,364	69.45	68.64	70.94	2.30	5.01	0.0000	70.84	70.74	70.94	0.20	0.45	0.2236
Race/ethnicity	Black	76,972	17.98	19.80	14.62	5.18	13.76	NA	14.58	14.54	14.62	0.08	0.22	NA
Race/ethnicity	Asian	12,294	2.87	2.19	4.12	1.93	11.06	NA	4.19	4.25	4.12	0.13	0.66	NA
Race/ethnicity	Hispanic	29,503	6.89	6.67	7.30	0.63	2.47	NA	7.36	7.43	7.30	0.13	0.49	NA
Race/ethnicity	Other /Unknown	12,013	2.81	2.69	3.01	0.32	1.94	NA	3.03	3.04	3.01	0.02	0.13	NA
Gender	Female	239,077	55.84	56.13	55.30	0.83	1.68	0.0000	55.12	54.94	55.30	0.35	0.71	0.0506
Gender	Male	189,069	44.16	43.87	44.70	0.83	1.68	NA	44.88	45.06	44.70	0.35	0.71	NA
Dual eligible	Yes	206,740	48.29	47.35	50.01	2.65	5.31	0.0000	50.10	50.20	50.01	0.19	0.39	0.2902
Dual eligible	No	221,406	51.71	52.65	49.99	2.65	5.31	NA	49.90	49.80	49.99	0.19	0.39	NA

					Unweig	hted ¹				Pro	pensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Differ	ardized rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	Yes	220,822	51.58	51.19	52.29	1.10	2.20	0.0000	52.54	52.80	52.29	0.51	1.03	0.0048
Disabled	No	207,324	48.42	48.81	47.71	1.10	2.20	NA	47.46	47.20	47.71	0.51	1.03	NA
Institutionalized	Yes	7,234	1.69	1.72	1.63	0.09	0.69	0.0307	1.62	1.61	1.63	0.03	0.20	0.5851
Institutionalized	No	420,912	98.31	98.28	98.37	0.09	0.69	NA	98.38	98.39	98.37	0.03	0.20	NA
Comorbidity index	Mean (SD)	428,146	1.17 (1.04)	1.17 (1.04)	1.17 (1.04)	0.49	0.49	0.1248	1.17 (0.87)	1.17 (0.77)	1.17 (1.04)	0.31	0.30	0.3877
Total payments (baseline year)	Mean (SD)	428,146	7,805.88 (17,806.05)	7,841.83 (17,931.44)	7,739.67 (17,572.71)	0.57	0.58	0.0730	7,767.05 (14,650.32)	7,794.49 (12,786.28)	7,739.67 (17,572.71)	0.37	0.36	0.3047
Number of inpatient admissions (baseline year)	Mean (SD)	428,146	0.29 (0.82)	0.29 (0.82)	0.29 (0.83)	0.02	0.02	0.9519	0.29 (0.70)	0.29 (0.62)	0.29 (0.83)	0.08	0.07	0.8364
Number of ER visits (baseline year)	Mean (SD)	428,146	1.00 (2.46)	0.97 (2.35)	1.05 (2.65)	3.02	2.97	0.0000	1.06 (2.33)	1.06 (2.13)	1.05 (2.65)	0.69	0.67	0.0587
Number of ACSC admissions (baseline year)	Mean (SD)	428,146	0.04 (0.29)	0.04 (0.29)	0.04 (0.30)	0.01	0.01	0.9796	0.04 (0.25)	0.04 (0.22)	0.04 (0.30)	0.08	0.07	0.8307
Number of readmissions (baseline year)	Mean (SD)	428,146	0.04 (0.33)	0.04 (0.32)	0.04 (0.34)	0.25	0.25	0.4263	0.04 (0.29)	0.04 (0.25)	0.04 (0.34)	0.37	0.36	0.3063
In diabetes denominator (baseline year)	Yes	98,351	22.97	23.49	22.01	1.48	3.53	0.0000	22.16	22.31	22.01	0.30	0.72	0.0479
In diabetes denominator (baseline year)	No	329,795	77.03	76.51	77.99	1.48	3.53	NA	77.84	77.69	77.99	0.30	0.72	NA
HbA1c test (baseline year)	Yes	83,647	19.54	19.85	18.95	0.90	2.28	0.0000	19.09	19.23	18.95	0.27	0.70	0.0559
HbA1c test (baseline year)	No	344,499	80.46	80.15	81.05	0.90	2.28	NA	80.91	80.77	81.05	0.27	0.70	NA
Nephropathy test (baseline year)	Yes	53,994	12.61	12.51	12.80	0.29	0.87	0.0065	13.02	13.24	12.80	0.44	1.32	0.0003
Nephropathy test (baseline year)	No	374,152	87.39	87.49	87.20	0.29	0.87	NA	86.98	86.76	87.20	0.44	1.32	NA
Eye exam (baseline year)	Yes	40,865	9.54	9.62	9.41	0.21	0.70	0.0281	9.49	9.57	9.41	0.15	0.53	0.1486
Eye exam (baseline year)	No	387,281	90.46	90.38	90.59	0.21	0.70	NA	90.51	90.43	90.59	0.15	0.53	NA
LDL test—diabetes (baseline year)	Yes	77,587	18.12	18.44	17.53	0.92	2.39	0.0000	17.65	17.78	17.53	0.25	0.67	0.0669
LDL test—diabetes (baseline year)	No	350,559	81.88	81.56	82.47	0.92	2.39	NA	82.35	82.22	82.47	0.25	0.67	NA
In IVD denominator (baseline year)	Yes	56,804	13.27	13.72	12.43	1.29	3.83	0.0000	12.47	12.51	12.43	0.08	0.23	0.5311
In IVD denominator (baseline year)	No	371,342	86.73	86.28	87.57	1.29	3.83	NA	87.53	87.49	87.57	0.08	0.23	NA

				Unweighted ¹ Standardized						Pro	pensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Propo	ortion or Mean	(SD)	Stand Differ	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
LDL test—IVD (baseline year)	Yes	43,300	10.11	10.45	9.49	0.96	3.22	0.0000	9.54	9.59	9.49	0.10	0.34	0.3540
LDL test—IVD (baseline year)	No	384,846	89.89	89.55	90.51	0.96	3.22	NA	90.46	90.41	90.51	0.10	0.34	NA
Number of beneficiaries per site (2010)	Mean (SD)	428,146	587.51 (499.69)	608.72 (514.42)	548.46 (468.85)	12.06	12.24	0.0000	541.61 (384.27)	534.74 (329.27)	548.46 (468.85)	3.57	3.39	0.0000
Total revenue per site (in millions)	Mean (SD)	428,146	2.44 (2.05)	2.28 (1.79)	2.72 (2.42)	21.49	20.64	0.0000	2.79 (2.09)	2.85 (1.89)	2.72 (2.42)	6.19	5.97	0.0000
Years FQHC has been operating	Mean (SD)	428,146	20.27 (13.57)	20.89 (13.63)	19.14 (13.39)	12.91	12.97	0.0000	19.13 (11.54)	19.11 (10.40)	19.14 (13.39)	0.22	0.21	0.5520
Number of primary care physicians per site	Mean (SD)	428,146	7.48 (8.10)	7.13 (6.60)	8.14 (10.27)	12.40	11.64	0.0000	8.14 (7.43)	8.14 (5.28)	8.14 (10.27)	0.11	0.10	0.7710
Number of specialists per site	Mean (SD)	428,146	1.12 (2.64)	1.10 (2.72)	1.17 (2.50)	2.66	2.69	0.0000	1.23 (2.08)	1.29 (1.81)	1.17 (2.50)	5.95	5.67	0.0000
Ambulatory Quality Accreditation	No	293,986	68.66	70.59	65.12	5.48	11.75	0.0000	65.28	65.45	65.12	0.33	0.69	0.0566
Ambulatory Quality Accreditation	Yes	134,160	31.34	29.41	34.88	5.48	11.75	NA	34.72	34.55	34.88	0.33	0.69	NA
HRSA PCMH Initiative participant	No	235,092	54.91	64.24	37.73	26.52	55.01	0.0000	37.05	36.38	37.73	1.35	2.79	0.0000
HRSA PCMH Initiative participant	Yes	193,054	45.09	35.76	62.27	26.52	55.01	NA	62.95	63.62	62.27	1.35	2.79	NA
Participation in other CMS sharing savings demonstration	No	352,411	82.31	84.55	78.19	6.36	16.39	0.0000	79.43	80.67	78.19	2.48	6.15	0.0000
Participation in other CMS sharing savings demonstration	Yes	75,735	17.69	15.45	21.81	6.36	16.39	NA	20.57	19.33	21.81	2.48	6.15	NA
Number of service delivery sites	Mean (SD)	428,146	9.58 (9.14)	8.75 (8.47)	11.10 (10.08)	25.73	25.26	0.0000	10.84 (8.62)	10.57 (7.71)	11.10 (10.08)	6.14	5.90	0.0000
HCCN Grantee	No	194,344	45.39	50.84	35.35	15.49	31.67	0.0000	37.18	39.00	35.35	3.65	7.56	0.0000
HCCN Grantee	Yes	233,802	54.61	49.16	64.65	15.49	31.67	NA	62.82	61.00	64.65	3.65	7.56	NA
PCMH Funding FY 11	No	337,460	78.82	71.78	91.77	19.99	53.61	0.0000	92.09	92.41	91.77	0.64	2.36	0.0000
PCMH Funding FY 11	Yes	90,686	21.18	28.22	8.23	19.99	53.61	NA	7.91	7.59	8.23	0.64	2.36	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	178,403	41.67	33.36	56.96	23.60	48.80	0.0000	57.31	57.66	56.96	0.70	1.42	0.0001
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	249,743	58.33	66.64	43.04	23.60	48.80	NA	42.69	42.34	43.04	0.70	1.42	NA

					Unweig	hted ¹				Pro	pensity Score	Weighted⁵		
Variable	Level	Total Sample N	Propo	ortion or Mean	(SD)	Stand Differ	ardized ence ^{2,3}	p-value ⁴	Propo	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	282,842	66.06	64.68	68.60	3.92	8.31	0.0000	68.54	68.48	68.60	0.12	0.26	0.0001
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	61,843	14.44	14.16	14.96	0.79	2.25	NA	14.76	14.57	14.96	0.39	1.10	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	83,461	19.49	21.15	16.44	4.71	12.08	NA	16.70	16.95	16.44	0.51	1.37	NA
PCA Region	Central	96,886	22.63	20.67	26.24	5.57	13.17	0.0000	25.77	25.30	26.24	0.94	2.15	0.0000
PCA Region	Mid-Atlantic	55,220	12.90	17.07	5.22	11.85	38.33	NA	5.30	5.38	5.22	0.16	0.72	NA
PCA Region	Northeast	55,472	12.96	8.24	21.64	13.40	38.26	NA	23.20	24.76	21.64	3.12	7.40	NA
PCA Region	Southeast	69,871	16.32	19.72	10.05	9.67	27.42	NA	9.66	9.27	10.05	0.79	2.66	NA
PCA Region	West	66,781	15.60	15.69	15.43	0.26	0.71	NA	16.66	17.89	15.43	2.46	6.61	NA
PCA Region	West-Central	83,916	19.60	18.61	21.42	2.81	7.02	NA	19.41	17.40	21.42	4.02	10.18	NA
Percent household poverty in census tract	Mean (SD)	428,146	22.29 (12.15)	23.01 (12.28)	20.95 (11.77)	17.03	17.20	0.0000	20.95 (9.85)	20.95 (8.63)	20.95 (11.77)	0.06	0.06	0.8715

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims. 1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences \geq 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.35. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Readmission Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summa	ary (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absolu	ute Standardized E	Difference (%)	% of Covariates with	th Statistically Sig	gnificant Differences
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	45.83	2.66	21.19	11.15	57.89	93.33	73.53
Propensity Score Weighted	10.42	0.82	3.57	2.08	21.05	73.33	44.12

Exhibit F.36. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Readmission Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweight	ted ¹				Pro	pensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stane Diffe	dardized erence ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Standar Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	69,156	42.35	41.89	43.21	1.32	2.68	0.0000	43.50	43.79	43.21	0.58	1.17	0.0266
Age (4 categories)	65-74	52,576	32.20	32.74	31.19	1.55	3.32	NA	31.25	31.31	31.19	0.12	0.26	NA
Age (4 categories)	75-84	30,745	18.83	18.85	18.79	0.06	0.15	NA	18.61	18.43	18.79	0.36	0.93	NA
Age (4 categories)	85+	10,811	6.62	6.52	6.80	0.28	1.13	NA	6.64	6.47	6.80	0.34	1.35	NA
Race/ethnicity	White	116,825	71.55	70.54	73.41	2.86	6.37	0.0000	73.07	72.73	73.41	0.68	1.53	0.0005
Race/ethnicity	Black	29,140	17.85	19.59	14.61	4.98	13.24	NA	14.65	14.70	14.61	0.09	0.25	NA
Race/ethnicity	Asian	3,374	2.07	1.62	2.89	1.26	8.51	NA	3.10	3.32	2.89	0.43	2.49	NA
Race/ethnicity	Hispanic	9,595	5.88	5.65	6.30	0.65	2.72	NA	6.37	6.43	6.30	0.14	0.57	NA
Race/ethnicity	Other/ Unknown	4,354	2.67	2.59	2.80	0.21	1.28	NA	2.81	2.82	2.80	0.02	0.12	NA
Gender	Female	92,976	56.94	57.35	56.18	1.17	2.36	0.0000	55.90	55.63	56.18	0.55	1.11	0.0619
Gender	Male	70,312	43.06	42.65	43.82	1.17	2.36	NA	44.10	44.37	43.82	0.55	1.11	NA
Dual eligible	Yes	81,147	49.70	48.87	51.24	2.37	4.74	0.0000	51.39	51.54	51.24	0.31	0.61	0.3029
Dual eligible	No	82,141	50.30	51.13	48.76	2.37	4.74	NA	48.61	48.46	48.76	0.31	0.61	NA

					Unweight	ed ¹			Pro	pensity Score V	Veighted⁵			
Variable	Level	Total Sample N	Prop	oortion or Mean	(SD)	Stand Diffe	dardized rence ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Standar Differe	rdized nce ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	Yes	84,819	51.94	51.59	52.60	1.01	2.01	0.0001	52.86	53.12	52.60	0.52	1.04	0.0794
Disabled	No	78,469	48.06	48.41	47.40	1.01	2.01	NA	47.14	46.88	47.40	0.52	1.04	NA
Institutionalized	Yes	6,486	3.97	3.99	3.93	0.06	0.31	0.5461	3.92	3.91	3.93	0.03	0.14	0.8174
Institutionalized	No	156,802	96.03	96.01	96.07	0.06	0.31	NA	96.08	96.09	96.07	0.03	0.14	NA
Comorbidity index	Mean (SD)	163,288	1.63 (1.29)	1.63 (1.29)	1.63 (1.29)	0.51	0.51	0.3300	1.64 (1.08)	1.64 (0.95)	1.63 (1.29)	0.45	0.43	0.4459
Total payments (baseline year)	Mean (SD)	163,288	15,206.67 (24,454.81)	15,224.97 (24,499.69)	15,172.65 (24,371.35)	0.21	0.21	0.6801	15,273.49 (20,262.91)	15,375.10 (17,661.54)	15,172.65 (24,371.35)	1.00	0.95	0.0920
Number of inpatient admissions (baseline year)	Mean (SD)	163,288	0.72 (1.18)	0.72 (1.17)	0.73 (1.19)	0.57	0.57	0.2699	0.73 (1.00)	0.73 (0.88)	0.73 (1.19)	0.62	0.59	0.2952
Number of ER visits (baseline year)	Mean (SD)	163,288	1.76 (3.39)	1.71 (3.22)	1.85 (3.67)	3.99	3.91	0.0000	1.87 (3.20)	1.89 (2.92)	1.85 (3.67)	1.31	1.26	0.0272
Number of ACSC admissions (baseline year)	Mean (SD)	163,288	0.10 (0.46)	0.10 (0.45)	0.10 (0.47)	0.29	0.29	0.5775	0.10 (0.39)	0.10 (0.34)	0.10 (0.47)	0.25	0.24	0.6694
Number of readmissions (baseline year)	Mean (SD)	163,288	0.10 (0.52)	0.10 (0.51)	0.11 (0.55)	0.61	0.60	0.2400	0.11 (0.46)	0.11 (0.40)	0.11 (0.55)	0.61	0.59	0.3000
In diabetes denominator (baseline year)	Yes	43,472	26.62	27.19	25.57	1.61	3.66	0.0000	25.79	26.02	25.57	0.44	1.01	0.0892
In diabetes denominator (baseline year)	No	119,816	73.38	72.81	74.43	1.61	3.66	NA	74.21	73.98	74.43	0.44	1.01	NA
HbA1c test (baseline year)	Yes	36,152	22.14	22.38	21.69	0.69	1.66	0.0014	21.85	22.01	21.69	0.32	0.76	0.1983
HbA1c test (baseline year)	No	127,136	77.86	77.62	78.31	0.69	1.66	NA	78.15	77.99	78.31	0.32	0.76	NA
Nephropathy test (baseline year)	Yes	24,660	15.10	15.07	15.17	0.10	0.29	0.5793	15.43	15.69	15.17	0.52	1.45	0.0145
Nephropathy test (baseline year)	No	138,628	84.90	84.93	84.83	0.10	0.29	NA	84.57	84.31	84.83	0.52	1.45	NA
Eye exam (baseline year)	Yes	17,906	10.97	10.97	10.95	0.03	0.08	0.8775	11.07	11.18	10.95	0.23	0.74	0.2123
Eye exam (baseline year)	No	145,382	89.03	89.03	89.05	0.03	0.08	NA	88.93	88.82	89.05	0.23	0.74	NA
LDL test—diabetes (baseline year)	Yes	33,295	20.39	20.69	19.84	0.84	2.10	0.0001	19.99	20.13	19.84	0.29	0.73	0.2177
LDL test—diabetes (baseline year)	No	129,993	79.61	79.31	80.16	0.84	2.10	NA	80.01	79.87	80.16	0.29	0.73	NA
In IVD denominator (baseline year)	Yes	33,164	20.31	20.82	19.37	1.45	3.63	0.0000	19.47	19.57	19.37	0.20	0.52	0.3849

					Unweight	ed ¹				Pro	pensity Score \	Neighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Diffe	dardized rence ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Standar Differe	rdized nce ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	No	130,124	79.69	79.18	80.63	1.45	3.63	NA	80.53	80.43	80.63	0.20	0.52	NA
LDL test—IVD (baseline year)	Yes	24,569	15.05	15.39	14.40	0.99	2.78	0.0000	14.50	14.60	14.40	0.20	0.56	0.3427
LDL test—IVD (baseline year)	No	138,719	84.95	84.61	85.60	0.99	2.78	NA	85.50	85.40	85.60	0.20	0.56	NA
Number of beneficiaries per site (2010)	Mean (SD)	163,288	589.52 (495.79)	614.82 (514.98)	542.49 (454.25)	14.59	14.90	0.0000	537.16 (371.69)	531.78 (318.50)	542.49 (454.25)	2.88	2.73	0.0000
Total revenue per site (in millions)	Mean (SD)	163,288	2.40 (2.02)	2.27 (1.80)	2.65 (2.37)	19.05	18.35	0.0000	2.72 (2.04)	2.79 (1.84)	2.65 (2.37)	6.72	6.47	0.0000
Years FQHC has been operating	Mean (SD)	163,288	20.05 (13.56)	20.63 (13.64)	18.96 (13.34)	12.29	12.36	0.0000	18.91 (11.42)	18.86 (10.24)	18.96 (13.34)	0.96	0.92	0.1061
Number of primary care physicians per site	Mean (SD)	163,288	7.39 (8.09)	7.10 (6.67)	7.93 (10.20)	10.21	9.59	0.0000	7.96 (7.33)	8.00 (5.17)	7.93 (10.20)	0.94	0.85	0.1129
Number of specialists per site	Mean (SD)	163,288	1.12 (2.71)	1.12 (2.84)	1.13 (2.45)	0.69	0.71	0.1828	1.20 (2.07)	1.27 (1.83)	1.13 (2.45)	6.49	6.21	0.0000
Ambulatory Quality Accreditation	No	112,651	68.99	70.91	65.41	5.50	11.83	0.0000	65.84	66.28	65.41	0.87	1.83	0.0021
Ambulatory Quality Accreditation	Yes	50,637	31.01	29.09	34.59	5.50	11.83	NA	34.16	33.72	34.59	0.87	1.83	NA
HRSA PCMH Initiative participant	No	89,933	55.08	64.76	37.07	27.69	57.65	0.0000	36.61	36.14	37.07	0.93	1.93	0.0012
HRSA PCMH Initiative participant	Yes	73,355	44.92	35.24	62.93	27.69	57.65	NA	63.39	63.86	62.93	0.93	1.93	NA
Participation in other CMS sharing savings demonstration	No	135,191	82.79	85.16	78.40	6.76	17.57	0.0000	79.71	81.03	78.40	2.63	6.56	0.0000
Participation in other CMS sharing savings demonstration	Yes	28,097	17.21	14.84	21.60	6.76	17.57	NA	20.29	18.97	21.60	2.63	6.56	NA
Number of service delivery sites	Mean (SD)	163,288	9.58 (9.16)	8.81 (8.53)	11.03 (10.08)	24.34	23.89	0.0000	10.73 (8.53)	10.42 (7.56)	11.03 (10.08)	7.20	6.89	0.0000
HCCN Grantee	No	75,086	45.98	51.53	35.68	15.85	32.38	0.0000	37.54	39.41	35.68	3.74	7.72	0.0000
HCCN Grantee	Yes	88,202	54.02	48.47	64.32	15.85	32.38	NA	62.46	60.59	64.32	3.74	7.72	NA
PCMH Funding FY 11	No	128,254	78.54	71.47	91.70	20.24	54.08	0.0000	91.94	92.18	91.70	0.48	1.75	0.0032
PCMH Funding FY 11	Yes	35,034	21.46	28.53	8.30	20.24	54.08	NA	8.06	7.82	8.30	0.48	1.75	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	67,010	41.04	33.22	55.57	22.36	46.18	0.0000	55.85	56.13	55.57	0.56	1.12	0.0579

					Unweight	ed ¹				Pro	pensity Score	Veighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Diffe	dardized rrence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standar Differe	dized nce ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	96,278	58.96	66.78	44.43	22.36	46.18	NA	44.15	43.87	44.43	0.56	1.12	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	106,692	65.34	64.19	67.48	3.29	6.94	0.0000	67.50	67.52	67.48	0.04	0.08	0.0007
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	24,672	15.11	14.77	15.75	0.98	2.73	NA	15.42	15.09	15.75	0.66	1.83	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	31,924	19.55	21.05	16.77	4.27	10.93	NA	17.08	17.39	16.77	0.62	1.65	NA
PCA Region	Central	39,248	24.04	21.68	28.42	6.74	15.60	0.0000	27.67	26.93	28.42	1.49	3.33	0.0000
PCA Region	Mid-Atlantic	22,546	13.81	18.24	5.57	12.66	39.87	NA	5.69	5.81	5.57	0.23	1.01	NA
PCA Region	Northeast	20,962	12.84	8.14	21.57	13.43	38.45	NA	23.07	24.59	21.57	3.02	7.18	NA
PCA Region	Southeast	27,027	16.55	20.00	10.14	9.86	27.82	NA	9.79	9.43	10.14	0.72	2.41	NA
PCA Region	West	22,906	14.03	14.12	13.86	0.26	0.75	NA	15.01	16.17	13.86	2.31	6.48	NA
PCA Region	West-Central	30,599	18.74	17.82	20.44	2.61	6.65	NA	18.76	17.07	20.44	3.37	8.63	NA
Percent household poverty in census tract	Mean (SD)	163,288	22.23 (12.07)	22.94 (12.23)	20.91 (11.67)	16.80	16.97	0.0000	20.96 (9.74)	21.01 (8.52)	20.91 (11.67)	1.00	0.95	0.0928

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10). 5. Numbers in these columns are weighted both for non-response, conditional on sample strata, and by the ATT weight.

Exhibit F.37. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Diabetes Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

			l	mbalance Summary	(CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Abso	olute Standardized Dif	ference (%)	% of Covaria	ates with Statistic Differences	ally Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary- Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	50.00	3.47	20.85	11.79	73.68	100.00	85.29
Propensity Score Weighted	8.70	0.35	3.77	1.99	5.26	86.67	41.18

Exhibit F.38. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Diabetes Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweighte	d ¹				Prop	ensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Ρ	roportion or Mea (SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Pr	oportion or Me (SD)	an	Standa Differe	rdized ence ²	p-value ⁴	
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	62,334	55.67	55.27	56.46	1.20	2.41	0.0001	56.47	56.49	56.46	0.02	0.05	0.9461
Age (4 categories)	65-74	49,636	44.33	44.73	43.54	1.20	2.41	NA	43.53	43.51	43.54	0.02	0.05	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	71,398	63.77	62.96	65.34	2.37	4.95	0.0000	65.53	65.73	65.34	0.39	0.82	0.5376
Race/ethnicity	Black	24,280	21.68	23.66	17.82	5.84	14.45	NA	17.63	17.45	17.82	0.37	0.98	NA
Race/ethnicity	Asian	2,707	2.42	2.01	3.21	1.20	7.55	NA	3.16	3.10	3.21	0.11	0.62	NA
Race/ethnicity	Hispanic	9,945	8.88	8.35	9.91	1.56	5.42	NA	9.98	10.05	9.91	0.14	0.46	NA
Race/ethnicity	Other/ Unknown	3,640	3.25	3.01	3.72	0.71	3.91	NA	3.69	3.67	3.72	0.05	0.26	NA
Gender	Female	60,765	54.27	54.56	53.70	0.87	1.74	0.0059	53.72	53.75	53.70	0.06	0.11	0.8772
Gender	Male	51,205	45.73	45.44	46.30	0.87	1.74	NA	46.28	46.25	46.30	0.06	0.11	NA
Dual eligible	Yes	60,781	54.28	53.21	56.37	3.16	6.35	0.0000	56.31	56.25	56.37	0.12	0.25	0.7336

					Unweighted	3 ¹				Proj	pensity Score W	Veighted⁵		
Variable	Level	Total Sample N	Р	roportion or Mea (SD)	in	Standa Differe	rdized ence ^{2,3}	p-value⁴	Pr	oportion or Me (SD)	an	Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Dual eligible	No	51,189	45.72	46.79	43.63	3.16	6.35	NA	43.69	43.75	43.63	0.12	0.25	NA
Disabled	Yes	72,172	64.46	64.15	65.05	0.90	1.87	0.0031	65.01	64.97	65.05	0.08	0.16	0.8253
Disabled	No	39,798	35.54	35.85	34.95	0.90	1.87	NA	34.99	35.03	34.95	0.08	0.16	NA
Institutionalized	Yes	1,441	1.29	1.27	1.32	0.04	0.40	0.5305	1.32	1.32	1.32	0.01	0.07	0.9246
Institutionalized	No	110,529	98.71	98.73	98.68	0.04	0.40	NA	98.68	98.68	98.68	0.01	0.07	NA
Comorbidity index	Mean (SD)	111,970	1.31 (1.05)	1.30 (1.05)	1.33 (1.06)	2.06	2.05	0.0011	1.33 (0.87)	1.33 (0.75)	1.33 (1.06)	0.02	0.02	0.9816
Total payments (baseline year)	Mean (SD)	111,970	8,864.51 (18,580.74)	8,812.08 (18,483.14)	8,966.97 (18,769.82)	0.83	0.83	0.1868	8,996.95 (15,274.29)	9,027.08 (13,130.37)	8,966.97 (18,769.82)	0.39	0.37	0.5884
Number of inpatient admissions (baseline year)	Mean (SD)	111,970	0.34 (0.94)	0.34 (0.92)	0.35 (0.97)	1.09	1.08	0.0837	0.35 (0.80)	0.35 (0.70)	0.35 (0.97)	0.13	0.12	0.8577
Number of ER visits (baseline year)	Mean (SD)	111,970	1.19 (2.95)	1.15 (2.82)	1.26 (3.18)	3.62	3.55	0.0000	1.26 (2.80)	1.26 (2.59)	1.26 (3.18)	0.09	0.09	0.9019
Number of ACSC admissions (baseline year)	Mean (SD)	111,970	0.06 (0.39)	0.06 (0.36)	0.06 (0.43)	1.11	1.07	0.0799	0.06 (0.34)	0.06 (0.29)	0.06 (0.43)	0.35	0.33	0.6293
Number of readmissions (baseline year)	Mean (SD)	111,970	0.06 (0.44)	0.06 (0.42)	0.06 (0.48)	1.09	1.07	0.0830	0.06 (0.40)	0.06 (0.34)	0.06 (0.48)	0.16	0.16	0.8206
In diabetes denominator (baseline year)	Yes	98,351	87.84	88.00	87.51	0.49	1.49	0.0177	87.58	87.64	87.51	0.13	0.39	0.5935
In diabetes denominator (baseline year)	No	13,619	12.16	12.00	12.49	0.49	1.49	NA	12.42	12.36	12.49	0.13	0.39	NA
HbA1c test (baseline year)	Yes	83,647	74.70	74.37	75.35	0.98	2.25	0.0004	75.44	75.52	75.35	0.17	0.39	0.5892
HbA1c test (baseline year)	No	28,323	25.30	25.63	24.65	0.98	2.25	NA	24.56	24.48	24.65	0.17	0.39	NA
Nephropathy test (baseline year)	Yes	53,994	48.22	46.86	50.88	4.02	8.05	0.0000	51.40	51.93	50.88	1.05	2.10	0.0040
Nephropathy test (baseline year)	No	57,976	51.78	53.14	49.12	4.02	8.05	NA	48.60	48.07	49.12	1.05	2.10	NA
Eye exam (baseline year)	Yes	40,865	36.50	36.03	37.41	1.39	2.87	0.0000	37.45	37.48	37.41	0.07	0.14	0.8468
Eye exam (baseline year)	No	71,105	63.50	63.97	62.59	1.39	2.87	NA	62.55	62.52	62.59	0.07	0.14	NA
LDL test—diabetes (baseline year)	Yes	77,587	69.29	69.10	69.68	0.58	1.26	0.0467	69.78	69.89	69.68	0.21	0.47	0.5215
LDL test—diabetes (baseline year)	No	34,383	30.71	30.90	30.32	0.58	1.26	NA	30.22	30.11	30.32	0.21	0.47	NA
In IVD denominator (baseline year)	Yes	29,869	26.68	27.24	25.58	1.66	3.76	0.0000	25.58	25.59	25.58	0.01	0.01	0.9837

					Unweighte	d1				Proj	pensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Ρ	roportion or Mea (SD)	in	Standa Differe	rdized nce ^{2,3}	p-value⁴	Pr	oportion or Me (SD)	an	Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	No	82,101	73.32	72.76	74.42	1.66	3.76	NA	74.42	74.41	74.42	0.01	0.01	NA
LDL test—IVD (baseline year)	Yes	24,006	21.44	21.79	20.75	1.05	2.56	0.0001	20.75	20.74	20.75	0.00	0.01	0.9923
LDL test—IVD (baseline year)	No	87,964	78.56	78.21	79.25	1.05	2.56	NA	79.25	79.26	79.25	0.00	0.01	NA
Number of beneficiaries per site (2010)	Mean (SD)	111,970	566.36 (478.17)	587.95 (484.29)	524.18 (463.11)	13.34	13.46	0.0000	513.86 (365.58)	503.49 (303.61)	524.18 (463.11)	5.66	5.28	0.0000
Total revenue per site (in millions)	Mean (SD)	111,970	2.44 (2.00)	2.31 (1.82)	2.70 (2.28)	19.63	18.98	0.0000	2.75 (1.95)	2.81 (1.75)	2.70 (2.28)	5.42	5.19	0.0000
Years FQHC has been operating	Mean (SD)	111,970	20.38 (13.34)	21.13 (13.45)	18.93 (12.99)	16.49	16.64	0.0000	18.72 (10.88)	18.50 (9.62)	18.93 (12.99)	3.94	3.75	0.0000
Number of primary care physicians per site	Mean (SD)	111,970	7.68 (8.58)	7.22 (6.48)	8.59 (11.58)	16.05	14.67	0.0000	8.43 (7.88)	8.26 (5.01)	8.59 (11.58)	4.22	3.73	0.0000
Number of specialists per site	Mean (SD)	111,970	1.09 (2.54)	1.05 (2.54)	1.17 (2.55)	4.40	4.40	0.0000	1.22 (2.08)	1.27 (1.79)	1.17 (2.55)	4.82	4.55	0.0000
Ambulatory Quality Accreditation	No	74,829	66.83	69.19	62.22	6.98	14.74	0.0000	62.50	62.79	62.22	0.57	1.18	0.1040
Ambulatory Quality Accreditation	Yes	37,141	33.17	30.81	37.78	6.98	14.74	NA	37.50	37.21	37.78	0.57	1.18	NA
HRSA PCMH Initiative participant	No	61,626	55.04	63.90	37.73	26.17	54.24	0.0000	37.29	36.85	37.73	0.87	1.80	0.0131
HRSA PCMH Initiative participant	Yes	50,344	44.96	36.10	62.27	26.17	54.24	NA	62.71	63.15	62.27	0.87	1.80	NA
Participation in other CMS sharing savings demonstration	No	92,886	82.96	84.26	80.41	3.85	10.11	0.0000	81.33	82.26	80.41	1.85	4.74	0.0000
Participation in other CMS sharing savings demonstration	Yes	19,084	17.04	15.74	19.59	3.85	10.11	NA	18.67	17.74	19.59	1.85	4.74	NA
Number of service delivery sites	Mean (SD)	111,970	9.80 (9.20)	8.93 (8.52)	11.49 (10.17)	27.93	27.37	0.0000	11.21 (8.40)	10.93 (7.32)	11.49 (10.17)	6.74	6.38	0.0000
HCCN Grantee	No	49,629	44.32	48.73	35.71	13.02	26.58	0.0000	37.27	38.84	35.71	3.12	6.46	0.0000
HCCN Grantee	Yes	62,341	55.68	51.27	64.29	13.02	26.58	NA	62.73	61.16	64.29	3.12	6.46	NA
PCMH Funding FY 11	No	87,654	78.28	71.54	91.47	19.93	53.10	0.0000	91.82	92.17	91.47	0.70	2.56	0.0004
PCMH Funding FY 11	Yes	24,316	21.72	28.46	8.53	19.93	53.10	NA	8.18	7.83	8.53	0.70	2.56	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	46,608	41.63	34.43	55.69	21.26	43.73	0.0000	56.32	56.95	55.69	1.27	2.56	0.0004

					Unweighted	l ¹				Prop	ensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Ρ	roportion or Mea (SD)	n	Standa Differe	rdized nce ^{2,3}	p-value⁴	Pr	oportion or Me (SD)	an	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	65,362	58.37	65.57	44.31	21.26	43.73	NA	43.68	43.05	44.31	1.27	2.56	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	77,339	69.07	67.50	72.13	4.63	10.10	0.0000	72.08	72.02	72.13	0.11	0.25	0.8756
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	14,165	12.65	12.69	12.58	0.11	0.34	NA	12.57	12.55	12.58	0.02	0.07	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	20,466	18.28	19.81	15.29	4.52	11.90	NA	15.36	15.42	15.29	0.14	0.37	NA
PCA Region	Central	26,796	23.93	21.67	28.35	6.67	15.45	0.0000	27.68	27.02	28.35	1.33	2.97	0.0000
PCA Region	Mid-Atlantic	14,679	13.11	16.89	5.72	11.17	35.83	NA	5.75	5.77	5.72	0.05	0.20	NA
PCA Region	Northeast	12,902	11.52	7.42	19.55	12.13	36.10	NA	21.21	22.88	19.55	3.33	8.15	NA
PCA Region	Southeast	19,520	17.43	20.72	11.00	9.72	26.85	NA	10.55	10.09	11.00	0.92	2.98	NA
PCA Region	West	16,617	14.84	14.87	14.79	0.08	0.22	NA	16.15	17.52	14.79	2.73	7.43	NA
PCA Region	West-Central	21,456	19.16	18.43	20.59	2.16	5.45	NA	18.66	16.72	20.59	3.87	9.95	NA
Percent household poverty in census tract	Mean (SD)	111,970	23.35 (12.49)	24.13 (12.57)	21.84 (12.18)	18.34	18.51	0.0000	21.71 (9.93)	21.59 (8.55)	21.84 (12.18)	2.50	2.36	0.0006

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted. 3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant

results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.39. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized I	Difference (%)	% of Covari	ates with Statistic Differences	ally Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary- Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	41.30	2.79	21.41	11.70	57.89	100.00	76.47
Propensity Score Weighted	8.70	0.56	3.99	2.20	0.00	80.00	35.29

Exhibit F.40. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweight	ed ¹				Prop	ensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Prope	ortion or Mean	(SD)	Stand Diffe	lardized rence ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	38,789	49.88	49.68	50.29	0.61	1.23	0.1075	50.37	50.45	50.29	0.16	0.31	0.7229
Age (4 categories)	65-74	38,974	50.12	50.32	49.71	0.61	1.23	NA	49.63	49.55	49.71	0.16	0.31	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	56,411	72.54	71.93	73.80	1.87	4.21	0.0000	73.64	73.48	73.80	0.32	0.73	0.7338
Race/ethnicity	Black	13,907	17.88	19.22	15.16	4.07	10.79	NA	15.13	15.11	15.16	0.05	0.13	NA
Race/ethnicity	Asian	1,265	1.63	1.25	2.39	1.13	8.47	NA	2.41	2.43	2.39	0.04	0.27	NA
Race/ethnicity	Hispanic	4,220	5.43	5.29	5.71	0.42	1.84	NA	5.84	5.97	5.71	0.27	1.13	NA
Race/ethnicity	Other/ Unknown	1,960	2.52	2.31	2.95	0.64	4.02	NA	2.98	3.01	2.95	0.06	0.36	NA
Gender	Female	37,112	47.72	48.21	46.74	1.46	2.93	0.0001	46.68	46.62	46.74	0.12	0.24	0.7844
Gender	Male	40,651	52.28	51.79	53.26	1.46	2.93	NA	53.32	53.38	53.26	0.12	0.24	NA
Dual eligible	Yes	39,035	50.20	49.23	52.17	2.95	5.90	0.0000	52.04	51.91	52.17	0.26	0.53	0.5490
Dual eligible	No	38,728	49.80	50.77	47.83	2.95	5.90	NA	47.96	48.09	47.83	0.26	0.53	NA

					Unweight	ed ¹			Pro	pensity Score V	Veighted ⁵			
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Diffe	dardized rence ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Disabled	Yes	48,057	61.80	61.71	61.97	0.26	0.54	0.4802	61.83	61.69	61.97	0.28	0.58	0.5092
Disabled	No	29,706	38.20	38.29	38.03	0.26	0.54	NA	38.17	38.31	38.03	0.28	0.58	NA
Institutionalized	Yes	1,405	1.81	1.77	1.89	0.12	0.92	0.2235	1.92	1.96	1.89	0.07	0.51	0.5623
Institutionalized	No	76,358	98.19	98.23	98.11	0.12	0.92	NA	98.08	98.04	98.11	0.07	0.51	NA
Comorbidity index	Mean (SD)	77,763	1.48 (1.18)	1.47 (1.17)	1.51 (1.19)	3.30	3.29	0.0000	1.51 (0.97)	1.52 (0.84)	1.51 (1.19)	0.68	0.64	0.4414
Total payments (baseline year)	Mean (SD)	77,763	11,782.75 (21,567.06)	11,707.84 (21,516.55)	11,935.30 (21,669.16)	1.05	1.05	0.1669	12,010.72 (17,560.11)	12,085.57 (151,39.17)	11,935.30 (21,669.16)	0.86	0.80	0.3319
Number of inpatient admissions (baseline year)	Mean (SD)	77,763	0.50 (1.09)	0.49 (1.07)	0.51 (1.14)	2.55	2.52	0.0008	0.52 (0.95)	0.52 (0.83)	0.51 (1.14)	0.77	0.73	0.3807
Number of ER visits (baseline year)	Mean (SD)	77,763	1.41 (3.14)	1.35 (2.92)	1.53 (3.56)	5.57	5.38	0.0000	1.54 (2.93)	1.55 (2.56)	1.53 (3.56)	0.70	0.66	0.4250
Number of ACSC admissions (baseline year)	Mean (SD)	77,763	0.08 (0.44)	0.08 (0.41)	0.08 (0.50)	1.62	1.57	0.0336	0.09 (0.39)	0.09 (0.33)	0.08 (0.50)	0.24	0.22	0.7892
Number of readmissions (baseline year)	Mean (SD)	77,763	0.09 (0.51)	0.08 (0.49)	0.09 (0.56)	1.77	1.73	0.0201	0.09 (0.47)	0.10 (0.41)	0.09 (0.56)	0.71	0.67	0.4238
In diabetes denominator (baseline year)	Yes	35,883	46.14	46.55	45.33	1.22	2.45	0.0013	45.49	45.64	45.33	0.32	0.64	0.4712
In diabetes denominator (baseline year)	No	41,880	53.86	53.45	54.67	1.22	2.45	NA	54.51	54.36	54.67	0.32	0.64	NA
HbA1c test (baseline year)	Yes	30,694	39.47	39.57	39.27	0.30	0.61	0.4226	39.43	39.59	39.27	0.32	0.65	0.4613
HbA1c test (baseline year)	No	47,069	60.53	60.43	60.73	0.30	0.61	NA	60.57	60.41	60.73	0.32	0.65	NA
Nephropathy test (baseline year)	Yes	20,850	26.81	26.42	27.61	1.19	2.69	0.0004	28.00	28.39	27.61	0.78	1.73	0.0501
Nephropathy test (baseline year)	No	56,913	73.19	73.58	72.39	1.19	2.69	NA	72.00	71.61	72.39	0.78	1.73	NA
Eye exam (baseline year)	Yes	15,643	20.12	19.91	20.53	0.62	1.53	0.0440	20.74	20.95	20.53	0.42	1.03	0.2427
Eye exam (baseline year)	No	62,120	79.88	80.09	79.47	0.62	1.53	NA	79.26	79.05	79.47	0.42	1.03	NA
LDL test—diabetes (baseline year)	Yes	28,978	37.26	37.48	36.83	0.65	1.34	0.0793	36.93	37.03	36.83	0.20	0.41	0.6396
LDL test—diabetes (baseline year)	No	48,785	62.74	62.52	63.17	0.65	1.34	NA	63.07	62.97	63.17	0.20	0.41	NA
In IVD denominator (baseline year)	Yes	56,804	73.05	73.01	73.13	0.13	0.29	0.7046	73.11	73.08	73.13	0.06	0.13	0.8864

				Unweighted ¹						Proj	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Stand Diffe	dardized rence ^{2,3}	p-value4	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
In IVD denominator (baseline year)	No	20,959	26.95	26.99	26.87	0.13	0.29	NA	26.89	26.92	26.87	0.06	0.13	NA
LDL test—IVD (baseline year)	Yes	43,300	55.68	55.61	55.83	0.22	0.44	0.5623	55.84	55.85	55.83	0.02	0.04	0.9646
LDL test—IVD (baseline year)	No	34,463	44.32	44.39	44.17	0.22	0.44	NA	44.16	44.15	44.17	0.02	0.04	NA
Number of beneficiaries per site (2010)	Mean (SD)	77,763	576.47 (490.48)	613.51 (518.44)	501.06 (417.92)	22.93	23.88	0.0000	495.67 (331.28)	490.32 (279.00)	501.06 (417.92)	3.24	3.02	0.0002
Total revenue per site (in millions)	Mean (SD)	77,763	2.31 (1.93)	2.20 (1.72)	2.53 (2.28)	16.94	16.18	0.0000	2.62 (1.93)	2.71 (1.74)	2.53 (2.28)	9.12	8.70	0.0000
Years FQHC has been operating	Mean (SD)	77,763	20.01 (13.31)	20.75 (13.38)	18.51 (13.03)	16.87	16.99	0.0000	18.31 (10.77)	18.11 (9.46)	18.51 (13.03)	3.67	3.47	0.0000
Number of primary care physicians per site	Mean (SD)	77,763	7.08 (7.68)	6.83 (6.22)	7.57 (10.00)	9.53	8.79	0.0000	7.70 (6.99)	7.83 (4.87)	7.57 (10.00)	3.71	3.29	0.0000
Number of specialists per site	Mean (SD)	77,763	1.00 (2.50)	0.97 (2.55)	1.05 (2.39)	3.18	3.22	0.0000	1.12 (1.96)	1.19 (1.72)	1.05 (2.39)	7.07	6.68	0.0000
Ambulatory Quality Accreditation	No	53,934	69.36	71.90	64.17	7.73	16.63	0.0000	64.24	64.31	64.17	0.14	0.29	0.7429
Ambulatory Quality Accreditation	Yes	23,829	30.64	28.10	35.83	7.73	16.63	NA	35.76	35.69	35.83	0.14	0.29	NA
HRSA PCMH Initiative participant	No	42,712	54.93	64.04	36.37	27.67	57.59	0.0000	35.76	35.16	36.37	1.21	2.53	0.0042
HRSA PCMH Initiative participant	Yes	35,051	45.07	35.96	63.63	27.67	57.59	NA	64.24	64.84	63.63	1.21	2.53	NA
Participation in other CMS sharing savings demonstration	No	64,486	82.93	84.59	79.53	5.07	13.23	0.0000	81.00	82.45	79.53	2.92	7.46	0.0000
Participation in other CMS sharing savings demonstration	Yes	13,277	17.07	15.41	20.47	5.07	13.23	NA	19.00	17.55	20.47	2.92	7.46	NA
Number of service delivery sites	Mean (SD)	77,763	9.54 (9.10)	8.79 (8.57)	11.06 (9.93)	24.94	24.47	0.0000	10.71 (8.08)	10.36 (6.99)	11.06 (9.93)	8.66	8.15	0.0000
HCCN Grantee	No	34,681	44.60	48.69	36.27	12.42	25.32	0.0000	38.07	39.85	36.27	3.58	7.37	0.0000
HCCN Grantee	Yes	43,082	55.40	51.31	63.73	12.42	25.32	NA	61.93	60.15	63.73	3.58	7.37	NA
PCMH Funding FY 11	No	60,960	78.39	71.78	91.86	20.08	53.91	0.0000	92.17	92.48	91.86	0.63	2.33	0.0083
PCMH Funding FY 11	Yes	16,803	21.61	28.22	8.14	20.08	53.91	NA	7.83	7.52	8.14	0.63	2.33	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	31,300	40.25	32.90	55.22	22.33	46.16	0.0000	55.36	55.49	55.22	0.27	0.54	0.5387

					Unweight	ed ¹				Prop	censity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Prope	ortion or Mean	(SD)	Stand Diffe	lardized rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	46,463	59.75	67.10	44.78	22.33	46.16	NA	44.64	44.51	44.78	0.27	0.54	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	50,057	64.37	62.78	67.60	4.82	10.12	0.0000	67.87	68.13	67.60	0.53	1.14	0.0219
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	12,089	15.55	15.58	15.47	0.11	0.30	NA	15.04	14.61	15.47	0.86	2.40	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	15,617	20.08	21.63	16.93	4.71	11.95	NA	17.09	17.25	16.93	0.33	0.87	NA
PCA Region	Central	20,515	26.38	23.83	31.58	7.75	17.38	0.0000	30.24	28.90	31.58	2.68	5.83	0.0000
PCA Region	Mid-Atlantic	10,946	14.08	18.22	5.64	12.58	39.57	NA	5.65	5.67	5.64	0.03	0.14	NA
PCA Region	Northeast	8,561	11.01	6.64	19.90	13.25	39.83	NA	22.14	24.36	19.90	4.46	10.77	NA
PCA Region	Southeast	14,267	18.35	21.47	11.99	9.48	25.60	NA	11.44	10.90	11.99	1.09	3.42	NA
PCA Region	West	10,325	13.28	13.16	13.52	0.37	1.08	NA	14.14	14.75	13.52	1.22	3.51	NA
PCA Region	West-Central	13,149	16.91	16.68	17.37	0.69	1.83	NA	16.39	15.42	17.37	1.95	5.28	NA
Percent household poverty in census tract	Mean (SD)	77,763	22.65 (11.94)	23.31 (12.02)	21.30 (11.65)	16.84	16.98	0.0000	21.33 (9.45)	21.37 (8.15)	21.30 (11.65)	0.72	0.68	0.4135

1. Numbers in these columns are weighted for survey non-response, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Exhibit F.41. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Cost and Utilization Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Abso	olute Standardized D	ifference (%)	% of Covariat	es with Statistica Differences	Illy Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	37.50	2.90	17.83	9.75	47.37	93.33	67.65
Propensity Score Weighted	8.33	0.82	4.13	2.34	0.00	73.33	32.35

Exhibit F.42. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Cost and Utilization Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweight	ed ¹				Pro	pensity Score	Neighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	irdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	23,414	73.73	72.93	75.12	2.19	5.00	0.0000	75.46	75.80	75.12	0.67	1.57	0.5398
Age (4 categories)	65-74	5,418	17.06	17.23	16.76	0.47	1.25	NA	16.43	16.09	16.76	0.67	1.82	NA
Age (4 categories)	75-84	2,272	7.15	7.60	6.37	1.23	4.84	NA	6.40	6.44	6.37	0.07	0.28	NA
Age (4 categories)	85+	652	2.05	2.23	1.74	0.49	3.49	NA	1.71	1.67	1.74	0.07	0.53	NA
Race/ethnicity	White	21,409	67.42	66.90	68.32	1.42	3.04	0.0000	68.52	68.72	68.32	0.40	0.86	0.3087
Race/ethnicity	Black	5,699	17.95	19.24	15.69	3.55	9.35	NA	15.65	15.62	15.69	0.08	0.21	NA
Race/ethnicity	Asian	879	2.77	2.19	3.78	1.59	9.38	NA	3.96	4.15	3.78	0.37	1.88	NA
Race/ethnicity	Hispanic	2,535	7.98	7.89	8.15	0.26	0.96	NA	7.98	7.81	8.15	0.34	1.27	NA
Race/ethnicity	Other/ Unknown	1,234	3.89	3.79	4.06	0.27	1.39	NA	3.88	3.71	4.06	0.35	1.80	NA
Gender	Female	17,008	53.56	53.98	52.82	1.17	2.34	0.0451	52.96	53.10	52.82	0.29	0.57	0.6617
Gender	Male	14,748	46.44	46.02	47.18	1.17	2.34	NA	47.04	46.90	47.18	0.29	0.57	NA
Dual eligible	Yes	13,104	41.26	40.85	41.99	1.13	2.30	0.0480	41.92	41.86	41.99	0.13	0.26	0.8421
Dual eligible	No	18,652	58.74	59.15	58.01	1.13	2.30	NA	58.08	58.14	58.01	0.13	0.26	NA

				Unweighted ¹						Pro	pensity Score \	Neighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	Irdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Disabled	Yes	16,578	52.20	51.72	53.04	1.32	2.64	0.0234	53.24	53.45	53.04	0.40	0.81	0.5383
Disabled	No	15,178	47.80	48.28	46.96	1.32	2.64	NA	46.76	46.55	46.96	0.40	0.81	NA
Institutionalized	Yes	773	2.43	2.92	1.59	1.33	8.98	0.0000	1.52	1.46	1.59	0.13	1.08	0.4106
Institutionalized	No	30,983	97.57	97.08	98.41	1.33	8.98	NA	98.48	98.54	98.41	0.13	1.08	NA
Comorbidity index	Mean (SD)	31,756	1.08 (1.03)	1.09 (1.05)	1.06 (1.00)	2.86	2.87	0.0143	1.06 (0.85)	1.05 (0.76)	1.06 (1.00)	1.01	0.97	0.4430
Total payments (baseline year)	Mean (SD)	31,756	8,474.03 (23,009.19)	8,906.47 (24,627.52)	7,721.09 (19,858.10)	5.15	5.30	0.0000	7,627.03 (16,768.98)	7,533.58 (14,704.46)	7,721.09 (19,858.10)	1.12	1.07	0.3940
Number of inpatient admissions (baseline year)	Mean (SD)	31,756	0.30 (1.04)	0.31 (1.11)	0.27 (0.92)	3.51	3.59	0.0026	0.27 (0.76)	0.26 (0.65)	0.27 (0.92)	1.73	1.65	0.1873
Number of ER visits (baseline year)	Mean (SD)	31,756	1.19 (3.14)	1.20 (3.17)	1.19 (3.10)	0.49	0.50	0.6721	1.18 (2.79)	1.17 (2.61)	1.19 (3.10)	0.40	0.39	0.7585
Number of ACSC admissions (baseline year)	Mean (SD)	31,756	0.04 (0.33)	0.04 (0.33)	0.03 (0.34)	1.16	1.15	0.3206	0.03 (0.26)	0.03 (0.20)	0.03 (0.34)	1.21	1.13	0.3565
Number of readmissions (baseline year)	Mean (SD)	31,756	0.04 (0.32)	0.04 (0.32)	0.04 (0.31)	0.84	0.85	0.4697	0.03 (0.26)	0.03 (0.22)	0.04 (0.31)	0.58	0.56	0.6561
In diabetes denominator (baseline year)	Yes	6,487	20.43	20.54	20.22	0.32	0.79	0.4961	20.29	20.35	20.22	0.13	0.32	0.8063
In diabetes denominator (baseline year)	No	25,269	79.57	79.46	79.78	0.32	0.79	NA	79.71	79.65	79.78	0.13	0.32	NA
HbA1c test (baseline year)	Yes	5,334	16.80	16.76	16.86	0.10	0.26	0.8251	16.98	17.09	16.86	0.24	0.63	0.6318
HbA1c test (baseline year)	No	26,422	83.20	83.24	83.14	0.10	0.26	NA	83.02	82.91	83.14	0.24	0.63	NA
Nephropathy test (baseline year)	Yes	3,576	11.26	11.11	11.51	0.40	1.26	0.2778	11.59	11.66	11.51	0.14	0.44	0.7367
Nephropathy test (baseline year)	No	28,180	88.74	88.89	88.49	0.40	1.26	NA	88.41	88.34	88.49	0.14	0.44	NA
Eye exam (baseline year)	Yes	2,360	7.43	7.63	7.08	0.56	2.13	0.0687	7.01	6.95	7.08	0.13	0.52	0.6912
Eye exam (baseline year)	No	29,396	92.57	92.37	92.92	0.56	2.13	NA	92.99	93.05	92.92	0.13	0.52	NA
LDL test—diabetes (baseline year)	Yes	4,827	15.20	15.25	15.11	0.14	0.38	0.7466	15.15	15.19	15.11	0.08	0.22	0.8652
LDL test—diabetes (baseline year)	No	26,929	84.80	84.75	84.89	0.14	0.38	NA	84.85	84.81	84.89	0.08	0.22	NA
In IVD denominator (baseline vear)	Yes	3,568	11.24	11.37	11.01	0.36	1.15	0.3252	11.03	11.05	11.01	0.04	0.13	0.9185

				Unweighted ¹ Standardized						Pro	pensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Pro	portion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized rence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	No	28,188	88.76	88.63	88.99	0.36	1.15	NA	88.97	88.95	88.99	0.04	0.13	NA
LDL test—IVD (baseline year)	Yes	2,484	7.82	7.85	7.78	0.07	0.26	0.8216	7.81	7.85	7.78	0.07	0.26	0.8449
LDL test—IVD (baseline year)	No	29,272	92.18	92.15	92.22	0.07	0.26	NA	92.19	92.15	92.22	0.07	0.26	NA
Number of beneficiaries per site (2010)	Mean (SD)	31,756	487.83 (425.72)	505.56 (446.45)	456.95 (385.06)	11.42	11.66	0.0000	452.11 (333.18)	447.30 (299.30)	456.95 (385.06)	2.89	2.80	0.0273
Total revenue per site (in millions)	Mean (SD)	31,756	2.43 (1.99)	2.36 (1.83)	2.57 (2.23)	10.55	10.28	0.0000	2.58 (1.91)	2.59 (1.70)	2.57 (2.23)	1.05	1.01	0.4226
Years FQHC has been operating	Mean (SD)	31,756	18.72 (13.53)	18.95 (13.57)	18.32 (13.44)	4.68	4.69	0.0001	18.07 (11.64)	17.83 (10.47)	18.32 (13.44)	4.19	4.05	0.0014
Number of primary care physicians per site	Mean (SD)	31,756	6.68 (6.22)	6.49 (6.11)	7.02 (6.41)	8.43	8.38	0.0000	7.01 (5.32)	7.00 (4.58)	7.02 (6.41)	0.38	0.36	0.7713
Number of specialists per site	Mean (SD)	31,756	1.15 (2.80)	1.19 (2.98)	1.08 (2.44)	4.11	4.22	0.0004	1.12 (2.02)	1.17 (1.73)	1.08 (2.44)	4.64	4.43	0.0004
Ambulatory Quality Accreditation	No	22,120	69.66	71.40	66.62	4.78	10.35	0.0000	65.46	64.30	66.62	2.32	4.87	0.0002
Ambulatory Quality Accreditation	Yes	9,636	30.34	28.60	33.38	4.78	10.35	NA	34.54	35.70	33.38	2.32	4.87	NA
HRSA PCMH Initiative participant	No	16,682	52.53	60.75	38.23	22.52	46.22	0.0000	37.80	37.38	38.23	0.85	1.75	0.1820
HRSA PCMH Initiative participant	Yes	15,074	47.47	39.25	61.77	22.52	46.22	NA	62.20	62.62	61.77	0.85	1.75	NA
Participation in other CMS sharing savings demonstration	No	25,760	81.12	81.11	81.13	0.02	0.05	0.9663	81.67	82.20	81.13	1.07	2.75	0.0358
Participation in other CMS sharing savings demonstration	Yes	5,996	18.88	18.89	18.87	0.02	0.05	NA	18.33	17.80	18.87	1.07	2.75	NA
Number of service delivery sites	Mean (SD)	31,756	9.35 (8.89)	8.20 (8.03)	11.35 (9.90)	35.48	34.99	0.0000	11.23 (8.45)	11.10 (7.50)	11.35 (9.90)	2.94	2.83	0.0251
HCCN Grantee	No	14,201	44.72	50.46	34.72	15.75	32.26	0.0000	37.12	39.50	34.72	4.79	9.92	0.0000
HCCN Grantee	Yes	17,555	55.28	49.54	65.28	15.75	32.26	NA	62.88	60.50	65.28	4.79	9.92	NA
PCMH Funding FY 11	No	25,538	80.42	73.31	92.79	19.48	53.76	0.0000	93.16	93.53	92.79	0.74	2.92	0.0260
PCMH Funding FY 11	Yes	6,218	19.58	26.69	7.21	19.48	53.76	NA	6.84	6.47	7.21	0.74	2.92	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	14,314	45.07	38.12	57.19	19.07	38.89	0.0000	57.94	58.69	57.19	1.50	3.04	0.0203

					Unweight	ed ¹				Pro	pensity Score \	Neighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	17,442	54.93	61.88	42.81	19.07	38.89	NA	42.06	41.31	42.81	1.50	3.04	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	22,456	70.71	69.65	72.57	2.92	6.44	0.0000	72.47	72.38	72.57	0.19	0.42	0.5385
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	3,645	11.48	11.55	11.36	0.19	0.59	NA	11.22	11.08	11.36	0.28	0.90	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	5,655	17.81	18.80	16.07	2.73	7.20	NA	16.31	16.54	16.07	0.47	1.28	NA
PCA Region	Central	7,456	23.48	21.13	27.57	6.44	15.05	0.0000	27.15	26.74	27.57	0.83	1.87	0.0000
PCA Region	Mid-Atlantic	3,350	10.55	13.94	4.65	9.28	32.39	NA	4.51	4.37	4.65	0.29	1.37	NA
PCA Region	Northeast	3,773	11.88	9.14	16.65	7.51	22.55	NA	19.37	22.07	16.65	5.42	13.76	NA
PCA Region	Southeast	5,120	16.12	19.32	10.55	8.78	24.81	NA	10.01	9.47	10.55	1.08	3.59	NA
PCA Region	West	5,456	17.18	17.47	16.68	0.79	2.11	NA	17.67	18.66	16.68	1.98	5.20	NA
PCA Region	West-Central	6,601	20.79	19.00	23.90	4.90	11.97	NA	21.29	18.69	23.90	5.22	12.77	NA
Percent household poverty in census tract	Mean (SD)	31,756	22.50 (12.46)	23.11 (12.65)	21.44 (12.04)	13.37	13.49	0.0000	20.95 (10.37)	20.47 (9.27)	21.44 (12.04)	9.39	9.06	0.0000

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10). 5. Numbers in these columns are weighted both for non-response, conditional on sample strata, and by the ATT weight.

Exhibit F.43. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Readmission Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summa	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Abso	lute Standardized I	Difference (%)	% of Covari	ates with Statistica Differences	ally Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary- Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	41.67	5.00	20.11	11.93	21.05	86.67	50.00
Propensity Score Weighted	10.42	1.77	5.47	3.46	0.00	26.67	11.76

Exhibit F.44. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Readmission Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighted	1				Pro	pensity Score	Weighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mea	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Prop	ortion or Mean	ı (SD)	Stand Diffe	ardized rence ²	p-value⁴	
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	3,730	67.67	66.18	70.47	4.30	9.25	0.0001	70.78	71.08	70.47	0.61	1.33	0.8016
Age (4 categories)	65-74	994	18.03	18.11	17.89	0.22	0.56	NA	17.82	17.75	17.89	0.15	0.39	NA
Age (4 categories)	75-84	602	10.92	12.27	8.40	3.87	12.73	NA	8.44	8.48	8.40	0.08	0.28	NA
Age (4 categories)	85+	186	3.37	3.45	3.23	0.22	1.20	NA	2.97	2.70	3.23	0.54	3.16	NA
Race/ethnicity	White	3,943	71.53	69.99	74.44	4.45	9.95	0.0000	74.37	74.30	74.44	0.14	0.32	0.9984
Race/ethnicity	Black	1,010	18.32	20.17	14.87	5.30	13.98	NA	14.98	15.10	14.87	0.23	0.64	NA
Race/ethnicity	Asian	74	1.34	1.11	1.77	0.66	5.54	NA	1.82	1.86	1.77	0.09	0.68	NA
Race/ethnicity	Hispanic	309	5.61	5.40	6.00	0.60	2.60	NA	5.94	5.88	6.00	0.12	0.51	NA
Race/ethnicity	Other/ Unknown	176	3.19	3.34	2.92	0.42	2.39	NA	2.89	2.86	2.92	0.06	0.36	NA
Gender	Female	2,908	52.76	53.27	51.80	1.47	2.94	0.2982	51.77	51.74	51.80	0.06	0.13	0.9687
Gender	Male	2,604	47.24	46.73	48.20	1.47	2.94	NA	48.23	48.26	48.20	0.06	0.13	NA
Dual eligible	Yes	2,473	44.87	45.76	43.19	2.57	5.16	0.0682	43.58	43.96	43.19	0.77	1.55	0.6312

				Unweighted ¹						Pro	pensity Score \	Neighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mean	n (SD)	Standa Differe	rdized nce ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Dual eligible	No	3,039	55.13	54.24	56.81	2.57	5.16	NA	56.42	56.04	56.81	0.77	1.55	NA
Disabled	Yes	3,181	57.71	57.08	58.89	1.81	3.68	0.1940	58.89	58.88	58.89	0.01	0.03	0.9926
Disabled	No	2,331	42.29	42.92	41.11	1.81	3.68	NA	41.11	41.12	41.11	0.01	0.03	NA
Institutionalized	Yes	657	11.92	14.02	7.98	6.04	19.39	0.0000	7.70	7.41	7.98	0.57	2.14	0.5072
Institutionalized	No	4,855	88.08	85.98	92.02	6.04	19.39	NA	92.30	92.59	92.02	0.57	2.14	NA
Comorbidity index	Mean (SD)	5,512	2.20 (1.52)	2.23 (1.52)	2.16 (1.51)	4.55	4.55	0.1080	2.13 (1.25)	2.11 (1.10)	2.16 (1.51)	3.61	3.44	0.2635
Total payments (baseline year)	Mean (SD)	5,512	30,639.46 (37,536.82)	31,501.69 (38,945.27)	29,022.50 (34,694.04)	6.60	6.72	0.0195	28,711.86 (29,496.20)	28,402.79 (26,311.45)	29,022.50 (34,694.04)	2.10	2.01	0.5149
Number of inpatient admissions (baseline year)	Mean (SD)	5,512	1.53 (1.62)	1.54 (1.65)	1.51 (1.57)	2.16	2.18	0.4454	1.47 (1.26)	1.44 (1.06)	1.51 (1.57)	5.05	4.75	0.1177
Number of ER visits (baseline year)	Mean (SD)	5,512	3.27 (5.38)	3.31 (5.61)	3.21 (4.93)	1.76	1.79	0.5335	3.15 (4.22)	3.09 (3.79)	3.21 (4.93)	2.86	2.74	0.3758
Number of ACSC admissions (baseline year)	Mean (SD)	5,512	0.20 (0.70)	0.20 (0.67)	0.20 (0.76)	1.08	1.06	0.7038	0.18 (0.56)	0.17 (0.42)	0.20 (0.76)	4.07	3.73	0.2073
Number of readmissions (baseline year)	Mean (SD)	5,512	0.21 (0.73)	0.21 (0.73)	0.21 (0.73)	0.05	0.05	0.9865	0.21 (0.59)	0.20 (0.50)	0.21 (0.73)	2.35	2.21	0.4669
In diabetes denominator (baseline year)	Yes	1,510	27.39	26.93	28.27	1.35	3.01	0.2855	28.89	29.50	28.27	1.23	2.71	0.4016
In diabetes denominator (baseline year)	No	4,002	72.61	73.07	71.73	1.35	3.01	NA	71.11	70.50	71.73	1.23	2.71	NA
HbA1c test (baseline year)	Yes	1,159	21.03	20.33	22.33	1.99	4.87	0.0838	23.08	23.83	22.33	1.50	3.56	0.2698
HbA1c test (baseline year)	No	4,353	78.97	79.67	77.67	1.99	4.87	NA	76.92	76.17	77.67	1.50	3.56	NA
Nephropathy test (baseline year)	Yes	924	16.76	16.16	17.89	1.73	4.61	0.1013	18.40	18.91	17.89	1.02	2.62	0.4167
Nephropathy test (baseline year)	No	4,588	83.24	83.84	82.11	1.73	4.61	NA	81.60	81.09	82.11	1.02	2.62	NA
Eye exam (baseline year)	Yes	533	9.67	9.37	10.22	0.85	2.86	0.3091	10.37	10.51	10.22	0.29	0.94	0.7717
Eye exam (baseline year)	No	4,979	90.33	90.63	89.78	0.85	2.86	NA	89.63	89.49	89.78	0.29	0.94	NA
LDL test—diabetes (baseline year)	Yes	1,054	19.12	18.66	19.98	1.31	3.33	0.2373	20.67	21.36	19.98	1.38	3.40	0.2921
LDL test—diabetes (baseline year)	No	4,458	80.88	81.34	80.02	1.31	3.33	NA	79.33	78.64	80.02	1.38	3.40	NA
In IVD denominator (baseline year)	Yes	1,380	25.04	24.59	25.87	1.28	2.96	0.2946	26.01	26.15	25.87	0.28	0.63	0.8454

					Unweighted	d ¹				Pro	pensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standa Differe	nce ^{2,3}	p-value ⁴	Proj	portion or Mear	n (SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
In IVD denominator (baseline year)	No	4,132	74.96	75.41	74.13	1.28	2.96	NA	73.99	73.85	74.13	0.28	0.63	NA
LDL test—IVD (baseline year)	Yes	905	16.42	16.08	17.06	0.98	2.64	0.3496	17.37	17.68	17.06	0.62	1.64	0.6122
LDL test—IVD (baseline year)	No	4,607	83.58	83.92	82.94	0.98	2.64	NA	82.63	82.32	82.94	0.62	1.64	NA
Number of beneficiaries per site (2010)	Mean (SD)	5,512	494.95 (425.73)	519.65 (461.34)	448.62 (344.67)	16.68	17.44	0.0000	442.22 (294.05)	435.85 (263.08)	448.62 (344.67)	4.34	4.16	0.1783
Total revenue per site (in millions)	Mean (SD)	5,512	2.39 (1.84)	2.35 (1.70)	2.48 (2.08)	6.97	6.75	0.0137	2.49 (1.78)	2.49 (1.59)	2.48 (2.08)	0.90	0.86	0.7802
Years FQHC has been operating	Mean (SD)	5,512	17.89 (13.40)	18.14 (13.55)	17.40 (13.12)	5.55	5.58	0.0497	17.07 (11.05)	16.74 (9.78)	17.40 (13.12)	5.95	5.69	0.0649
Number of primary care physicians per site	Mean (SD)	5,512	6.57 (6.44)	6.47 (6.68)	6.76 (5.96)	4.47	4.55	0.1140	6.86 (5.11)	6.97 (4.59)	6.76 (5.96)	4.14	3.97	0.1998
Number of specialists per site	Mean (SD)	5,512	1.16 (3.10)	1.24 (3.45)	1.02 (2.27)	6.95	7.36	0.0140	1.07 (1.94)	1.11 (1.74)	1.02 (2.27)	4.72	4.53	0.1432
Ambulatory Quality Accreditation	No	3,948	71.63	73.85	67.45	6.40	14.10	0.0000	65.22	63.01	67.45	4.44	9.34	0.0038
Ambulatory Quality Accreditation	Yes	1,564	28.37	26.15	32.55	6.40	14.10	NA	34.78	36.99	32.55	4.44	9.34	NA
HRSA PCMH Initiative participant	No	3,014	54.68	63.73	37.72	26.01	53.89	0.0000	37.01	36.31	37.72	1.41	2.92	0.3662
HRSA PCMH Initiative participant	Yes	2,498	45.32	36.27	62.28	26.01	53.89	NA	62.99	63.69	62.28	1.41	2.92	NA
Participation in other CMS sharing savings demonstration	No	4,339	78.72	77.33	81.32	4.00	9.88	0.0006	82.29	83.25	81.32	1.93	5.06	0.1171
Participation in other CMS sharing savings demonstration	Yes	1,173	21.28	22.67	18.68	4.00	9.88	NA	17.71	16.75	18.68	1.93	5.06	NA
Number of service delivery sites	Mean (SD)	5,512	9.01 (8.69)	7.85 (7.86)	11.18 (9.71)	38.29	37.69	0.0000	11.09 (7.98)	10.99 (6.88)	11.18 (9.71)	2.39	2.27	0.4586
HCCN Grantee	No	2,549	46.24	52.21	35.05	17.16	35.12	0.0000	38.69	42.31	35.05	7.25	14.93	0.0000
HCCN Grantee	Yes	2,963	53.76	47.79	64.95	17.16	35.12	NA	61.31	57.69	64.95	7.25	14.93	NA
PCMH Funding FY 11	No	4,230	76.74	68.23	92.70	24.46	64.87	0.0000	93.02	93.35	92.70	0.65	2.55	0.4284
PCMH Funding FY 11	Yes	1,282	23.26	31.77	7.30	24.46	64.87	NA	6.98	6.65	7.30	0.65	2.55	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	2,560	46.44	41.36	55.97	14.61	29.55	0.0000	56.72	57.46	55.97	1.48	3.00	0.3532
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	2,952	53.56	58.64	44.03	14.61	29.55	NA	43.28	42.54	44.03	1.48	3.00	NA

				Unweighted ¹						Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Proportion or Mean (SD)			Standardized Difference ^{2,3}		p-value ⁴	Proportion or Mean (SD)		(SD)	Stand Diffe	ardized rence ²	p-value ⁴			
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³				
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	3,917	71.06	70.85	71.47	0.62	1.36	0.1063	71.39	71.32	71.47	0.14	0.32	0.5921			
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ rural area	615	11.16	10.71	12.00	1.29	4.06	NA	11.59	11.19	12.00	0.81	2.52	NA			
Rural-Urban Continuum Code (trichotomized)	Nonmetro/ urban area	980	17.78	18.44	16.54	1.91	5.02	NA	17.01	17.48	16.54	0.95	2.52	NA			
PCA Region	Central	1,350	24.49	22.06	29.06	7.00	16.09	0.0000	28.09	27.13	29.06	1.92	4.28	0.0000			
PCA Region	Mid-Atlantic	591	10.72	13.91	4.75	9.16	31.90	NA	4.66	4.57	4.75	0.17	0.82	NA			
PCA Region	Northeast	613	11.12	8.04	16.90	8.86	27.07	NA	20.68	24.45	16.90	7.55	18.72	NA			
PCA Region	Southeast	1,112	20.17	24.48	12.10	12.38	32.43	NA	11.26	10.42	12.10	1.68	5.31	NA			
PCA Region	West	774	14.04	14.49	13.20	1.29	3.75	NA	13.88	14.55	13.20	1.35	3.92	NA			
PCA Region	West-Central	1,072	19.45	17.02	24.00	6.97	17.33	NA	21.42	18.87	24.00	5.13	12.53	NA			
Percent household poverty in census tract	Mean (SD)	5,512	22.73 (12.28)	23.43 (12.37)	21.40 (12.01)	16.52	16.64	0.0000	20.86 (10.12)	20.32 (8.94)	21.40 (12.01)	10.68	10.22	0.0009			

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.45. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Diabetes Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)				
	Imbalance Summary (RAND Approach)	Mean Absolu	ute Standardized [Difference (%)	% of Covariates with Statistically Significant Differences				
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)		
Unweighted	41.30	3.27	17.21	10.09	21.05	86.67	50.00		
Propensity Score Weighted	10.87	1.31	4.19	2.72	5.26	26.67	14.71		

Exhibit F.46. Demonstration vs. Comparison FQHC Balance Table, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweighte	d1			Propensity Score Weighted ⁵						
Variable	Level	Total Sample N	Proportion or Mean (SD)			Standardized Difference ^{2,3}		p-value ⁴	Proportion or Mean (SD)			Standardized Difference ²		p-value4	
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³		
Age (4 categories)	<65	5,569	85.85	85.83	85.87	0.04	0.11	0.9665	86.10	86.33	85.87	0.46	1.32	0.6514	
Age (4 categories)	65-74	918	14.15	14.17	14.13	0.04	0.11	NA	13.90	13.67	14.13	0.46	1.32	NA	
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Race/ethnicity	White	3,925	60.51	59.03	63.12	4.10	8.41	0.0000	63.99	64.86	63.12	1.74	3.62	0.6980	
Race/ethnicity	Black	1,376	21.21	23.14	17.80	5.34	13.27	NA	17.40	17.00	17.80	0.80	2.11	NA	
Race/ethnicity	Asian	208	3.21	2.68	4.14	1.46	8.06	NA	4.25	4.35	4.14	0.21	1.05	NA	
Race/ethnicity	Hispanic	692	10.67	10.86	10.33	0.53	1.72	NA	9.89	9.46	10.33	0.87	2.91	NA	
Race/ethnicity	Other/ Unknown	286	4.41	4.30	4.61	0.31	1.52	NA	4.47	4.33	4.61	0.28	1.36	NA	
Gender	Female	3,482	53.68	53.47	54.03	0.56	1.12	0.6648	54.21	54.38	54.03	0.35	0.70	0.8110	
Gender	Male	3,005	46.32	46.53	45.97	0.56	1.12	NA	45.79	45.62	45.97	0.35	0.70	NA	
Dual eligible	Yes	2,878	44.37	44.57	44.00	0.57	1.14	0.6588	43.57	43.14	44.00	0.86	1.73	0.5529	
Dual eligible	No	3,609	55.63	55.43	56.00	0.57	1.14	NA	56.43	56.86	56.00	0.86	1.73	NA	

			Unweighted ¹						Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Proportion or Mean (SD)			Standa Differe	rdized ence ²	p-value4		
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³			
Disabled	Yes	3,772	58.15	58.30	57.87	0.43	0.86	0.7379	57.47	57.07	57.87	0.81	1.64	0.5756		
Disabled	No	2,715	41.85	41.70	42.13	0.43	0.86	NA	42.53	42.93	42.13	0.81	1.64	NA		
Institutionalized	Yes	129	1.99	2.32	1.41	0.91	6.72	0.0118	1.38	1.35	1.41	0.05	0.46	0.8740		
Institutionalized	No	6,358	98.01	97.68	98.59	0.91	6.72	NA	98.62	98.65	98.59	0.05	0.46	NA		
Comorbidity index	Mean (SD)	6,487	1.35 (1.09)	1.34 (1.09)	1.35 (1.08)	1.20	1.20	0.6424	1.35 (0.92)	1.35 (0.81)	1.35 (1.08)	0.36	0.35	0.9007		
Total payments (baseline year)	Mean (SD)	6,487	9,444.61 (19,531.93)	9,673.56 (20,262.05)	9,039.68 (18,166.05)	3.25	3.29	0.2093	9,167.22 (16,108.58)	9,294.58 (14,821.16)	9,039.68 (18,166.05)	1.58	1.54	0.5880		
Number of inpatient admissions (baseline year)	Mean (SD)	6,487	0.36 (0.94)	0.37 (0.98)	0.34 (0.85)	3.07	3.13	0.2345	0.34 (0.72)	0.33 (0.64)	0.34 (0.85)	0.85	0.82	0.7705		
Number of ER visits (baseline year)	Mean (SD)	6,487	1.41 (3.28)	1.39 (3.11)	1.44 (3.57)	1.40	1.37	0.5887	1.41 (2.83)	1.38 (2.32)	1.44 (3.57)	1.85	1.74	0.5270		
Number of ACSC admissions (baseline year)	Mean (SD)	6,487	0.07 (0.41)	0.07 (0.42)	0.06 (0.38)	2.67	2.71	0.3014	0.06 (0.31)	0.06 (0.26)	0.06 (0.38)	1.04	0.99	0.7213		
Number of readmissions (baseline year)	Mean (SD)	6,487	0.06 (0.40)	0.06 (0.43)	0.05 (0.34)	2.06	2.13	0.4249	0.05 (0.29)	0.05 (0.26)	0.05 (0.34)	1.03	0.99	0.7236		
In diabetes denominator (baseline year)	Yes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
In diabetes denominator (baseline year)	No	6,487	100.00	100.00	100.00	0.00	NA	NA	100.00	100.00	100.00	0.00	NA	NA		
HbA1c test (baseline year)	Yes	5,334	82.23	81.59	83.35	1.77	4.65	0.0738	83.67	83.99	83.35	0.64	1.72	0.5557		
HbA1c test (baseline year)	No	1,153	17.77	18.41	16.65	1.77	4.65	NA	16.33	16.01	16.65	0.64	1.72	NA		
Nephropathy test (baseline year)	Yes	3,576	55.13	54.1	56.94	2.83	5.70	0.0275	57.03	57.11	56.94	0.18	0.36	0.9012		
Nephropathy test (baseline year)	No	2,911	44.87	45.90	43.06	2.83	5.70	NA	42.97	42.89	43.06	0.18	0.36	NA		
Eye exam (baseline year)	Yes	2,360	36.38	37.16	35	2.16	4.51	0.0818	34.55	34.11	35	0.89	1.87	0.5219		
Eye exam (baseline year)	No	4,127	63.62	62.84	65.00	2.16	4.51	NA	65.45	65.89	65.00	0.89	1.87	NA		
LDL test—diabetes (baseline year)	Yes	4,827	74.41	74.23	74.73	0.51	1.16	0.6541	74.67	74.61	74.73	0.13	0.29	0.9200		
LDL test—diabetes (baseline year)	No	1,660	25.59	25.77	25.27	0.51	1.16	NA	25.33	25.39	25.27	0.13	0.29	NA		
In IVD denominator (baseline year)	Yes	1,527	23.54	23.31	23.94	0.63	1.49	0.5639	24.13	24.31	23.94	0.37	0.86	0.7675		
In IVD denominator (baseline year)	No	4,960	76.46	76.69	76.06	0.63	1.49	NA	75.87	75.69	76.06	0.37	0.86	NA		

				Unweighted ¹						Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Proportion or Mean (SD)			Standa Differe	p-value4				
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³				
LDL test—IVD (baseline year)	Yes	1,165	17.96	17.83	18.18	0.35	0.91	0.7252	18.27	18.37	18.18	0.18	0.47	0.8710			
LDL test—IVD (baseline year)	No	5,322	82.04	82.17	81.82	0.35	0.91	NA	81.73	81.63	81.82	0.18	0.47	NA			
Number of beneficiaries per site (2010)	Mean (SD)	6,487	488.75 (424.23)	504.40 (437.49)	461.08 (398.30)	10.21	10.36	0.0001	460.80 (346.37)	460.53 (313.27)	461.08 (398.30)	0.16	0.15	0.9573			
Total revenue per site (in millions)	Mean (SD)	6,487	2.42 (1.91)	2.37 (1.82)	2.51 (2.06)	7.44	7.31	0.0040	2.53 (1.76)	2.54 (1.57)	2.51 (2.06)	1.75	1.69	0.5490			
Years FQHC has been operating	Mean (SD)	6,487	19.17 (13.60)	19.57 (13.68)	18.46 (13.44)	8.18	8.21	0.0015	18.28 (11.53)	18.10 (10.30)	18.46 (13.44)	3.12	3.00	0.2859			
Number of primary care physicians per site	Mean (SD)	6,487	6.97 (6.40)	6.82 (6.05)	7.24 (6.98)	6.55	6.42	0.0112	7.20 (5.45)	7.16 (4.35)	7.24 (6.98)	1.42	1.33	0.6261			
Number of specialists per site	Mean (SD)	6,487	1.10 (2.53)	1.13 (2.60)	1.06 (2.41)	3.06	3.09	0.2370	1.09 (1.92)	1.12 (1.58)	1.06 (2.41)	3.43	3.24	0.2402			
Ambulatory Quality Accreditation	No	4,358	67.18	68.56	64.75	3.81	8.09	0.0017	63.52	62.3	64.75	2.45	5.09	0.0813			
Ambulatory Quality Accreditation	Yes	2,129	32.82	31.44	35.25	3.81	8.09	NA	36.48	37.70	35.25	2.45	5.09	NA			
HRSA PCMH Initiative participant	No	3,386	52.20	59.99	38.41	21.58	44.20	0.0000	38.05	37.69	38.41	0.72	1.48	0.6116			
HRSA PCMH Initiative participant	Yes	3,101	47.80	40.01	61.59	21.58	44.20	NA	61.95	62.31	61.59	0.72	1.48	NA			
Participation in other CMS sharing savings demonstration	No	5,310	81.86	82.12	81.39	0.73	1.88	0.4653	81.56	81.73	81.39	0.34	0.88	0.7626			
Participation in other CMS sharing savings demonstration	Yes	1,177	18.14	17.88	18.61	0.73	1.88	NA	18.44	18.27	18.61	0.34	0.88	NA			
Number of service delivery sites	Mean (SD)	6,487	9.58 (8.40)	8.33 (7.18)	11.78 (9.82)	41.11	40.13	0.0000	11.54 (8.13)	11.29 (6.99)	11.78 (9.82)	6.04	5.76	0.0387			
HCCN Grantee	No	2,876	44.33	48.65	36.71	11.94	24.33	0.0000	38.85	40.99	36.71	4.28	8.79	0.0026			
HCCN Grantee	Yes	3,611	55.67	51.35	63.29	11.94	24.33	NA	61.15	59.01	63.29	4.28	8.79	NA			
PCMH Funding FY 11	No	5,216	80.41	73.67	92.32	18.64	51.23	0.0000	92.63	92.95	92.32	0.63	2.41	0.4090			
PCMH Funding FY 11	Yes	1,271	19.59	26.33	7.68	18.64	51.23	NA	7.37	7.05	7.68	0.63	2.41	NA			
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	2,948	45.44	38.73	57.32	18.59	37.87	0.0000	57.91	58.5	57.32	1.18	2.40	0.4118			

					Unweighte	d1			Propensity Score Weighted ⁵						
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standardized Difference ^{2,3} p-value ⁴			Prop	Standardized Difference ²		p-value ⁴			
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³		
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	3,539	54.56	61.27	42.68	18.59	37.87	NA	42.09	41.50	42.68	1.18	2.40	NA	
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	4,725	72.84	71.62	74.99	3.37	7.62	0.0001	74.58	74.17	74.99	0.82	1.87	0.8055	
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	635	9.79	9.51	10.29	0.78	2.61	NA	10.51	10.73	10.29	0.44	1.45	NA	
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	1,127	17.37	18.87	14.72	4.15	11.11	NA	14.91	15.10	14.72	0.37	1.04	NA	
PCA Region	Central	1,573	24.25	21.55	29.02	7.47	17.26	0.0000	28.65	28.28	29.02	0.74	1.64	0.0000	
PCA Region	Mid-Atlantic	741	11.42	15.01	5.08	9.93	33.50	NA	4.87	4.65	5.08	0.43	1.98	NA	
PCA Region	Northeast	702	10.82	8.49	14.94	6.44	20.14	NA	17.59	20.23	14.94	5.29	13.93	NA	
PCA Region	Southeast	1,054	16.25	18.77	11.78	6.99	19.53	NA	11.04	10.31	11.78	1.47	4.71	NA	
PCA Region	West	1,103	17.00	17.33	16.43	0.89	2.39	NA	17.72	19.01	16.43	2.58	6.76	NA	
PCA Region	West-Central	1,314	20.26	18.85	22.75	3.90	9.63	NA	20.13	17.52	22.75	5.23	13.07	NA	
Percent household poverty in census tract	Mean (SD)	6,487	23.27 (12.75)	23.81 (12.90)	22.32 (12.43)	11.66	11.73	0.0000	21.80 (10.63)	21.28 (9.44)	22.32 (12.43)	9.79	9.43	0.0008	

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically

significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10). 5. Numbers in these columns are weighted both for non-response, conditional on sample strata, and by the ATT weight.

Exhibit F.47. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				mbalance Summary	(CMS approach)				
	Imbalance Summary (RAND Approach)	Mean Absolu	te Standardized D)ifference (%)	% of Covariates with Statistically Significant Differences				
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary- Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)		
Unweighted	41.30	3.10	18.88	10.81	10.53	80.00	41.18		
Propensity Score Weighted	10.87	1.40	4.71	3.02	5.26	20.00	11.76		

Exhibit F.48. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 Recognition by Year Three, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighte	d1		Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Proportion or Mean (SD)			Stand Differ	Standardized Difference ^{2,3}		Proportion or Mean (SD)			Standardized Difference ²		p-value⁴	
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³		
Age (4 categories)	<65	2,864	80.27	80.59	79.69	0.91	2.27	0.5142	80.54	81.38	79.69	1.69	4.28	0.2795	
Age (4 categories)	65-74	704	19.73	19.41	20.31	0.91	2.27	NA	19.46	18.62	20.31	1.69	4.28	NA	
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Race/ethnicity	White	2,592	72.65	71.43	74.82	3.39	7.65	0.0451	75.18	75.54	74.82	0.71	1.66	0.9425	
Race/ethnicity	Black	608	17.04	18.40	14.59	3.82	10.29	NA	14.58	14.58	14.59	0.01	0.03	NA	
Race/ethnicity	Asian	56	1.57	1.57	1.57	0.00	0.01	NA	1.61	1.65	1.57	0.08	0.67	NA	
Race/ethnicity	Hispanic	189	5.30	5.41	5.10	0.31	1.39	NA	4.74	4.38	5.10	0.71	3.36	NA	
Race/ethnicity	Other/ Unknown	123	3.45	3.18	3.92	0.74	3.99	NA	3.88	3.85	3.92	0.07	0.38	NA	
Gender	Female	1,521	42.63	43.09	41.80	1.28	2.60	0.4574	41.98	42.16	41.80	0.36	0.73	0.8535	
Gender	Male	2,047	57.37	56.91	58.20	1.28	2.60	NA	58.02	57.84	58.20	0.36	0.73	NA	
Dual eligible	Yes	1,519	42.57	42.74	42.27	0.46	0.94	0.7881	42.53	42.78	42.27	0.51	1.03	0.7944	
Dual eligible	No	2,049	57.43	57.26	57.73	0.46	0.94	NA	57.47	57.22	57.73	0.51	1.03	NA	
					Unweighte	d1				Proj	pensity Score We	eighted⁵			
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Variable	Level	Total Sample N	Pro	portion or Mean (SD)	Stand Diffe	ardized rence ^{2,3}	p-value⁴	Prop	oortion or Mean	(SD)	Standa Differ	irdized ence ²	p-value⁴	
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³		
Disabled	Yes	2,087	58.49	58.22	58.98	0.76	1.54	0.6590	59.12	59.26	58.98	0.28	0.56	0.8875	
Disabled	No	1,481	41.51	41.78	41.02	0.76	1.54	NA	40.88	40.74	41.02	0.28	0.56	NA	
Institutionalized	Yes	120	3.36	3.79	2.59	1.21	6.87	0.0555	2.68	2.76	2.59	0.17	1.08	0.7845	
Institutionalized	No	3,448	96.64	96.21	97.41	1.21	6.87	NA	97.32	97.24	97.41	0.17	1.08	NA	
Comorbidity index	Mean (SD)	3,568	1.65 (1.28)	1.63 (1.26)	1.70 (1.31)	5.98	5.95	0.0870	1.71 (1.11)	1.71 (0.98)	1.70 (1.31)	0.46	0.44	0.9076	
Total payments (baseline year)	Mean (SD)	3,568	15,077.18 (24,825.69)	15,054.61 (24,899.58)	15,117.77 (24,701.93)	0.25	0.25	0.9420	15,540.46 (22,220.17)	15,960.09 (20,712.93)	15,117.77 (24,701.93)	3.79	3.70	0.3377	
Number of inpatient admissions (baseline year)	Mean (SD)	3,568	0.59 (1.13)	0.59 (1.13)	0.60 (1.12)	1.19	1.19	0.7344	0.61 (0.96)	0.61 (0.86)	0.60 (1.12)	0.75	0.72	0.8498	
Number of ER visits (baseline year)	Mean (SD)	3,568	1.84 (4.33)	1.77 (3.98)	1.98 (4.89)	4.89	4.75	0.1618	2.05 (4.63)	2.12 (4.49)	1.98 (4.89)	3.15	3.11	0.4255	
Number of ACSC admissions (baseline year)	Mean (SD)	3,568	0.10 (0.44)	0.11 (0.46)	0.10 (0.39)	1.78	1.82	0.6105	0.10 (0.34)	0.10 (0.31)	0.10 (0.39)	0.14	0.14	0.9710	
Number of readmissions (baseline year)	Mean (SD)	3,568	0.09 (0.47)	0.09 (0.49)	0.10 (0.44)	2.00	2.03	0.5675	0.10 (0.42)	0.10 (0.40)	0.10 (0.44)	1.89	1.87	0.6330	
In diabetes denominator (baseline year)	Yes	1,527	42.80	42.13	44.00	1.87	3.78	0.2789	44.21	44.43	44.00	0.43	0.86	0.8276	
In diabetes denominator (baseline year)	No	2,041	57.20	57.87	56.00	1.87	3.78	NA	55.79	55.57	56.00	0.43	0.86	NA	
HbA1c test (baseline year)	Yes	1,242	34.81	34.45	35.45	1.00	2.09	0.5486	35.78	36.11	35.45	0.65	1.36	0.7299	
HbA1c test (baseline year)	No	2,326	65.19	65.55	64.55	1.00	2.09	NA	64.22	63.89	64.55	0.65	1.36	NA	
Nephropathy test (baseline year)	Yes	922	25.84	25.43	26.59	1.16	2.65	0.4470	26.69	26.78	26.59	0.20	0.44	0.9111	
Nephropathy test (baseline year)	No	2,646	74.16	74.57	73.41	1.16	2.65	NA	73.31	73.22	73.41	0.20	0.44	NA	
Eye exam (baseline year)	Yes	586	16.42	16.22	16.78	0.56	1.51	0.6647	17.03	17.28	16.78	0.49	1.31	0.7398	
Eye exam (baseline year)	No	2,982	83.58	83.78	83.22	0.56	1.51	NA	82.97	82.72	83.22	0.49	1.31	NA	
LDL test—diabetes (baseline year)	Yes	1,177	32.99	32.66	33.57	0.90	1.92	0.5821	33.54	33.51	33.57	0.06	0.12	0.9765	
LDL test—diabetes (baseline year)	No	2,391	67.01	67.34	66.43	0.90	1.92	NA	66.46	66.49	66.43	0.06	0.12	NA	
In IVD denominator (baseline year)	Yes	3,568	100.00	100.00	100.00	0.00	NA	NA	100.00	100.00	100.00	0.00	NA	NA	

						Prop	ensity Score W	eighted⁵						
Variable	Level	Total Sample N	Pro	portion or Mean (SD)	Stand Diffe	ardized rence ^{2,3}	p-value ⁴	Prop	portion or Mean	(SD)	Standa Differ	ndized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	No	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LDL test—IVD (baseline year)	Yes	2,484	69.62	69.04	70.67	1.63	3.55	0.3102	70.65	70.64	70.67	0.03	0.07	0.9867
LDL test—IVD (baseline year)	No	1,084	30.38	30.96	29.33	1.63	3.55	NA	29.35	29.36	29.33	0.03	0.07	NA
Number of beneficiaries per site (2010)	Mean (SD)	3,568	493.58 (442.27)	527.59 (485.92)	432.43 (342.12)	21.52	22.65	0.0000	427.08 (293.89)	421.77 (263.30)	432.43 (342.12)	3.63	3.49	0.3589
Total revenue per site (in millions)	Mean (SD)	3,568	2.31 (1.85)	2.27 (1.72)	2.38 (2.06)	5.82	5.67	0.0957	2.37 (1.74)	2.37 (1.53)	2.38 (2.06)	0.43	0.41	0.9134
Years FQHC has been operating	Mean (SD)	3,568	18.77 (13.35)	19.27 (13.49)	17.87 (13.06)	10.50	10.56	0.0026	17.68 (11.22)	17.49 (10.05)	17.87 (13.06)	3.35	3.22	0.3969
Number of primary care physicians per site	Mean (SD)	3,568	6.47 (6.09)	6.41 (6.04)	6.58 (6.18)	2.81	2.80	0.4207	6.61 (5.08)	6.63 (4.35)	6.58 (6.18)	0.91	0.86	0.8184
Number of specialists per site	Mean (SD)	3,568	1.07 (2.79)	1.18 (3.11)	0.87 (2.06)	11.04	11.66	0.0016	0.91 (1.69)	0.95 (1.44)	0.87 (2.06)	4.94	4.69	0.2117
Ambulatory Quality Accreditation	No	2,488	69.73	72.48	64.78	7.70	16.65	0.0000	64.01	63.24	64.78	1.55	3.23	0.4146
Ambulatory Quality Accreditation	Yes	1,080	30.27	27.52	35.22	7.70	16.65	NA	35.99	36.76	35.22	1.55	3.23	NA
HRSA PCMH Initiative participant	No	1,886	52.86	60.75	38.67	22.08	45.29	0.0000	37.61	36.56	38.67	2.10	4.34	0.2719
HRSA PCMH Initiative participant	Yes	1,682	47.14	39.25	61.33	22.08	45.29	NA	62.39	63.44	61.33	2.10	4.34	NA
Participation in other CMS sharing savings demonstration	No	2,941	82.43	82.95	81.49	1.46	3.81	0.2728	82.30	83.11	81.49	1.62	4.25	0.2827
Participation in other CMS sharing savings demonstration	Yes	627	17.57	17.05	18.51	1.46	3.81	NA	17.70	16.89	18.51	1.62	4.25	NA
Number of service delivery sites	Mean (SD)	3,568	9.10 (8.17)	8.00 (7.33)	11.08 (9.17)	37.66	37.07	0.0000	10.85 (7.50)	10.62 (6.39)	11.08 (9.17)	6.17	5.86	0.1189
HCCN Grantee	No	1,594	44.67	49.37	36.24	13.13	26.78	0.0000	38.85	41.45	36.24	5.21	10.71	0.0068
HCCN Grantee	Yes	1,974	55.33	50.63	63.76	13.13	26.78	NA	61.15	58.55	63.76	5.21	10.71	NA
PCMH Funding FY 11	No	2,876	80.61	74.27	92	17.73	48.74	0.0000	92.5	92.99	92	0.99	3.75	0.3425
PCMH Funding FY 11	Yes	692	19.39	25.73	8.00	17.73	48.74	NA	7.50	7.01	8.00	0.99	3.75	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve	No	1,596	44.73	37.29	58.12	20.83	42.64	0.0000	58.8	59.47	58.12	1.35	2.75	0.4871

					Unweighte	d1				Prop	ensity Score We	ighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mean (SD)	Stand Diffe	ardized rence ^{2,3}	p-value ⁴	Prop	oortion or Mean	(SD)	Standa Differ	ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Grantee)														
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	1,972	55.27	62.71	41.88	20.83	42.64	NA	41.20	40.53	41.88	1.35	2.75	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	2,470	69.23	67.77	71.84	4.07	8.88	0.0209	71.37	70.89	71.84	0.95	2.10	0.7005
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	416	11.66	11.82	11.37	0.45	1.39	NA	11.22	11.07	11.37	0.31	0.97	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	682	19.11	20.41	16.78	3.63	9.33	NA	17.41	18.04	16.78	1.25	3.31	NA
PCA Region	Central	955	26.77	23.77	32.16	8.39	18.77	0.0000	31.28	30.41	32.16	1.74	3.76	0.0019
PCA Region	Mid-Atlantic	421	11.80	15.48	5.18	10.31	34.36	NA	5.02	4.87	5.18	0.31	1.41	NA
PCA Region	Northeast	394	11.04	8.07	16.39	8.32	25.61	NA	19.20	21.99	16.39	5.60	14.25	NA
PCA Region	Southeast	650	18.22	20.80	13.57	7.23	19.26	NA	13.00	12.43	13.57	1.13	3.37	NA
PCA Region	West	510	14.29	14.87	13.25	1.62	4.65	NA	14.07	14.89	13.25	1.63	4.70	NA
PCA Region	West-Central	638	17.88	17.01	19.45	2.44	6.33	NA	17.42	15.41	19.45	4.04	10.68	NA
Percent household poverty in census tract	Mean (SD)	3,568	22.28 (12.21)	22.82 (12.40)	21.32 (11.79)	12.28	12.39	0.0004	20.71 (10.09)	20.10 (8.99)	21.32 (11.79)	12.04	11.59	0.0023

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted. 3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant

results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.49. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absol	ute Standardized [Difference (%)	% of Covaria	ites with Statistica Differences	ally Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary- Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	41.67	2.92	23.02	12.13	84.21	100.00	91.18
Propensity Score Weighted	14.58	0.80	4.94	2.70	26.32	100.00	58.82

Exhibit F.50. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Cost and Utilization Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweighted	L				Prop	ensity Score We	eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean (SD)	Stand Diffe	lardized rence ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized rence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	190,960	44.60	44.16	45.11	0.95	1.92	0.0000	45.39	45.69	45.11	0.57	1.15	0.0000
Age (4 categories)	65-74	147,616	34.48	34.99	33.88	1.11	2.34	NA	33.88	33.89	33.88	0.01	0.01	NA
Age (4 categories)	75-84	67,782	15.83	15.87	15.78	0.09	0.25	NA	15.60	15.40	15.78	0.38	1.04	NA
Age (4 categories)	85+	21,788	5.09	4.97	5.22	0.25	1.13	NA	5.13	5.02	5.22	0.20	0.91	NA
Race/ethnicity	White	297,364	69.45	68.71	70.32	1.61	3.51	0.0000	70.40	70.49	70.32	0.17	0.37	0.0000
Race/ethnicity	Black	76,972	17.98	20.69	14.83	5.86	15.38	NA	15.33	15.86	14.83	1.03	2.86	NA
Race/ethnicity	Asian	12,294	2.87	2.33	3.50	1.17	6.95	NA	3.09	2.64	3.50	0.86	4.96	NA
Race/ethnicity	Hispanic	29,503	6.89	5.80	8.16	2.36	9.29	NA	7.87	7.56	8.16	0.60	2.24	NA
Race/ethnicity	Other /Unknown	12,013	2.81	2.48	3.19	0.71	4.30	NA	3.31	3.45	3.19	0.26	1.44	NA
Gender	Female	239,077	55.84	56.19	55.43	0.76	1.53	0.0000	55.29	55.14	55.43	0.29	0.59	0.0701
Gender	Male	189,069	44.16	43.81	44.57	0.76	1.53	NA	44.71	44.86	44.57	0.29	0.59	NA

					Unweighted	L				Proj	pensity Score We	eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean (SD)	Stand Differ	ardized rence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Dual eligible	Yes	206,740	48.29	47.31	49.43	2.12	4.24	0.0000	49.14	48.84	49.43	0.59	1.17	0.0003
Dual eligible	No	221,406	51.71	52.69	50.57	2.12	4.24	NA	50.86	51.16	50.57	0.59	1.17	NA
Disabled	Yes	220,822	51.58	51.29	51.91	0.63	1.26	0.0000	52.21	52.52	51.91	0.61	1.22	0.0002
Disabled	No	207,324	48.42	48.71	48.09	0.63	1.26	NA	47.79	47.48	48.09	0.61	1.22	NA
Institutionalized	Yes	7,234	1.69	1.65	1.74	0.10	0.75	0.0147	1.73	1.73	1.74	0.01	0.11	0.7323
Institutionalized	No	420,912	98.31	98.35	98.26	0.10	0.75	NA	98.27	98.27	98.26	0.01	0.11	NA
Comorbidity index	Mean (SD)	428,146	1.17 (1.04)	1.17 (1.05)	1.17 (1.04)	0.21	0.21	0.4918	1.17 (0.98)	1.16 (0.93)	1.17 (1.04)	0.40	0.40	0.2135
Total payments (baseline year)	Mean (SD)	428,146	7,805.88 (17,806.05)	7,859.34 (17,990.64)	7,743.77 (17,589.03)	0.65	0.65	0.0342	7,734.38 (16,456.62)	7,724.28 (15,415.38)	7,743.77 (17,589.03)	0.12	0.12	0.7145
Number of inpatient admissions (baseline year)	Mean (SD)	428,146	0.29 (0.82)	0.29 (0.83)	0.29 (0.82)	0.90	0.90	0.0034	0.29 (0.78)	0.29 (0.74)	0.29 (0.82)	0.09	0.09	0.7693
Number of ER visits (baseline year)	Mean (SD)	428,146	1.00 (2.46)	0.98 (2.36)	1.03 (2.57)	2.02	2.01	0.0000	1.03 (2.50)	1.02 (2.44)	1.03 (2.57)	0.08	0.08	0.8015
Number of ACSC admissions (baseline year)	Mean (SD)	428,146	0.04 (0.29)	0.04 (0.29)	0.04 (0.29)	0.50	0.50	0.1060	0.04 (0.28)	0.04 (0.27)	0.04 (0.29)	0.19	0.19	0.5634
Number of readmissions (baseline year)	Mean (SD)	428,146	0.04 (0.33)	0.04 (0.32)	0.04 (0.33)	0.43	0.43	0.1590	0.04 (0.32)	0.04 (0.31)	0.04 (0.33)	0.28	0.28	0.3931
In diabetes denominator (baseline year)	Yes	98,351	22.97	23.57	22.28	1.28	3.06	0.0000	22.34	22.41	22.28	0.13	0.31	0.3336
In diabetes denominator (baseline year)	No	329,795	77.03	76.43	77.72	1.28	3.06	NA	77.66	77.59	77.72	0.13	0.31	NA
HbA1c test (baseline year)	Yes	83,647	19.54	20.00	19.00	0.99	2.50	0.0000	18.94	18.88	19.00	0.13	0.32	0.3174
HbA1c test (baseline year)	No	344,499	80.46	80.00	81.00	0.99	2.50	NA	81.06	81.12	81.00	0.13	0.32	NA
Nephropathy test (baseline year)	Yes	53,994	12.61	12.49	12.75	0.25	0.76	0.0129	12.86	12.98	12.75	0.24	0.71	0.0287
Nephropathy test (baseline year)	No	374,152	87.39	87.51	87.25	0.25	0.76	NA	87.14	87.02	87.25	0.24	0.71	NA
Eye exam (baseline year)	Yes	40,865	9.54	9.63	9.44	0.19	0.65	0.0350	9.45	9.46	9.44	0.02	0.06	0.8635
Eye exam (baseline year)	No	387,281	90.46	90.37	90.56	0.19	0.65	NA	90.55	90.54	90.56	0.02	0.06	NA
LDL test—diabetes (baseline year)	Yes	77,587	18.12	18.54	17.63	0.91	2.35	0.0000	17.64	17.64	17.63	0.01	0.02	0.9626
LDL test—diabetes (baseline year)	No	350,559	81.88	81.46	82.37	0.91	2.35	NA	82.36	82.36	82.37	0.01	0.02	NA
In IVD denominator (baseline year)	Yes	56,804	13.27	14.01	12.41	1.60	4.72	0.0000	12.40	12.40	12.41	0.01	0.04	0.9075

					Unweighted	1				Pro	pensity Score W	eighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean (SD)	Stand Diffe	ardized rence ^{2,3}	p-value⁴	Prop	portion or Mean	(SD)	Standa Differ	ardized rence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	No	371,342	86.73	85.99	87.59	1.60	4.72	NA	87.60	87.60	87.59	0.01	0.04	NA
LDL test—IVD (baseline year)	Yes	43,300	10.11	10.71	9.42	1.29	4.28	0.0000	9.40	9.37	9.42	0.05	0.16	0.6229
LDL test—IVD (baseline year)	No	384,846	89.89	89.29	90.58	1.29	4.28	NA	90.60	90.63	90.58	0.05	0.16	NA
Number of beneficiaries per site (2010)	Mean (SD)	428,146	587.51 (499.69)	571.71 (448.64)	605.87 (552.54)	6.84	6.79	0.0000	576.12 (482.55)	544.10 (410.98)	605.87 (552.54)	12.80	12.69	0.0000
Total revenue per site (in millions)	Mean (SD)	428,146	2.44 (2.05)	2.21 (1.83)	2.70 (2.25)	23.94	23.93	0.0000	2.82 (2.38)	2.95 (2.48)	2.70 (2.25)	10.34	10.39	0.0000
Years FQHC has been operating	Mean (SD)	428,146	20.27 (13.57)	20.85 (13.74)	19.60 (13.35)	9.22	9.24	0.0000	19.88 (13.00)	20.18 (12.68)	19.60 (13.35)	4.46	4.45	0.0000
Number of primary care physicians per site	Mean (SD)	428,146	7.48 (8.10)	6.65 (6.58)	8.46 (9.47)	22.34	22.19	0.0000	8.07 (7.92)	7.66 (6.26)	8.46 (9.47)	10.08	9.94	0.0000
Number of specialists per site	Mean (SD)	428,146	1.12 (2.64)	1.05 (2.61)	1.21 (2.69)	6.28	6.28	0.0000	1.24 (2.39)	1.27 (2.10)	1.21 (2.69)	2.37	2.35	0.0000
Ambulatory Quality Accreditation	No	293,986	68.66	80.08	55.40	24.68	54.75	0.0000	56.01	56.66	55.40	1.26	2.53	0.0000
Ambulatory Quality Accreditation	Yes	134,160	31.34	19.92	44.60	24.68	54.75	NA	43.99	43.34	44.60	1.26	2.53	NA
HRSA PCMH Initiative participant	No	235,092	54.91	62.88	45.65	17.22	35.10	0.0000	45.47	45.27	45.65	0.39	0.77	0.0168
HRSA PCMH Initiative participant	Yes	193,054	45.09	37.12	54.35	17.22	35.10	NA	54.53	54.73	54.35	0.39	0.77	NA
Participation in other CMS sharing savings demonstration	No	352,411	82.31	85.48	78.63	6.85	17.93	0.0000	80.24	81.98	78.63	3.35	8.43	0.0000
Participation in other CMS sharing savings demonstration	Yes	75,735	17.69	14.52	21.37	6.85	17.93	NA	19.76	18.02	21.37	3.35	8.43	NA
Number of service delivery sites	Mean (SD)	428,146	9.58 (9.14)	8.08 (7.69)	11.32 (10.30)	35.53	35.72	0.0000	10.43 (9.17)	9.47 (7.99)	11.32 (10.30)	20.26	20.16	0.0000
HCCN Grantee	No	194,344	45.39	50.57	39.38	11.19	22.64	0.0000	41.39	43.55	39.38	4.18	8.48	0.0000
HCCN Grantee	Yes	233,802	54.61	49.43	60.62	11.19	22.64	NA	58.61	56.45	60.62	4.18	8.48	NA
PCMH Funding FY 11	No	337,460	78.82	68.31	91.03	22.72	58.84	0.0000	90.76	90.47	91.03	0.56	1.92	0.0000
PCMH Funding FY 11	Yes	90,686	21.18	31.69	8.97	22.72	58.84	NA	9.24	9.53	8.97	0.56	1.92	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	178,403	41.67	32.04	52.85	20.81	43.08	0.0000	53.38	53.94	52.85	1.09	2.18	0.0000
ACA grant (ACA Building Capacity	Yes	249,743	58.33	67.96	47.15	20.81	43.08	NA	46.62	46.06	47.15	1.09	2.18	NA

					Unweighted	L				Prop	ensity Score We	eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean (SD)	Stand Diffe	ardized rence ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized rence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CIMS ³	
Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)														
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	282,842	66.06	62.36	70.37	8.01	17.02	0.0000	70.09	69.78	70.37	0.58	1.28	0.0000
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	61,843	14.44	15.67	13.02	2.66	7.59	NA	13.46	13.94	13.02	0.93	2.71	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	83,461	19.49	21.97	16.62	5.35	13.60	NA	16.45	16.27	16.62	0.34	0.92	NA
PCA Region	Central	96,886	22.63	21.23	24.26	3.03	7.22	0.0000	23.66	23.02	24.26	1.24	2.91	0.0000
PCA Region	Mid-Atlantic	55,220	12.90	19.43	5.30	14.13	43.94	NA	5.63	5.98	5.30	0.67	2.91	NA
PCA Region	Northeast	55,472	12.96	7.62	19.15	11.53	34.34	NA	19.80	20.51	19.15	1.36	3.40	NA
PCA Region	Southeast	69,871	16.32	19.61	12.50	7.10	19.45	NA	12.60	12.70	12.50	0.20	0.60	NA
PCA Region	West	66,781	15.60	14.91	16.40	1.49	4.09	NA	15.42	14.37	16.40	2.02	5.61	NA
PCA Region	West-Central	83,916	19.60	17.20	22.39	5.20	13.07	NA	22.89	23.43	22.39	1.03	2.46	NA
Percent household poverty in census tract	Mean (SD)	428,146	22.29 (12.15)	22.83 (12.01)	21.66 (12.27)	9.66	9.66	0.0000	21.74 (11.63)	21.84 (11.04)	21.66 (12.27)	1.57	1.57	0.0000

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.51. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Readmission Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absolu	ute Standardized E	Difference (%)	% of Covariates	s with Statistically Differences	y Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	39.58	2.78	22.32	11.73	63.16	100.00	79.41
Propensity Score Weighted	10.42	0.78	4.88	2.66	10.53	93.33	47.06

Exhibit F.52. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Readmission Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweighte	d1				Pro	pensity Score W	eighted⁵		
Variable	Level	Total Sample N	Prop	portion or Mean	(SD)	Standa Diffen	ardized ence ^{2,3}	p-value⁴	Proj	portion or Mean	(SD)	Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CIMS ³	
Age (4 categories)	<65	69,156	42.35	41.89	42.90	1.00	2.03	0.0000	43.12	43.36	42.90	0.46	0.93	0.0156
Age (4 categories)	65-74	52,576	32.20	32.80	31.48	1.31	2.81	NA	31.61	31.74	31.48	0.25	0.54	NA
Age (4 categories)	75-84	30,745	18.83	18.82	18.84	0.03	0.07	NA	18.64	18.41	18.84	0.43	1.11	NA
Age (4 categories)	85+	10,811	6.62	6.49	6.77	0.28	1.12	NA	6.64	6.49	6.77	0.28	1.13	NA
Race/ethnicity	White	116,825	71.55	70.61	72.65	2.04	4.52	0.0000	72.61	72.57	72.65	0.09	0.19	0.000 0
Race/ethnicity	Black	29,140	17.85	20.33	14.89	5.43	14.30	NA	15.38	15.90	14.89	1.00	2.78	NA
Race/ethnicity	Asian	3,374	2.07	1.73	2.47	0.74	5.19	NA	2.25	2.02	2.47	0.45	3.03	NA
Race/ethnicity	Hispanic	9,595	5.88	4.99	6.93	1.94	8.19	NA	6.59	6.23	6.93	0.70	2.83	NA
Race/ethnicity	Other /Unknown	4,354	2.67	2.34	3.06	0.72	4.42	NA	3.17	3.29	3.06	0.23	1.34	NA
Gender	Female	92,976	56.94	57.44	56.35	1.09	2.21	0.0000	56.12	55.87	56.35	0.48	0.96	0.0691
Gender	Male	70,312	43.06	42.56	43.65	1.09	2.21	NA	43.88	44.13	43.65	0.48	0.96	NA
Dual eligible	Yes	81,147	49.70	48.79	50.78	1.99	3.99	0.0000	50.58	50.36	50.78	0.42	0.83	0.1148
Dual eligible	No	82,141	50.30	51.21	49.22	1.99	3.99	NA	49.42	49.64	49.22	0.42	0.83	NA

					Unweighte	d1				Pro	pensity Score W	eighted ⁵		
Variable	Level	Total Sample N	Pro	portion or Mean	(SD)	Standa Differ	ardized ence ^{2,3}	p-value ⁴	Pro	portion or Mean	(SD)	Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CIMS ³	
Disabled	Yes	84,819	51.94	51.70	52.24	0.53	1.07	0.0312	52.48	52.74	52.24	0.50	1.01	0.0562
Disabled	No	78,469	48.06	48.30	47.76	0.53	1.07	NA	47.52	47.26	47.76	0.50	1.01	NA
Institutionalized	Yes	6,486	3.97	3.81	4.16	0.35	1.81	0.0003	4.13	4.10	4.16	0.07	0.33	0.5331
Institutionalized	No	156,802	96.03	96.19	95.84	0.35	1.81	NA	95.87	95.90	95.84	0.07	0.33	NA
Comorbidity index	Mean (SD)	163,288	1.63 (1.29)	1.63 (1.30)	1.63 (1.28)	0.01	0.01	0.9878	1.63 (1.21)	1.63 (1.14)	1.63 (1.28)	0.16	0.16	0.7553
Total payments (baseline year)	Mean (SD)	163,288	15,206.67 (24,454.81)	15,177.01 (24,485.42)	15,241.97 (24,418.46)	0.27	0.27	0.5929	15,214.82 (22,756.82)	15,185.68 (21,260.32)	15,241.97 (24,418.46)	0.25	0.25	0.6391
Number of inpatient admissions (baseline year)	Mean (SD)	163,288	0.72 (1.18)	0.72 (1.18)	0.72 (1.17)	0.15	0.15	0.7681	0.72 (1.11)	0.72 (1.06)	0.72 (1.17)	0.07	0.07	0.8929
Number of ER visits (baseline year)	Mean (SD)	163,288	1.76 (3.39)	1.71 (3.25)	1.81 (3.55)	2.94	2.93	0.0000	1.82 (3.42)	1.82 (3.31)	1.81 (3.55)	0.21	0.21	0.6943
Number of ACSC admissions (baseline year)	Mean (SD)	163,288	0.10 (0.46)	0.10 (0.45)	0.10 (0.46)	0.27	0.27	0.5914	0.10 (0.43)	0.10 (0.41)	0.10 (0.46)	0.11	0.11	0.8354
Number of readmissions (baseline year)	Mean (SD)	163,288	0.10 (0.52)	0.10 (0.52)	0.10 (0.53)	0.23	0.23	0.6481	0.10 (0.50)	0.10 (0.48)	0.10 (0.53)	0.23	0.23	0.6569
In diabetes denominator (baseline year)	Yes	43,472	26.62	27.30	25.81	1.49	3.37	0.0000	25.91	26.01	25.81	0.19	0.44	0.4005
In diabetes denominator (baseline year)	No	119,816	73.38	72.70	74.19	1.49	3.37	NA	74.09	73.99	74.19	0.19	0.44	NA
HbA1c test (baseline year)	Yes	36,152	22.14	22.55	21.65	0.91	2.18	0.0000	21.60	21.56	21.65	0.09	0.22	0.6738
HbA1c test (baseline year)	No	127,136	77.86	77.45	78.35	0.91	2.18	NA	78.40	78.44	78.35	0.09	0.22	NA
Nephropathy test (baseline year)	Yes	24,660	15.10	15.11	15.09	0.01	0.04	0.9379	15.23	15.37	15.09	0.27	0.76	0.1507
Nephropathy test (baseline year)	No	138,628	84.90	84.89	84.91	0.01	0.04	NA	84.77	84.63	84.91	0.27	0.76	NA
Eye exam (baseline year)	Yes	17,906	10.97	11.02	10.90	0.12	0.40	0.4220	10.94	10.99	10.90	0.09	0.29	0.5851
Eye exam (baseline year)	No	145,382	89.03	88.98	89.10	0.12	0.40	NA	89.06	89.01	89.10	0.09	0.29	NA
LDL test—diabetes (baseline year)	Yes	33,295	20.39	20.83	19.87	0.96	2.40	0.0000	19.86	19.85	19.87	0.02	0.05	0.9201
LDL test—diabetes (baseline year)	No	129,993	79.61	79.17	80.13	0.96	2.40	NA	80.14	80.15	80.13	0.02	0.05	
In IVD denominator (baseline year)	Yes	33,164	20.31	21.12	19.34	1.78	4.44	0.0000	19.32	19.30	19.34	0.04	0.10	0.8444

					Unweighte	ed ¹				Pro	opensity Score W	/eighted⁵		
Variable	Level	Total Sample N	Prop	portion or Mean	(SD)	Standa Differ	ardized ence ^{2,3}	p-value⁴	Pro	portion or Mean	(SD)	Standa Differ	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
In IVD denominator (baseline year)	No	130,124	79.69	78.88	80.66	1.78	4.44	NA	80.68	80.70	80.66	0.04	0.10	NA
LDL test—IVD (baseline year)	Yes	24,569	15.05	15.68	14.29	1.39	3.89	0.0000	14.25	14.20	14.29	0.10	0.28	0.5970
LDL test—IVD (baseline year)	No	138,719	84.95	84.32	85.71	1.39	3.89	NA	85.75	85.80	85.71	0.10	0.28	NA
Number of beneficiaries per site (2010)	Mean (SD)	163,288	589.52 (495.79)	580.15 (452.94)	600.68 (542.18)	4.14	4.11	0.0000	575.52 (473.10)	548.50 (404.70)	600.68 (542.18)	11.03	10.91	0.0000
Total revenue per site (in millions)	Mean (SD)	163,288	2.40 (2.02)	2.21 (1.84)	2.63 (2.20)	21.16	21.12	0.0000	2.76 (2.33)	2.90 (2.43)	2.63 (2.20)	11.32	11.39	0.0000
Years FQHC has been operating	Mean (SD)	163,288	20.05 (13.56)	20.47 (13.74)	19.54 (13.32)	6.84	6.85	0.0000	19.76 (12.88)	19.99 (12.49)	19.54 (13.32)	3.44	3.43	0.0000
Number of primary care physicians per site	Mean (SD)	163,288	7.39 (8.09)	6.65 (6.66)	8.27 (9.44)	20.01	19.81	0.0000	7.91 (7.80)	7.52 (6.07)	8.27 (9.44)	9.63	9.46	0.0000
Number of specialists per site	Mean (SD)	163,288	1.12 (2.71)	1.07 (2.74)	1.18 (2.67)	4.18	4.19	0.0000	1.22 (2.39)	1.26 (2.12)	1.18 (2.67)	3.23	3.20	0.0000
Ambulatory Quality Accreditation	No	112,651	68.99	80.07	55.80	24.27	53.86	0.0000	56.55	57.36	55.80	1.56	3.14	0.0000
Ambulatory Quality Accreditation	Yes	50,637	31.01	19.93	44.20	24.27	53.86	NA	43.45	42.64	44.20	1.56	3.14	NA
HRSA PCMH Initiative participant	No	89,933	55.08	63.21	45.40	17.81	36.34	0.0000	45.28	45.14	45.40	0.25	0.51	0.3349
HRSA PCMH Initiative participant	Yes	73,355	44.92	36.79	54.60	17.81	36.34	NA	54.72	54.86	54.60	0.25	0.51	NA
Participation in other CMS sharing savings demonstration	No	135,191	82.79	86.22	78.72	7.50	19.82	0.0000	80.47	82.36	78.72	3.64	9.20	0.0000
Participation in other CMS sharing savings demonstration	Yes	28,097	17.21	13.78	21.28	7.50	19.82	NA	19.53	17.64	21.28	3.64	9.20	NA
Number of service delivery sites	Mean (SD)	163,288	9.58 (9.16)	8.16 (7.77)	11.28 (10.33)	34.09	34.17	0.0000	10.35 (9.07)	9.34 (7.77)	11.28 (10.33)	21.37	21.22	0.0000
HCCN Grantee	No	75,086	45.98	50.83	40.22	10.61	21.42	0.0000	42.17	44.27	40.22	4.05	8.21	0.0000
HCCN Grantee	Yes	88,202	54.02	49.17	59.78	10.61	21.42	NA	57.83	55.73	59.78	4.05	8.21	NA
PCMH Funding FY 11	No	128,254	78.54	68.14	90.92	22.78	58.84	0.0000	90.63	90.31	90.92	0.61	2.09	0.0001
PCMH Funding FY 11	Yes	35,034	21.46	31.86	9.08	22.78	58.84	NA	9.37	9.69	9.08	0.61	2.09	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	67,010	41.04	31.82	52.01	20.19	41.80	0.0000	52.50	53.03	52.01	1.03	2.06	0.0001

					Unweighte	d1			Pro	pensity Score W	eighted⁵			
Variable	Level	Total Sample N	Prop	portion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Proj	portion or Mean	(SD)	Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND²	C MS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	96,278	58.96	68.18	47.99	20.19	41.80	NA	47.50	46.97	47.99	1.03	2.06	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	106,692	65.34	61.96	69.36	7.41	15.65	0.0000	69.24	69.10	69.36	0.26	0.57	0.0005
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	24,672	15.11	16.34	13.64	2.70	7.57	NA	13.96	14.30	13.64	0.66	1.91	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	31,924	19.55	21.70	16.99	4.71	11.93	NA	16.80	16.59	16.99	0.40	1.07	NA
PCA Region	Central	39,248	24.04	22.07	26.37	4.29	10.04	0.0000	25.63	24.85	26.37	1.52	3.49	0.0000
PCA Region	Mid-Atlantic	22,546	13.81	20.59	5.74	14.85	45.04	NA	6.02	6.33	5.74	0.59	2.50	NA
PCA Region	Northeast	20,962	12.84	7.52	19.16	11.64	34.74	NA	19.67	20.21	19.16	1.05	2.63	NA
PCA Region	Southeast	27,027	16.55	19.72	12.79	6.93	18.87	NA	12.85	12.92	12.79	0.13	0.40	NA
PCA Region	West	22,906	14.03	13.53	14.62	1.10	3.15	NA	13.81	12.94	14.62	1.69	4.89	NA
PCA Region	West-Central	30,599	18.74	16.57	21.32	4.75	12.16	NA	22.01	22.76	21.32	1.43	3.46	NA
Percent household poverty in census tract	Mean (SD)	163,288	22.23 (12.07)	22.75 (11.97)	21.61 (12.17)	9.45	9.45	0.0000	21.70 (11.46)	21.80 (10.83)	21.61 (12.17)	1.68	1.67	0.0015

1. Numbers in these columns are weighted for survey non-response, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions.

Exhibit F.53. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Diabetes Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

			In	nbalance Summary ((CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Abso	lute Standardized Di	fference (%)	% of Covariates	with Statistically Differences	/ Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	54.35	3.35	23.03	12.77	57.89	100.00	76.47
Propensity Score Weighted	17.39	0.85	5.27	2.97	15.79	80.00	44.12

Exhibit F.54. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Diabetes Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

					Unweighte	ed ¹			Pro	pensity Score V	Veighted ⁵			
Variable	Level	Total Sample N	Proj	portion or Mear	n (SD)	Standar Differer	rdized nce ^{2,3}	p-value4	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	62,334	55.67	55.22	56.22	1.00	2.01	0.0008	56.12	56.01	56.22	0.21	0.43	0.5027
Age (4 categories)	65-74	49,636	44.33	44.78	43.78	1.00	2.01	NA	43.88	43.99	43.78	0.21	0.43	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	71,398	63.77	63.52	64.06	0.53	1.11	0.0000	64.25	64.45	64.06	0.39	0.82	0.0000
Race/ethnicity	Black	24,280	21.68	24.54	18.19	6.36	15.55	NA	18.62	19.09	18.19	0.90	2.31	NA
Race/ethnicity	Asian	2,707	2.42	2.10	2.81	0.71	4.60	NA	2.63	2.44	2.81	0.37	2.34	NA
Race/ethnicity	Hispanic	9,945	8.88	7.11	11.05	3.94	13.74	NA	10.51	9.93	11.05	1.12	3.66	NA
Race/ethnicity	Other /Unknown	3,640	3.25	2.72	3.90	1.17	6.55	NA	3.99	4.10	3.90	0.20	1.04	NA
Gender	Female	60,765	54.27	54.65	53.80	0.85	1.70	0.0046	53.78	53.76	53.80	0.05	0.09	0.8869
Gender	Male	51,205	45.73	45.35	46.20	0.85	1.70	NA	46.22	46.24	46.20	0.05	0.09	NA
Dual eligible	Yes	60,781	54.28	52.98	55.88	2.91	5.84	0.0000	55.51	55.10	55.88	0.78	1.57	0.0148
Dual eligible	No	51,189	45.72	47.02	44.12	2.91	5.84	NA	44.49	44.90	44.12	0.78	1.57	NA

			Unweighted ¹							Pro	censity Score V	leighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standar Differer	rdized nce ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Disabled	Yes	72,172	64.46	64.15	64.84	0.69	1.45	0.0160	64.71	64.56	64.84	0.27	0.57	0.3742
Disabled	No	39,798	35.54	35.85	35.16	0.69	1.45	NA	35.29	35.44	35.16	0.27	0.57	NA
Institutionalized	Yes	1,441	1.29	1.24	1.35	0.11	0.95	0.1125	1.37	1.39	1.35	0.05	0.39	0.5431
Institutionalized	No	110,529	98.71	98.76	98.65	0.11	0.95	NA	98.63	98.61	98.65	0.05	0.39	NA
Comorbidity index	Mean (SD)	111,970	1.31 (1.05)	1.31 (1.05)	1.32 (1.05)	0.76	0.76	0.2030	1.32 (0.98)	1.32 (0.92)	1.32 (1.05)	0.32	0.32	0.6209
Total payments (baseline year)	Mean (SD)	111,970	8,864.51 (18,580.74)	8,844.32 (18,573.16)	8,889.20 (18,590.15)	0.24	0.24	0.6876	8,904.97 (17,190.49)	8,922.05 (15,955.20)	8,889.20 (18,590.15)	0.19	0.19	0.7664
Number of inpatient admissions (baseline year)	Mean (SD)	111,970	0.34 (0.94)	0.34 (0.93)	0.34 (0.95)	0.05	0.05	0.9336	0.35 (0.90)	0.35 (0.86)	0.34 (0.95)	0.41	0.41	0.5195
Number of ER visits (baseline year)	Mean (SD)	111,970	1.19 (2.95)	1.16 (2.87)	1.22 (3.04)	1.99	1.99	0.0009	1.23 (3.05)	1.24 (3.06)	1.22 (3.04)	0.46	0.46	0.4718
Number of ACSC admissions (baseline year)	Mean (SD)	111,970	0.06 (0.39)	0.06 (0.37)	0.06 (0.41)	0.31	0.31	0.6042	0.06 (0.38)	0.06 (0.36)	0.06 (0.41)	0.15	0.15	0.8107
Number of readmissions (baseline year)	Mean (SD)	111,970	0.06 (0.44)	0.06 (0.43)	0.06 (0.46)	0.16	0.16	0.7939	0.06 (0.44)	0.06 (0.43)	0.06 (0.46)	1.03	1.02	0.1109
In diabetes denominator (baseline year)	Yes	98,351	87.84	88.02	87.61	0.41	1.24	0.0385	87.60	87.59	87.61	0.03	0.08	0.8961
In diabetes denominator (baseline year)	No	13,619	12.16	11.98	12.39	0.41	1.24	NA	12.40	12.41	12.39	0.03	0.08	NA
HbA1c test (baseline year)	Yes	83,647	74.70	74.69	74.73	0.04	0.10	0.8691	74.32	73.88	74.73	0.85	1.94	0.0026
HbA1c test (baseline year)	No	28,323	25.30	25.31	25.27	0.04	0.10	NA	25.68	26.12	25.27	0.85	1.94	NA
Nephropathy test (baseline year)	Yes	53,994	48.22	46.67	50.12	3.46	6.92	0.0000	50.42	50.73	50.12	0.61	1.21	0.0592
Nephropathy test (baseline year)	No	57,976	51.78	53.33	49.88	3.46	6.92	NA	49.58	49.27	49.88	0.61	1.21	NA
Eye exam (baseline year)	Yes	40,865	36.50	35.98	37.13	1.15	2.39	0.0001	37.06	36.98	37.13	0.15	0.30	0.6366
Eye exam (baseline year)	No	71,105	63.50	64.02	62.87	1.15	2.39	NA	62.94	63.02	62.87	0.15	0.30	NA
LDL test—diabetes (baseline year)	Yes	77,587	69.29	69.25	69.34	0.09	0.20	0.7450	69.21	69.07	69.34	0.27	0.58	0.3661
LDL test—diabetes (baseline year)	No	34,383	30.71	30.75	30.66	0.09	0.20	NA	30.79	30.93	30.66	0.27	0.58	NA

			Unweighted ¹							Pro	pensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Pro	portion or Mea	n (SD)	Standa Differe	rdized nce ^{2,3}	p-value4	Prop	oortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
In IVD denominator (baseline year)	Yes	29,869	26.68	27.81	25.29	2.52	5.72	0.0000	25.28	25.28	25.29	0.01	0.01	0.9834
In IVD denominator (baseline year)	No	82,101	73.32	72.19	74.71	2.52	5.72	NA	74.72	74.72	74.71	0.01	0.01	NA
LDL test—IVD (baseline year)	Yes	24,006	21.44	22.34	20.33	2.01	4.91	0.0000	20.30	20.27	20.33	0.07	0.17	0.7919
LDL test—IVD (baseline year)	No	87,964	78.56	77.66	79.67	2.01	4.91	NA	79.70	79.73	79.67	0.07	0.17	NA
Number of beneficiaries per site (2010)	Mean (SD)	111,970	566.36 (478.17)	562.82 (442.48)	570.70 (518.47)	1.65	1.64	0.0061	544.28 (446.53)	515.66 (376.08)	570.70 (518.47)	12.33	12.15	0.0000
Total revenue per site (in millions)	Mean (SD)	111,970	2.44 (2.00)	2.24 (1.85)	2.70 (2.13)	23.10	23.09	0.0000	2.82 (2.26)	2.95 (2.35)	2.70 (2.13)	11.21	11.27	0.0000
Years FQHC has been operating	Mean (SD)	111,970	20.38 (13.34)	21.06 (13.52)	19.56 (13.06)	11.26	11.30	0.0000	19.75 (12.50)	19.95 (12.01)	19.56 (13.06)	3.17	3.16	0.0000
Number of primary care physicians per site	Mean (SD)	111,970	7.68 (8.58)	6.68 (6.39)	8.91 (10.54)	25.92	25.52	0.0000	8.37 (8.35)	7.80 (5.95)	8.91 (10.54)	13.30	12.98	0.0000
Number of specialists per site	Mean (SD)	111,970	1.09 (2.54)	1.04 (2.59)	1.16 (2.48)	4.80	4.81	0.0000	1.20 (2.23)	1.24 (1.99)	1.16 (2.48)	3.49	3.45	0.0000
Ambulatory Quality Accreditation	No	74,829	66.83	79.38	51.48	27.90	61.37	0.0000	52.74	54.10	51.48	2.62	5.25	0.0000
Ambulatory Quality Accreditation	Yes	37,141	33.17	20.62	48.52	27.90	61.37	NA	47.26	45.90	48.52	2.62	5.25	NA
HRSA PCMH Initiative participant	No	61,626	55.04	62.77	45.58	17.19	35.03	0.0000	45.78	46.00	45.58	0.42	0.83	0.1947
HRSA PCMH Initiative participant	Yes	50,344	44.96	37.23	54.42	17.19	35.03	NA	54.22	54.00	54.42	0.42	0.83	NA
Participation in other CMS sharing savings demonstration	No	92,886	82.96	85.15	80.27	4.89	12.95	0.0000	81.80	83.46	80.27	3.19	8.29	0.0000
Participation in other CMS sharing savings demonstration	Yes	19,084	17.04	14.85	19.73	4.89	12.95	NA	18.20	16.54	19.73	3.19	8.29	NA
Number of service delivery sites	Mean (SD)	111,970	9.80 (9.20)	8.20 (7.68)	11.75 (10.43)	38.64	38.78	0.0000	10.75 (8.97)	9.67 (7.44)	11.75 (10.43)	23.19	22.95	0.0000
HCCN Grantee	No	49,629	44.32	48.64	39.04	9.60	19.45	0.0000	41.07	43.28	39.04	4.24	8.62	0.0000
HCCN Grantee	Yes	62,341	55.68	51.36	60.96	9.60	19.45	NA	58.93	56.72	60.96	4.24	8.62	NA
PCMH Funding FY 11	No	87,654	78.28	68.10	90.74	22.64	58.33	0.0000	90.60	90.46	90.74	0.28	0.96	0.1350
PCMH Funding FY 11	Yes	24,316	21.72	31.90	9.26	22.64	58.33	NA	9.40	9.54	9.26	0.28	0.96	NA
ACA grant	No	46,608	41.63	32.45	52.85	20.40	42.14	0.0000	53.43	54.05	52.85	1.21	2.42	0.0002

				Unweighted ¹						Proj	pensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Pro	portion or Mear	n (SD)	Standar Differer	rdized 1ce ^{2,3}	p-value4	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
(ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)														
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	65,362	58.37	67.55	47.15	20.40	42.14	NA	46.57	45.95	47.15	1.21	2.42	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	77,339	69.07	65.01	74.04	9.02	19.70	0.0000	73.96	73.87	74.04	0.16	0.37	0.0002
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	14,165	12.65	13.99	11.01	2.98	9.02	NA	11.36	11.74	11.01	0.73	2.29	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	20,466	18.28	21.00	14.95	6.04	15.79	NA	14.68	14.39	14.95	0.57	1.60	NA
PCA Region	Central	26,796	23.93	22.47	25.72	3.25	7.61	0.0000	24.73	23.65	25.72	2.07	4.79	0.0000
PCA Region	Mid-Atlantic	14,679	13.11	19.38	5.44	13.94	43.26	NA	5.82	6.24	5.44	0.80	3.41	NA
PCA Region	Northeast	12,902	11.52	6.95	17.11	10.16	31.62	NA	17.53	17.99	17.11	0.88	2.31	NA
PCA Region	Southeast	19,520	17.43	20.58	13.59	6.99	18.64	NA	13.79	14.00	13.59	0.41	1.19	NA
PCA Region	West	16,617	14.84	13.68	16.27	2.59	7.27	NA	15.58	14.84	16.27	1.42	3.93	NA
PCA Region	West-Central	21,456	19.16	16.95	21.87	4.92	12.47	NA	22.54	23.27	21.87	1.40	3.36	NA
Percent household poverty in census tract	Mean (SD)	111,970	23.35 (12.49)	23.74 (12.21)	22.87 (12.80)	6.96	6.95	0.0000	22.85 (11.91)	22.82 (11.12)	22.87 (12.80)	0.46	0.46	0.4756

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.55. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				mbalance Summary (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absolu	ite Standardized D)ifference (%)	% of Covariat	es with Statistica Differences	ally Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary- Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	47.83	2.70	23.41	12.60	57.89	100.00	76.47
Propensity Score Weighted	13.04	0.75	4.95	2.76	10.53	66.67	35.29

Exhibit F.56. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Baseline Attribution Cohort)

				Unweighted ¹						Pro	pensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Proj	portion or Mean	(SD)	Stand Diffe	lardized rence ^{2,3}	p- value⁴	Prop	ortion or Mean	1 (SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	38,789	49.88	49.79	49.99	0.20	0.40	0.5805	50.11	50.24	49.99	0.24	0.48	0.5347
Age (4 categories)	65-74	38,974	50.12	50.21	50.01	0.20	0.40	NA	49.89	49.76	50.01	0.24	0.48	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	56,411	72.54	72.23	72.95	0.71	1.60	0.0000	72.85	72.75	72.95	0.20	0.45	0.0000
Race/ethnicity	Black	13,907	17.88	19.76	15.44	4.32	11.36	NA	15.96	16.50	15.44	1.06	2.90	NA
Race/ethnicity	Asian	1,265	1.63	1.30	2.05	0.76	5.89	NA	1.93	1.79	2.05	0.26	1.91	NA
Race/ethnicity	Hispanic	4,220	5.43	4.53	6.60	2.07	9.06	NA	6.30	5.98	6.60	0.62	2.57	NA
Race/ethnicity	Other /Unknown	1,960	2.52	2.18	2.96	0.78	4.91	NA	2.97	2.98	2.96	0.02	0.13	NA
Gender	Female	37,112	47.72	48.05	47.29	0.76	1.52	0.0355	47.02	46.73	47.29	0.57	1.14	0.1442
Gender	Male	40,651	52.28	51.95	52.71	0.76	1.52	NA	52.98	53.27	52.71	0.57	1.14	NA
Dual eligible	Yes	39,035	50.20	48.97	51.79	2.82	5.64	0.0000	51.41	51.01	51.79	0.78	1.56	0.0455
Dual eligible	No	38,728	49.80	51.03	48.21	2.82	5.64	NA	48.59	48.99	48.21	0.78	1.56	NA
Disabled	Yes	48,057	61.80	61.89	61.69	0.20	0.41	0.5740	61.62	61.56	61.69	0.13	0.27	0.7295

			Unweighted ¹							Proj	ensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Pro	portion or Mean	(SD)	Stand Diffe	dardized rence ^{2,3}	p- value⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Disabled	No	29,706	38.20	38.11	38.31	0.20	0.41	NA	38.38	38.44	38.31	0.13	0.27	NA
Institutionalized	Yes	1,405	1.81	1.72	1.91	0.19	1.43	0.0473	1.90	1.89	1.91	0.03	0.20	0.7991
Institutionalized	No	76,358	98.19	98.28	98.09	0.19	1.43	NA	98.10	98.11	98.09	0.03	0.20	NA
Comorbidity index	Mean (SD)	77,763	1.48 (1.18)	1.47 (1.17)	1.50 (1.19)	2.54	2.54	0.0004	1.50 (1.09)	1.50 (1.02)	1.50 (1.19)	0.24	0.24	0.7585
Total payments (baseline year)	Mean (SD)	77,763	11,782.75 (21,567.06)	11,674.66 (21,486.21)	11,923.44 (21,671.34)	1.15	1.15	0.1108	11,923.06 (19,886.87)	11,922.66 (18,398.83)	11,923.44 (21,671.34)	0.00	0.00	0.9960
Number of inpatient admissions (baseline year)	Mean (SD)	77,763	0.50 (1.09)	0.49 (1.07)	0.50 (1.12)	1.39	1.39	0.0543	0.51 (1.05)	0.51 (0.99)	0.50 (1.12)	0.29	0.29	0.7056
Number of ER visits (baseline year)	Mean (SD)	77,763	1.41 (3.14)	1.36 (2.95)	1.47 (3.38)	3.57	3.54	0.0000	1.48 (3.14)	1.49 (2.94)	1.47 (3.38)	0.66	0.65	0.4010
Number of ACSC admissions (baseline year)	Mean (SD)	77,763	0.08 (0.44)	0.08 (0.41)	0.08 (0.47)	1.12	1.11	0.1232	0.08 (0.44)	0.08 (0.41)	0.08 (0.47)	0.32	0.32	0.6802
Number of readmissions (baseline year)	Mean (SD)	77,763	0.09 (0.51)	0.08 (0.50)	0.09 (0.54)	0.91	0.90	0.2094	0.09 (0.52)	0.09 (0.50)	0.09 (0.54)	0.77	0.77	0.3221
In diabetes denominator (baseline year)	Yes	35,883	46.14	46.65	45.49	1.16	2.32	0.0013	45.49	45.49	45.49	0.00	0.00	0.9957
In diabetes denominator (baseline year)	No	41,880	53.86	53.35	54.51	1.16	2.32	NA	54.51	54.51	54.51	0.00	0.00	NA
HbA1c test (baseline year)	Yes	30,694	39.47	39.80	39.04	0.76	1.55	0.0324	38.95	38.86	39.04	0.19	0.38	0.6240
HbA1c test (baseline year)	No	47,069	60.53	60.20	60.96	0.76	1.55	NA	61.05	61.14	60.96	0.19	0.38	NA
Nephropathy test (baseline year)	Yes	20,850	26.81	26.44	27.30	0.87	1.96	0.0068	27.46	27.63	27.30	0.33	0.74	0.3444
Nephropathy test (baseline year)	No	56,913	73.19	73.56	72.70	0.87	1.96	NA	72.54	72.37	72.70	0.33	0.74	NA
Eye exam (baseline year)	Yes	15,643	20.12	19.95	20.33	0.37	0.93	0.1993	20.44	20.55	20.33	0.23	0.56	0.4700
Eye exam (baseline year)	No	62,120	79.88	80.05	79.67	0.37	0.93	NA	79.56	79.45	79.67	0.23	0.56	NA
LDL test—diabetes (baseline year)	Yes	28,978	37.26	37.65	36.76	0.89	1.84	0.0110	36.65	36.53	36.76	0.23	0.48	0.5362
LDL test—diabetes (baseline year)	No	48,785	62.74	62.35	63.24	0.89	1.84	NA	63.35	63.47	63.24	0.23	0.48	NA
In IVD denominator (baseline year)	Yes	56,804	73.05	73.28	72.74	0.55	1.23	0.0890	72.66	72.58	72.74	0.16	0.37	0.6382
In IVD denominator (baseline year)	No	20,959	26.95	26.72	27.26	0.55	1.23	NA	27.34	27.42	27.26	0.16	0.37	NA

			Unweighted ¹ Standardized p						Pro	pensity Score V	Veighted ⁵			
Variable	Level	Total Sample N	Pro	portion or Mean	(SD)	Stand Diffe	dardized rence ^{2,3}	p- value⁴	Prop	ortion or Mean	ı (SD)	Stand Diffe	ardized rence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
LDL test—IVD (baseline year)	Yes	43,300	55.68	56.03	55.22	0.81	1.63	0.0241	54.97	54.70	55.22	0.53	1.06	0.1749
LDL test—IVD (baseline year)	No	34,463	44.32	43.97	44.78	0.81	1.63	NA	45.03	45.30	44.78	0.53	1.06	NA
Number of beneficiaries per site (2010)	Mean (SD)	77,763	576.47 (490.48)	591.11 (481.77)	557.42 (500.96)	6.87	6.86	0.0000	534.68 (432.51)	510.67 (370.35)	557.42 (500.96)	10.81	10.61	0.0000
Total revenue per site (in millions)	Mean (SD)	77,763	2.31 (1.93)	2.14 (1.75)	2.54 (2.12)	20.65	20.49	0.0000	2.68 (2.23)	2.84 (2.30)	2.54 (2.12)	13.48	13.57	0.0000
Years FQHC has been operating	Mean (SD)	77,763	20.01 (13.31)	20.62 (13.48)	19.22 (13.04)	10.55	10.59	0.0000	19.29 (12.30)	19.37 (11.71)	19.22 (13.04)	1.21	1.20	0.1221
Number of primary care physicians per site	Mean (SD)	77,763	7.08 (7.68)	6.35 (6.07)	8.02 (9.29)	21.80	21.34	0.0000	7.72 (7.54)	7.41 (5.84)	8.02 (9.29)	8.12	7.90	0.0000
Number of specialists per site	Mean (SD)	77,763	1.00 (2.50)	0.92 (2.45)	1.11 (2.56)	7.69	7.67	0.0000	1.14 (2.29)	1.16 (2.06)	1.11 (2.56)	2.41	2.38	0.0020
Ambulatory Quality Accreditation	No	53,934	69.36	81.19	53.95	27.24	60.82	0.0000	54.87	55.84	53.95	1.89	3.79	0.0000
Ambulatory Quality Accreditation	Yes	23,829	30.64	18.81	46.05	27.24	60.82	NA	45.13	44.16	46.05	1.89	3.79	NA
HRSA PCMH Initiative participant	No	42,712	54.93	62.69	44.82	17.87	36.44	0.0000	44.95	45.09	44.82	0.28	0.55	0.4783
HRSA PCMH Initiative participant	Yes	35,051	45.07	37.31	55.18	17.87	36.44	NA	55.05	54.91	55.18	0.28	0.55	NA
Participation in other CMS sharing savings demonstration	No	64,486	82.93	85.88	79.08	6.79	17.94	0.0000	80.96	82.94	79.08	3.85	9.83	0.0000
Participation in other CMS sharing savings demonstration	Yes	13,277	17.07	14.12	20.92	6.79	17.94	NA	19.04	17.06	20.92	3.85	9.83	NA
Number of service delivery sites	Mean (SD)	77,763	9.54 (9.10)	8.11 (7.79)	11.40 (10.27)	36.16	36.10	0.0000	10.46 (8.86)	9.46 (7.51)	11.40 (10.27)	21.86	21.53	0.0000
HCCN Grantee	No	34,681	44.60	47.88	40.32	7.56	15.26	0.0000	42.45	44.70	40.32	4.37	8.86	0.0000
HCCN Grantee	Yes	43,082	55.40	52.12	59.68	7.56	15.26	NA	57.55	55.30	59.68	4.37	8.86	NA
PCMH Funding FY 11	No	60,960	78.39	68.16	91.71	23.55	61.51	0.0000	91.57	91.43	91.71	0.28	0.99	0.2040
PCMH Funding FY 11	Yes	16,803	21.61	31.84	8.29	23.55	61.51	NA	8.43	8.57	8.29	0.28	0.99	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	31,300	40.25	30.95	52.35	21.40	44.46	0.0000	52.70	53.06	52.35	0.71	1.43	0.0667

				Unweighted ¹						Proj	pensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Proj	portion or Mean	(SD)	Stand Diffe	lardized rence ^{2,3}	p- value⁴	Prop	ortion or Mean	(SD)	Stand Diffe	ardized rence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	46,463	59.75	69.05	47.65	21.40	44.46	NA	47.30	46.94	47.65	0.71	1.43	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	50,057	64.37	60.05	69.99	9.94	20.96	0.0000	70.49	71.01	69.99	1.01	2.22	0.0067
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	12,089	15.55	17.57	12.91	4.67	13.01	NA	12.83	12.76	12.91	0.15	0.45	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	15,617	20.08	22.37	17.10	5.27	13.28	NA	16.68	16.24	17.10	0.86	2.32	NA
PCA Region	Central	20,515	26.38	24.99	28.19	3.20	7.26	0.000 0	27.03	25.80	28.19	2.39	5.38	0.0000
PCA Region	Mid-Atlantic	10,946	14.08	20.52	5.69	14.83	45.04	NA	5.94	6.20	5.69	0.51	2.17	NA
PCA Region	Northeast	8,561	11.01	5.84	17.73	11.89	37.52	NA	18.51	19.32	17.73	1.59	4.09	NA
PCA Region	Southeast	14,267	18.35	20.82	15.12	5.70	14.88	NA	15.05	14.98	15.12	0.15	0.41	NA
PCA Region	West	10,325	13.28	12.22	14.65	2.43	7.14	NA	13.96	13.23	14.65	1.42	4.10	NA
PCA Region	West-Central	13,149	16.91	15.61	18.60	3.00	7.97	NA	19.51	20.46	18.60	1.86	4.68	NA
Percent household poverty in census tract	Mean (SD)	77,763	22.65 (11.94)	23.08 (11.71)	22.08 (12.21)	8.44	8.43	0.0000	22.05 (11.26)	22.03 (10.47)	22.08 (12.21)	0.41	0.40	0.6009

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10). 5. Numbers in these columns are weighted both for non-response, conditional on sample strata, and by the ATT weight.

Exhibit F.57. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Cost and Utilization Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summary	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absolı	ute Standardized E	Difference (%)	% of Covariates	with Statistically Differences	/ Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	37.50	2.90	17.83	9.75	47.37	93.33	67.65
Propensity Score Weighted	8.33	0.82	4.13	2.34	0.00	73.33	32.35

Exhibit F.58. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Cost and Utilization Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighted	1 ¹				Proj	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Prop	oortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Age (4 categories)	<65	23,414	73.73	72.93	75.12	2.19	5.00	0.0000	75.46	75.80	75.12	0.67	1.57	0.5398
Age (4 categories)	65-74	5,418	17.06	17.23	16.76	0.47	1.25	NA	16.43	16.09	16.76	0.67	1.82	NA
Age (4 categories)	75-84	2,272	7.15	7.60	6.37	1.23	4.84	NA	6.40	6.44	6.37	0.07	0.28	NA
Age (4 categories)	85+	652	2.05	2.23	1.74	0.49	3.49	NA	1.71	1.67	1.74	0.07	0.53	NA
Race/ethnicity	White	21,409	67.42	66.90	68.32	1.42	3.04	0.0000	68.52	68.72	68.32	0.40	0.86	0.3087
Race/ethnicity	Black	5,699	17.95	19.24	15.69	3.55	9.35	NA	15.65	15.62	15.69	0.08	0.21	NA
Race/ethnicity	Asian	879	2.77	2.19	3.78	1.59	9.38	NA	3.96	4.15	3.78	0.37	1.88	NA
Race/ethnicity	Hispanic	2,535	7.98	7.89	8.15	0.26	0.96	NA	7.98	7.81	8.15	0.34	1.27	NA
Race/ethnicity	Other /Unknown	1,234	3.89	3.79	4.06	0.27	1.39	NA	3.88	3.71	4.06	0.35	1.80	NA
Gender	Female	17,008	53.56	53.98	52.82	1.17	2.34	0.0451	52.96	53.10	52.82	0.29	0.57	0.6617
Gender	Male	14,748	46.44	46.02	47.18	1.17	2.34	NA	47.04	46.90	47.18	0.29	0.57	NA
Dual eligible	Yes	13,104	41.26	40.85	41.99	1.13	2.30	0.0480	41.92	41.86	41.99	0.13	0.26	0.8421
Dual eligible	No	18,652	58.74	59.15	58.01	1.13	2.30	NA	58.08	58.14	58.01	0.13	0.26	NA

					Unweighted	1				Proj	pensity Score V	leighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	nce ^{2,3}	p-value⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³	
Disabled	Yes	16,578	52.20	51.72	53.04	1.32	2.64	0.0234	53.24	53.45	53.04	0.40	0.81	0.5383
Disabled	No	15,178	47.80	48.28	46.96	1.32	2.64	NA	46.76	46.55	46.96	0.40	0.81	NA
Institutionalized	Yes	773	2.43	2.92	1.59	1.33	8.98	0.0000	1.52	1.46	1.59	0.13	1.08	0.4106
Institutionalized	No	30,983	97.57	97.08	98.41	1.33	8.98	NA	98.48	98.54	98.41	0.13	1.08	NA
Comorbidity index	Mean (SD)	31,756	1.08 (1.03)	1.09 (1.05)	1.06 (1.00)	2.86	2.87	0.0143	1.06 (0.85)	1.05 (0.76)	1.06 (1.00)	1.01	0.97	0.4430
Total payments (baseline year)	Mean (SD)	31,756	8,474.03 (23,009.19)	8,906.47 (24,627.52)	7,721.09 (19,858.10)	5.15	5.30	0.0000	7,627.03 (16,768.98)	7,533.58 (14,704.46)	7,721.09 (19,858.10)	1.12	1.07	0.3940
Number of inpatient admissions (baseline year)	Mean (SD)	31,756	0.30 (1.04)	0.31 (1.11)	0.27 (0.92)	3.51	3.59	0.0026	0.27 (0.76)	0.26 (0.65)	0.27 (0.92)	1.73	1.65	0.1873
Number of ER visits (baseline year)	Mean (SD)	31,756	1.19 (3.14)	1.20 (3.17)	1.19 (3.10)	0.49	0.50	0.6721	1.18 (2.79)	1.17 (2.61)	1.19 (3.10)	0.40	0.39	0.7585
Number of ACSC admissions (baseline year)	Mean (SD)	31,756	0.04 (0.33)	0.04 (0.33)	0.03 (0.34)	1.16	1.15	0.3206	0.03 (0.26)	0.03 (0.20)	0.03 (0.34)	1.21	1.13	0.3565
Number of readmissions (baseline year)	Mean (SD)	31,756	0.04 (0.32)	0.04 (0.32)	0.04 (0.31)	0.84	0.85	0.4697	0.03 (0.26)	0.03 (0.22)	0.04 (0.31)	0.58	0.56	0.6561
In diabetes denominator (baseline year)	Yes	6,487	20.43	20.54	20.22	0.32	0.79	0.4961	20.29	20.35	20.22	0.13	0.32	0.8063
In diabetes denominator (baseline year)	No	25,269	79.57	79.46	79.78	0.32	0.79	NA	79.71	79.65	79.78	0.13	0.32	NA
HbA1c test (baseline year)	Yes	5,334	16.80	16.76	16.86	0.10	0.26	0.8251	16.98	17.09	16.86	0.24	0.63	0.6318
HbA1c test (baseline year)	No	26,422	83.20	83.24	83.14	0.10	0.26	NA	83.02	82.91	83.14	0.24	0.63	NA
Nephropathy test (baseline year)	Yes	3,576	11.26	11.11	11.51	0.40	1.26	0.2778	11.59	11.66	11.51	0.14	0.44	0.7367
Nephropathy test (baseline year)	No	28,180	88.74	88.89	88.49	0.40	1.26	NA	88.41	88.34	88.49	0.14	0.44	NA
Eye exam (baseline year)	Yes	2,360	7.43	7.63	7.08	0.56	2.13	0.0687	7.01	6.95	7.08	0.13	0.52	0.6912
Eye exam (baseline year)	No	29,396	92.57	92.37	92.92	0.56	2.13	NA	92.99	93.05	92.92	0.13	0.52	NA
LDL test—diabetes (baseline year)	Yes	4,827	15.20	15.25	15.11	0.14	0.38	0.7466	15.15	15.19	15.11	0.08	0.22	0.8652
LDL test—diabetes (baseline year)	No	26,929	84.80	84.75	84.89	0.14	0.38	NA	84.85	84.81	84.89	0.08	0.22	NA
In IVD denominator (baseline year)	Yes	3,568	11.24	11.37	11.01	0.36	1.15	0.3252	11.03	11.05	11.01	0.04	0.13	0.9185
In IVD denominator (baseline year)	No	28,188	88.76	88.63	88.99	0.36	1.15	NA	88.97	88.95	88.99	0.04	0.13	NA

					Unweighted	l ¹				Proj	pensity Score V	Veighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value4	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
LDL test—IVD (baseline year)	Yes	2,484	7.82	7.85	7.78	0.07	0.26	0.8216	7.81	7.85	7.78	0.07	0.26	0.8449
LDL test—IVD (baseline year)	No	29,272	92.18	92.15	92.22	0.07	0.26	NA	92.19	92.15	92.22	0.07	0.26	NA
Level 3 NCQA PCMH recognition at baseline (2008 standards)	No	31,756	487.83 (425.72)	505.56 (446.45)	456.95 (385.06)	11.42	11.66	0.0000	452.11 (333.18)	447.30 (299.30)	456.95 (385.06)	2.89	2.80	0.0273
Total revenue per site (in millions)	Mean (SD)	31,756	2.43 (1.99)	2.36 (1.83)	2.57 (2.23)	10.55	10.28	0.0000	2.58 (1.91)	2.59 (1.70)	2.57 (2.23)	1.05	1.01	0.4226
Years FQHC has been operating	Mean (SD)	31,756	18.72 (13.53)	18.95 (13.57)	18.32 (13.44)	4.68	4.69	0.0001	18.07 (11.64)	17.83 (10.47)	18.32 (13.44)	4.19	4.05	0.0014
Number of primary care physicians per site	Mean (SD)	31,756	6.68 (6.22)	6.49 (6.11)	7.02 (6.41)	8.43	8.38	0.0000	7.01 (5.32)	7.00 (4.58)	7.02 (6.41)	0.38	0.36	0.7713
Number of specialists per site	Mean (SD)	31,756	1.15 (2.80)	1.19 (2.98)	1.08 (2.44)	4.11	4.22	0.0004	1.12 (2.02)	1.17 (1.73)	1.08 (2.44)	4.64	4.43	0.0004
Ambulatory Quality Accreditation	No	22,120	69.66	71.40	66.62	4.78	10.35	0.0000	65.46	64.30	66.62	2.32	4.87	0.0002
Ambulatory Quality Accreditation	Yes	9,636	30.34	28.60	33.38	4.78	10.35	NA	34.54	35.70	33.38	2.32	4.87	NA
HRSA PCMH Initiative participant	No	16,682	52.53	60.75	38.23	22.52	46.22	0.0000	37.80	37.38	38.23	0.85	1.75	0.1820
HRSA PCMH Initiative participant	Yes	15,074	47.47	39.25	61.77	22.52	46.22	NA	62.20	62.62	61.77	0.85	1.75	NA
Participation in other CMS sharing savings demonstration	No	25,760	81.12	81.11	81.13	0.02	0.05	0.9663	81.67	82.20	81.13	1.07	2.75	0.0358
Participation in other CMS sharing savings demonstration	Yes	5,996	18.88	18.89	18.87	0.02	0.05	NA	18.33	17.80	18.87	1.07	2.75	NA
Number of service delivery sites	Mean (SD)	31,756	9.35 (8.89)	8.20 (8.03)	11.35 (9.90)	35.48	34.99	0.0000	11.23 (8.45)	11.10 (7.50)	11.35 (9.90)	2.94	2.83	0.0251
HCCN Grantee	No	14,201	44.72	50.46	34.72	15.75	32.26	0.0000	37.12	39.50	34.72	4.79	9.92	0.0000
HCCN Grantee	Yes	17,555	55.28	49.54	65.28	15.75	32.26	NA	62.88	60.50	65.28	4.79	9.92	NA
PCMH Funding FY 11	No	25,538	80.42	73.31	92.79	19.48	53.76	0.0000	93.16	93.53	92.79	0.74	2.92	0.0260
PCMH Funding FY 11	Yes	6,218	19.58	26.69	7.21	19.48	53.76	NA	6.84	6.47	7.21	0.74	2.92	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	14,314	45.07	38.12	57.19	19.07	38.89	0.0000	57.94	58.69	57.19	1.50	3.04	0.0203

					Unweighted	1				Prop	ensity Score V	Veighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	ardized ence ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differe	rdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC		CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	17,442	54.93	61.88	42.81	19.07	38.89	NA	42.06	41.31	42.81	1.50	3.04	NA
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	22,456	70.71	69.65	72.57	2.92	6.44	0.0000	72.47	72.38	72.57	0.19	0.42	0.5385
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	3,645	11.48	11.55	11.36	0.19	0.59	NA	11.22	11.08	11.36	0.28	0.90	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	5,655	17.81	18.80	16.07	2.73	7.20	NA	16.31	16.54	16.07	0.47	1.28	NA
PCA Region	Central	7,456	23.48	21.13	27.57	6.44	15.05	0.0000	27.15	26.74	27.57	0.83	1.87	0.0000
PCA Region	Mid-Atlantic	3,350	10.55	13.94	4.65	9.28	32.39	NA	4.51	4.37	4.65	0.29	1.37	NA
PCA Region	Northeast	3,773	11.88	9.14	16.65	7.51	22.55	NA	19.37	22.07	16.65	5.42	13.76	NA
PCA Region	Southeast	5,120	16.12	19.32	10.55	8.78	24.81	NA	10.01	9.47	10.55	1.08	3.59	NA
PCA Region	West	5,456	17.18	17.47	16.68	0.79	2.11	NA	17.67	18.66	16.68	1.98	5.20	NA
PCA Region	West-Central	6,601	20.79	19.00	23.90	4.90	11.97	NA	21.29	18.69	23.90	5.22	12.77	NA
Percent household poverty in census tract	Mean (SD)	31,756	22.50 (12.46)	23.11 (12.65)	21.44 (12.04)	13.37	13.49	0.0000	20.95 (10.37)	20.47 (9.27)	21.44 (12.04)	9.39	9.06	0.0000

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.59: Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Readmission Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absolu	ute Standardized [Difference (%)	% of Covariate	es with Statistica Differences	Illy Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	41.67	5.00	20.11	11.93	21.05	86.67	50.00
Propensity Score Weighted	10.42	1.77	5.47	3.46	0.00	26.67	11.76

Exhibit F.60. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Readmission Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighte	d ¹				Prop	ensity Score W	leighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standar Differer	dized 1ce ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Age (4 categories)	<65	3,730	67.67	66.18	70.47	4.30	9.25	0.0001	70.78	71.08	70.47	0.61	1.33	0.8016
Age (4 categories)	65-74	994	18.03	18.11	17.89	0.22	0.56	NA	17.82	17.75	17.89	0.15	0.39	NA
Age (4 categories)	75-84	602	10.92	12.27	8.40	3.87	12.73	NA	8.44	8.48	8.40	0.08	0.28	NA
Age (4 categories)	85+	186	3.37	3.45	3.23	0.22	1.20	NA	2.97	2.70	3.23	0.54	3.16	NA
Race/ethnicity	White	3,943	71.53	69.99	74.44	4.4 5	9.95	0.0000	74.37	74.30	74.44	0.14	0.32	0.9984
Race/ethnicity	Black	1,010	18.32	20.17	14.87	5.30	13.98	NA	14.98	15.10	14.87	0.23	0.64	NA
Race/ethnicity	Asian	74	1.34	1.11	1.77	0.66	5.54	NA	1.82	1.86	1.77	0.09	0.68	NA
Race/ethnicity	Hispanic	309	5.61	5.40	6.00	0.60	2.60	NA	5.94	5.88	6.00	0.12	0.51	NA
Race/ethnicity	Other /Unknown	176	3.19	3.34	2.92	0.42	2.39	NA	2.89	2.86	2.92	0.06	0.36	NA
Gender	Female	2,908	52.76	53.27	51.80	1.47	2.94	0.2982	51.77	51.74	51.80	0.06	0.13	0.9687
Gender	Male	2,604	47.24	46.73	48.20	1.47	2.94	NA	48.23	48.26	48.20	0.06	0.13	NA
Dual eligible	Yes	2,473	44.87	45.76	43.19	2.57	5.16	0.0682	43.58	43.96	43.19	0.77	1.55	0.6312
Dual eligible	No	3,039	55.13	54.24	56.81	2.57	5.16	NA	56.42	56.04	56.81	0.77	1.55	NA

				Unweighted ¹						Prop	ensity Score W	eighted⁵		
Variable	Level	Total Sample N	Prop	oortion or Mean	(SD)	Standar Differer	dized 1ce ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Disabled	Yes	3,181	57.71	57.08	58.89	1.81	3.68	0.1940	58.89	58.88	58.89	0.01	0.03	0.9926
Disabled	No	2,331	42.29	42.92	41.11	1.81	3.68	NA	41.11	41.12	41.11	0.01	0.03	NA
Institutionalized	Yes	657	11.92	14.02	7.98	6.04	19.39	0.0000	7.70	7.41	7.98	0.57	2.14	0.5072
Institutionalized	No	4,855	88.08	85.98	92.02	6.04	19.39	NA	92.30	92.59	92.02	0.57	2.14	NA
Comorbidity index	Mean (SD)	5,512	2.20 (1.52)	2.23 (1.52)	2.16 (1.51)	4.55	4.55	0.1080	2.13 (1.25)	2.11 (1.10)	2.16 (1.51)	3.61	3.44	0.2635
Total payments (baseline year)	Mean (SD)	5,512	30,639.46 (37,536.82)	31,501.69 (38,945.27)	29,022.50 (34,694.04)	6.60	6.72	0.0195	28,711.86 (29,496.20)	28,402.79 (26,311.45)	29,022.50 (34,694.04)	2.10	2.01	0.5149
Number of inpatient admissions (baseline year)	Mean (SD)	5,512	1.53 (1.62)	1.54 (1.65)	1.51 (1.57)	2.16	2.18	0.4454	1.47 (1.26)	1.44 (1.06)	1.51 (1.57)	5.05	4.75	0.1177
Number of ER visits (baseline year)	Mean (SD)	5,512	3.27 (5.38)	3.31 (5.61)	3.21 (4.93)	1.76	1.79	0.5335	3.15 (4.22)	3.09 (3.79)	3.21 (4.93)	2.86	2.74	0.3758
Number of ACSC admissions (baseline year)	Mean (SD)	5,512	0.20 (0.70)	0.20 (0.67)	0.20 (0.76)	1.08	1.06	0.7038	0.18 (0.56)	0.17 (0.42)	0.20 (0.76)	4.07	3.73	0.2073
Number of readmissions (baseline year)	Mean (SD)	5,512	0.21 (0.73)	0.21 (0.73)	0.21 (0.73)	0.05	0.05	0.9865	0.21 (0.59)	0.20 (0.50)	0.21 (0.73)	2.35	2.21	0.4669
In diabetes denominator (baseline year)	Yes	1,510	27.39	26.93	28.27	1.35	3.01	0.2855	28.89	29.50	28.27	1.23	2.71	0.4016
In diabetes denominator (baseline year)	No	4,002	72.61	73.07	71.73	1.35	3.01	NA	71.11	70.50	71.73	1.23	2.71	NA
HbA1c test (baseline year)	Yes	1,159	21.03	20.33	22.33	1.99	4.87	0.0838	23.08	23.83	22.33	1.50	3.56	0.2698
HbA1c test (baseline year)	No	4,353	78.97	79.67	77.67	1.99	4.87	NA	76.92	76.17	77.67	1.50	3.56	NA
Nephropathy test (baseline year)	Yes	924	16.76	16.16	17.89	1.73	4.61	0.1013	18.40	18.91	17.89	1.02	2.62	0.4167
Nephropathy test (baseline year)	No	4,588	83.24	83.84	82.11	1.73	4.61	NA	81.60	81.09	82.11	1.02	2.62	NA
Eye exam (baseline year)	Yes	533	9.67	9.37	10.22	0.85	2.86	0.3091	10.37	10.51	10.22	0.29	0.94	0.7717
Eye exam (baseline year)	No	4,979	90.33	90.63	89.78	0.85	2.86	NA	89.63	89.49	89.78	0.29	0.94	NA
LDL test—diabetes (baseline year)	Yes	1,054	19.12	18.66	19.98	1.31	3.33	0.2373	20.67	21.36	19.98	1.38	3.40	0.2921
LDL test—diabetes (baseline year)	No	4,458	80.88	81.34	80.02	1.31	3.33	NA	79.33	78.64	80.02	1.38	3.40	NA
In IVD denominator (baseline year)	Yes	1,380	25.04	24.59	25.87	1.28	2.96	0.2946	26.01	26.15	25.87	0.28	0.63	0.8454
In IVD denominator (baseline year)	No	4,132	74.96	75.41	74.13	1.28	2.96	NA	73.99	73.85	74.13	0.28	0.63	NA

				Unweighted ¹						Prop	ensity Score W	eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standar Differer	rdized 1ce ^{2,3}	p-value4	Prop	ortion or Mean	(SD)	Standa Differ	ardized ence ²	p-value4
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
LDL test—IVD (baseline year)	Yes	905	16.42	16.08	17.06	0.98	2.64	0.3496	17.37	17.68	17.06	0.62	1.64	0.6122
LDL test—IVD (baseline year)	No	4,607	83.58	83.92	82.94	0.98	2.64	NA	82.63	82.32	82.94	0.62	1.64	NA
Number of beneficiaries per site (2010)	Mean (SD)	5,512	494.95 (425.73)	519.65 (461.34)	448.62 (344.67)	16.68	17.44	0.0000	442.22 (294.05)	435.85 (263.08)	448.62 (344.67)	4.34	4.16	0.1783
Total revenue per site (in millions)	Mean (SD)	5,512	2.39 (1.84)	2.35 (1.70)	2.48 (2.08)	6.97	6.75	0.0137	2.49 (1.78)	2.49 (1.59)	2.48 (2.08)	0.90	0.86	0.7802
Years FQHC has been operating	Mean (SD)	5,512	17.89 (13.40)	18.14 (13.55)	17.40 (13.12)	5.55	5.58	0.0497	17.07 (11.05)	16.74 (9.78)	17.40 (13.12)	5.95	5.69	0.0649
Number of primary care physicians per site	Mean (SD)	5,512	6.57 (6.44)	6.47 (6.68)	6.76 (5.96)	4.47	4.55	0.1140	6.86 (5.11)	6.97 (4.59)	6.76 (5.96)	4.14	3.97	0.1998
Number of specialists per site	Mean (SD)	5,512	1.16 (3.10)	1.24 (3.45)	1.02 (2.27)	6.95	7.36	0.0140	1.07 (1.94)	1.11 (1.74)	1.02 (2.27)	4.72	4.53	0.1432
Ambulatory Quality Accreditation	No	3,948	71.63	73.85	67.45	6.40	14.10	0.0000	65.22	63.01	67.45	4.44	9.34	0.0038
Ambulatory Quality Accreditation	Yes	1,564	28.37	26.15	32.55	6.40	14.10	NA	34.78	36.99	32.55	4.44	9.34	NA
HRSA PCMH Initiative participant	No	3,014	54.68	63.73	37.72	26.01	53.89	0.0000	37.01	36.31	37.72	1.41	2.92	0.3662
HRSA PCMH Initiative participant	Yes	2,498	45.32	36.27	62.28	26.01	53.89	NA	62.99	63.69	62.28	1.41	2.92	NA
Participation in other CMS sharing savings demonstration	No	4,339	78.72	77.33	81.32	4.00	9.88	0.0006	82.29	83.25	81.32	1.93	5.06	0.1171
Participation in other CMS sharing savings demonstration	Yes	1,173	21.28	22.67	18.68	4.00	9.88	NA	17.71	16.75	18.68	1.93	5.06	NA
Number of service delivery sites	Mean (SD)	5,512	9.01 (8.69)	7.85 (7.86)	11.18 (9.71)	38.29	37.69	0.0000	11.09 (7.98)	10.99 (6.88)	11.18 (9.71)	2.39	2.27	0.4586
HCCN Grantee	No	2,549	46.24	52.21	35.05	17.16	35.12	0.0000	38.69	42.31	35.05	7.25	14.93	0.0000
HCCN Grantee	Yes	2,963	53.76	47.79	64.95	17.16	35.12	NA	61.31	57.69	64.95	7.25	14.93	NA
PCMH Funding FY 11	No	4,230	76.74	68.23	92.70	24.46	64.87	0.0000	93.02	93.35	92.70	0.65	2.55	0.4284
PCMH Funding FY 11	Yes	1,282	23.26	31.77	7.30	24.46	64.87	NA	6.98	6.65	7.30	0.65	2.55	NA
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	2,560	46.44	41.36	55.97	14.61	29.55	0.0000	56.72	57.46	55.97	1.48	3.00	0.3532
ACA grant (ACA Building Capacity	Yes	2,952	53.56	58.64	44.03	14.61	29.55	NA	43.28	42.54	44.03	1.48	3.00	NA

					Unweighte	d1				Prope	ensity Score W	eighted⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standar Differer	dized Ice ^{2,3}	p-value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	irdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)														
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	3,917	71.06	70.85	71.47	0.62	1.36	0.1063	71.39	71.32	71.47	0.14	0.32	0.5921
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	615	11.16	10.71	12.00	1.29	4.06	NA	11.59	11.19	12.00	0.81	2.52	NA
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	980	17.78	18.44	16.54	1.91	5.02	NA	17.01	17.48	16.54	0.95	2.52	NA
PCA Region	Central	1,350	24.49	22.06	29.06	7.00	16.09	0.0000	28.09	27.13	29.06	1.92	4.28	0.0000
PCA Region	Mid-Atlantic	591	10.72	13.91	4.75	9.16	31.90	NA	4.66	4.57	4.75	0.17	0.82	NA
PCA Region	Northeast	613	11.12	8.04	16.90	8.86	27.07	NA	20.68	24.45	16.90	7.55	18.72	NA
PCA Region	Southeast	1,112	20.17	24.48	12.10	12.38	32.43	NA	11.26	10.42	12.10	1.68	5.31	NA
PCA Region	West	774	14.04	14.49	13.20	1.29	3.75	NA	13.88	14.55	13.20	1.35	3.92	NA
PCA Region	West-Central	1,072	19.45	17.02	24.00	6.97	17.33	NA	21.42	18.87	24.00	5.13	12.53	NA
Percent household poverty in census tract	Mean (SD)	5,512	22.73 (12.28)	23.43 (12.37)	21.40 (12.01)	16.52	16.64	0.0000	20.86 (10.12)	20.32 (8.94)	21.40 (12.01)	10.68	10.22	0.0009

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata.

2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chi-square test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.61. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Diabetes Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

				Imbalance Summar	y (CMS approach)		
	Imbalance Summary (RAND Approach)	Mean Absolu	ute Standardized [Difference (%)	% of Covariate	s with Statistically Differences	v Significant
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary- Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)
Unweighted	41.30	3.27	17.21	10.09	21.05	86.67	50.00
Propensity Score Weighted	10.87	1.31	4.19	2.72	5.26	26.67	14.71

Exhibit F.62. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Diabetes Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

					Unweighted	l ¹				Pro	pensity Score	Weighted ⁵		
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p- value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	irdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND²	CMS ³	
Age (4 categories)	<65	5,569	85.85	85.83	85.87	0.04	0.11	0.9665	86.10	86.33	85.87	0.46	1.32	0.6514
Age (4 categories)	65-74	918	14.15	14.17	14.13	0.04	0.11	NA	13.90	13.67	14.13	0.46	1.32	NA
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Race/ethnicity	White	3,925	60.51	59.03	63.12	4.10	8.41	0.0000	63.99	64.86	63.12	1.74	3.62	0.6980
Race/ethnicity	Black	1,376	21.21	23.14	17.80	5.34	13.27	NA	17.40	17.00	17.80	0.80	2.11	NA
Race/ethnicity	Asian	208	3.21	2.68	4.14	1.46	8.06	NA	4.25	4.35	4.14	0.21	1.05	NA
Race/ethnicity	Hispanic	692	10.67	10.86	10.33	0.53	1.72	NA	9.89	9.46	10.33	0.87	2.91	NA
Race/ethnicity	Other /Unknown	286	4.41	4.30	4.61	0.31	1.52	NA	4.47	4.33	4.61	0.28	1.36	NA
Gender	Female	3,482	53.68	53.47	54.03	0.56	1.12	0.6648	54.21	54.38	54.03	0.35	0.70	0.8110
Gender	Male	3,005	46.32	46.53	45.97	0.56	1.12	NA	45.79	45.62	45.97	0.35	0.70	NA
Dual eligible	Yes	2,878	44.37	44.57	44.00	0.57	1.14	0.6588	43.57	43.14	44.00	0.86	1.73	0.5529

				Unweighted ¹						Pro	pensity Score \	Neighted⁵		
Variable	Level	Total Sample N	Prop	oortion or Mean	(SD)	Standa Differe	irdized ence ^{2,3}	p- value ⁴	Prop	ortion or Mean	(SD)	Standa Differ	irdized ence ²	p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³	
Dual eligible	No	3,609	55.63	55.43	56.00	0.57	1.14	NA	56.43	56.86	56.00	0.86	1.73	NA
Disabled	Yes	3,772	58.15	58.30	57.87	0.43	0.86	0.7379	57.47	57.07	57.87	0.81	1.64	0.5756
Disabled	No	2,715	41.85	41.70	42.13	0.43	0.86	NA	42.53	42.93	42.13	0.81	1.64	NA
Institutionalized	Yes	129	1.99	2.32	1.41	0.91	6.72	0.0118	1.38	1.35	1.41	0.05	0.46	0.8740
Institutionalized	No	6,358	98.01	97.68	98.59	0.91	6.72	NA	98.62	98.65	98.59	0.05	0.46	NA
Comorbidity index	Mean (SD)	6,487	1.35 (1.09)	1.34 (1.09)	1.35 (1.08)	1.20	1.20	0.6424	1.35 (0.92)	1.35 (0.81)	1.35 (1.08)	0.36	0.35	0.9007
Total payments (baseline year)	Mean (SD)	6,487	9,444.61 (19,531.93)	9,673.56 (20,262.05)	9,039.68 (18,166.05)	3.25	3.29	0.2093	9,167.22 (16,108.58)	9,294.58 (14,821.16)	9,039.68 (18,166.05)	1.58	1.54	0.5880
Number of inpatient admissions (baseline year)	Mean (SD)	6,487	0.36 (0.94)	0.37 (0.98)	0.34 (0.85)	3.07	3.13	0.2345	0.34 (0.72)	0.33 (0.64)	0.34 (0.85)	0.85	0.82	0.7705
Number of ER visits (baseline year)	Mean (SD)	6,487	1.41 (3.28)	1.39 (3.11)	1.44 (3.57)	1.40	1.37	0.5887	1.41 (2.83)	1.38 (2.32)	1.44 (3.57)	1.85	1.74	0.5270
Number of ACSC admissions (baseline year)	Mean (SD)	6,487	0.07 (0.41)	0.07 (0.42)	0.06 (0.38)	2.67	2.71	0.3014	0.06 (0.31)	0.06 (0.26)	0.06 (0.38)	1.04	0.99	0.7213
Number of readmissions (baseline year)	Mean (SD)	6,487	0.06 (0.40)	0.06 (0.43)	0.05 (0.34)	2.06	2.13	0.4249	0.05 (0.29)	0.05 (0.26)	0.05 (0.34)	1.03	0.99	0.7236
In diabetes denominator (baseline year)	Yes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
In diabetes denominator (baseline year)	No	6,487	100.00	100.00	100.00	0.00	NA	NA	100.00	100.00	100.00	0.00	NA	NA
HbA1c test (baseline year)	Yes	5,334	82.23	81.59	83.35	1.77	4.65	0.0738	83.67	83.99	83.35	0.64	1.72	0.5557
HbA1c test (baseline year)	No	1,153	17.77	18.41	16.65	1.77	4.65	NA	16.33	16.01	16.65	0.64	1.72	NA
Nephropathy test (baseline year)	Yes	3,576	55.13	54.1	56.94	2.83	5.70	0.0275	57.03	57.11	56.94	0.18	0.36	0.9012
Nephropathy test (baseline year)	No	2,911	44.87	45.90	43.06	2.83	5.70	NA	42.97	42.89	43.06	0.18	0.36	NA
Eye exam (baseline year)	Yes	2,360	36.38	37.16	35	2.16	4.51	0.0818	34.55	34.11	35	0.89	1.87	0.5219
Eye exam (baseline year)	No	4,127	63.62	62.84	65.00	2.16	4.51	NA	65.45	65.89	65.00	0.89	1.87	NA
LDL test—diabetes (baseline year)	Yes	4,827	74.41	74.23	74.73	0.51	1.16	0.6541	74.67	74.61	74.73	0.13	0.29	0.9200
LDL test—diabetes (baseline year)	No	1,660	25.59	25.77	25.27	0.51	1.16	NA	25.33	25.39	25.27	0.13	0.29	NA

					Unweighted	1		Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Proportion or Mean (SD)		Standa Differe	Standardized Difference ²³		Proportion or Mean (SD)		(SD)	Standardized Difference ²		p-value⁴		
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³		
In IVD denominator (baseline year)	Yes	1,527	23.54	23.31	23.94	0.63	1.49	0.5639	24.13	24.31	23.94	0.37	0.86	0.7675	
In IVD denominator (baseline year)	No	4,960	76.46	76.69	76.06	0.63	1.49	NA	75.87	75.69	76.06	0.37	0.86	NA	
LDL test—IVD (baseline year)	Yes	1,165	17.96	17.83	18.18	0.35	0.91	0.7252	18.27	18.37	18.18	0.18	0.47	0.8710	
LDL test—IVD (baseline year)	No	5,322	82.04	82.17	81.82	0.35	0.91	NA	81.73	81.63	81.82	0.18	0.47	NA	
Number of beneficiaries per site (2010)	Mean (SD)	6,487	488.75 (424.23)	504.40 (437.49)	461.08 (398.30)	10.21	10.36	0.0001	460.80 (346.37)	460.53 (313.27)	461.08 (398.30)	0.16	0.15	0.9573	
Total revenue per site (in millions)	Mean (SD)	6,487	2.42 (1.91)	2.37 (1.82)	2.51 (2.06)	7.44	7.31	0.0040	2.53 (1.76)	2.54 (1.57)	2.51 (2.06)	1.75	1.69	0.5490	
Years FQHC has been operating	Mean (SD)	6,487	19.17 (13.60)	19.57 (13.68)	18.46 (13.44)	8.18	8.21	0.0015	18.28 (11.53)	18.10 (10.30)	18.46 (13.44)	3.12	3.00	0.2859	
Number of primary care physicians per site	Mean (SD)	6,487	6.97 (6.40)	6.82 (6.05)	7.24 (6.98)	6.55	6.42	0.0112	7.20 (5.45)	7.16 (4.35)	7.24 (6.98)	1.42	1.33	0.6261	
Number of specialists per site	Mean (SD)	6,487	1.10 (2.53)	1.13 (2.60)	1.06 (2.41)	3.06	3.09	0.2370	1.09 (1.92)	1.12 (1.58)	1.06 (2.41)	3.43	3.24	0.2402	
Ambulatory Quality Accreditation	No	4,358	67.18	68.56	64.75	3.81	8.09	0.0017	63.52	62.3	64.75	2.45	5.09	0.0813	
Ambulatory Quality Accreditation	Yes	2,129	32.82	31.44	35.25	3.81	8.09	NA	36.48	37.70	35.25	2.45	5.09	NA	
HRSA PCMH Initiative participant	No	3,386	52.20	59.99	38.41	21.58	44.20	0.0000	38.05	37.69	38.41	0.72	1.48	0.6116	
HRSA PCMH Initiative participant	Yes	3,101	47.80	40.01	61.59	21.58	44.20	NA	61.95	62.31	61.59	0.72	1.48	NA	
Participation in other CMS sharing savings demonstration	No	5,310	81.86	82.12	81.39	0.73	1.88	0.4653	81.56	81.73	81.39	0.34	0.88	0.7626	
Participation in other CMS sharing savings demonstration	Yes	1,177	18.14	17.88	18.61	0.73	1.88	NA	18.44	18.27	18.61	0.34	0.88	NA	
Number of service delivery sites	Mean (SD)	6,487	9.58 (8.40)	8.33 (7.18)	11.78 (9.82)	41.11	40.13	0.0000	11.54 (8.13)	11.29 (6.99)	11.78 (9.82)	6.04	5.76	0.0387	
HCCN Grantee	No	2,876	44.33	48.65	36.71	11.94	24.33	0.0000	38.85	40.99	36.71	4.28	8.79	0.0026	
HCCN Grantee	Yes	3,611	55.67	51.35	63.29	11.94	24.33	NA	61.15	59.01	63.29	4.28	8.79	NA	
PCMH Funding FY 11	No	5,216	80.41	73.67	92.32	18.64	51.23	0.0000	92.63	92.95	92.32	0.63	2.41	0.4090	
PCMH Funding FY 11	Yes	1,271	19.59	26.33	7.68	18.64	51.23	NA	7.37	7.05	7.68	0.63	2.41		
ACA grant (ACA Building Capacity	No	2,948	45.44	38.73	57.32	18.59	37.87	0.0000	57.91	58.5	57.32	1.18	2.40	0.4118	

			Unweighted ¹							Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Prop	Proportion or Mean (SD)			Standardized Difference ^{2,3}		Proportion or Mean (SD)			Standa Differ	ardized ence ²	p-value ⁴			
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo	RAND ²	CMS ³				
Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)																	
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	3,539	54.56	61.27	42.68	18.59	37.87	NA	42.09	41.50	42.68	1.18	2.40	NA			
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	4,725	72.84	71.62	74.99	3.37	7.62	0.0001	74.58	74.17	74.99	0.82	1.87	0.8055			
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	635	9.79	9.51	10.29	0.78	2.61	NA	10.51	10.73	10.29	0.44	1.45	NA			
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	1,127	17.37	18.87	14.72	4.15	11.11	NA	14.91	15.10	14.72	0.37	1.04	NA			
PCA Region	Central	1,573	24.25	21.55	29.02	7.47	17.26	0.0000	28.65	28.28	29.02	0.74	1.64	0.0000			
PCA Region	Mid-Atlantic	741	11.42	15.01	5.08	9.93	33.50	NA	4.87	4.65	5.08	0.43	1.98	NA			
PCA Region	Northeast	702	10.82	8.49	14.94	6.44	20.14	NA	17.59	20.23	14.94	5.29	13.93	NA			
PCA Region	Southeast	1,054	16.25	18.77	11.78	6.99	19.53	NA	11.04	10.31	11.78	1.47	4.71	NA			
PCA Region	West	1,103	17.00	17.33	16.43	0.89	2.39	NA	17.72	19.01	16.43	2.58	6.76	NA			
PCA Region	West-Central	1,314	20.26	18.85	22.75	3.90	9.63	NA	20.13	17.52	22.75	5.23	13.07	NA			
Percent household poverty in census tract	Mean (SD)	6,487	23.27 (12.75)	23.81 (12.90)	22.32 (12.43)	11.66	11.73	0.0000	21.80 (10.63)	21.28 (9.44)	22.32 (12.43)	9.79	9.43	0.0008			

1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata. 2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted. 3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically

significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Exhibit F.63. Summary of Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

		Imbalance Summary (CMS approach)										
	Imbalance Summary (RAND Approach)	Mean Absolut	e Standardized Dif	fference (%)	% of Covariates with Statistically Significant Differences							
	% of Comparisons with Standardized Difference >2% (RAND Difference) (n=42)	Beneficiary-Level Comparisons (CMS Difference) (n=26)	Site-Level Comparisons (CMS Difference) (n=16)	All Comparisons (CMS Difference) (n=42)	Beneficiary-Level Comparisons (n=19)	Site-Level Comparisons (n=19)	All Comparisons (n=28)					
Unweighted	41.30	3.10	18.88	10.81	10.53	80.00	41.18					
Propensity Score Weighted	10.87	1.40	4.71	3.02	5.26	20.00	11.76					

Exhibit F.64. Demonstration vs. Comparison FQHC Balance Table for Sites with NCQA Level 3 or Other Recognition by Year Three, Ischemic Vascular Disease Process Measure Propensity Score Weights (Claims-Based Quarter 16 Attribution Cohort)

			Unweighted ¹							Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Proportion or Mean (SD)			Standardized Difference ^{2,3}		p- value ⁴	Proportion or Mean (SD)			Standa Differ	p-value4				
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³				
Age (4 categories)	<65	2,864	80.27	80.59	79.69	0.91	2.27	0.5142	80.54	81.38	79.69	1.69	4.28	0.2795			
Age (4 categories)	65-74	704	19.73	19.41	20.31	0.91	2.27	NA	19.46	18.62	20.31	1.69	4.28	NA			
Age (4 categories)	75-84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			
Age (4 categories)	85+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			
Race/ethnicity	White	2,592	72.65	71.43	74.82	3.39	7.65	0.0451	75.18	75.54	74.82	0.71	1.66	0.9425			
Race/ethnicity	Black	608	17.04	18.40	14.59	3.82	10.29	NA	14.58	14.58	14.59	0.01	0.03	NA			
Race/ethnicity	Asian	56	1.57	1.57	1.57	0.00	0.01	NA	1.61	1.65	1.57	0.08	0.67	NA			
Race/ethnicity	Hispanic	189	5.30	5.41	5.10	0.31	1.39	NA	4.74	4.38	5.10	0.71	3.36	NA			
Race/ethnicity	Other /Unknown	123	3.45	3.18	3.92	0.74	3.99	NA	3.88	3.85	3.92	0.07	0.38	NA			
Gender	Female	1,521	42.63	43.09	41.80	1.28	2.60	0.4574	41.98	42.16	41.80	0.36	0.73	0.8535			
Gender	Male	2,047	57.37	56.91	58.20	1.28	2.60	NA	58.02	57.84	58.20	0.36	0.73	NA			
Dual eligible	Yes	1,519	42.57	42.74	42.27	0.46	0.94	0.7881	42.53	42.78	42.27	0.51	1.03	0.7944			
Dual eligible	No	2,049	57.43	57.26	57.73	0.46	0.94	NA	57.47	57.22	57.73	0.51	1.03	NA			
Disabled	Yes	2,087	58.49	58.22	58.98	0.76	1.54	0.6590	59.12	59.26	58.98	0.28	0.56	0.8875			

				Propensity Score Weighted ⁵										
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p- value⁴	Prop	ortion or Mean	(SD)	Standardized Difference ²		p-value ⁴
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³	
Disabled	No	1,481	41.51	41.78	41.02	0.76	1.54	NA	40.88	40.74	41.02	0.28	0.56	NA
Institutionalized	Yes	120	3.36	3.79	2.59	1.21	6.87	0.0555	2.68	2.76	2.59	0.17	1.08	0.7845
Institutionalized	No	3,448	96.64	96.21	97.41	1.21	6.87	NA	97.32	97.24	97.41	0.17	1.08	NA
Comorbidity index	Mean (SD)	3,568	1.65 (1.28)	1.63 (1.26)	1.70 (1.31)	5.98	5.95	0.0870	1.71 (1.11)	1.71 (0.98)	1.70 (1.31)	0.46	0.44	0.9076
Total payments (baseline year)	Mean (SD)	3,568	15,077.18 (24,825.69)	15,054.61 (24,899.58)	15,117.77 (24,701.93)	0.25	0.25	0.9420	15,540.46 (22,220.17)	15,960.09 (20,712.93)	15,117.77 (24,701.93)	3.79	3.70	0.3377
Number of inpatient admissions (baseline year)	Mean (SD)	3,568	0.59 (1.13)	0.59 (1.13)	0.60 (1.12)	1.19	1.19	0.7344	0.61 (0.96)	0.61 (0.86)	0.60 (1.12)	0.75	0.72	0.8498
Number of ER visits (baseline year)	Mean (SD)	3,568	1.84 (4.33)	1.77 (3.98)	1.98 (4.89)	4.89	4.75	0.1618	2.05 (4.63)	2.12 (4.49)	1.98 (4.89)	3.15	3.11	0.4255
Number of ACSC admissions (baseline year)	Mean (SD)	3,568	0.10 (0.44)	0.11 (0.46)	0.10 (0.39)	1.78	1.82	0.6105	0.10 (0.34)	0.10 (0.31)	0.10 (0.39)	0.14	0.14	0.9710
Number of readmissions (baseline year)	Mean (SD)	3,568	0.09 (0.47)	0.09 (0.49)	0.10 (0.44)	2.00	2.03	0.5675	0.10 (0.42)	0.10 (0.40)	0.10 (0.44)	1.89	1.87	0.6330
In diabetes denominator (baseline year)	Yes	1,527	42.80	42.13	44.00	1.87	3.78	0.2789	44.21	44.43	44.00	0.43	0.86	0.8276
In diabetes denominator (baseline year)	No	2,041	57.20	57.87	56.00	1.87	3.78	NA	55.79	55.57	56.00	0.43	0.86	NA
HbA1c test (baseline year)	Yes	1,242	34.81	34.45	35.45	1.00	2.09	0.5486	35.78	36.11	35.45	0.65	1.36	0.7299
HbA1c test (baseline year)	No	2,326	65.19	65.55	64.55	1.00	2.09	NA	64.22	63.89	64.55	0.65	1.36	NA
Nephropathy test (baseline year)	Yes	922	25.84	25.43	26.59	1.16	2.65	0.4470	26.69	26.78	26.59	0.20	0.44	0.9111
Nephropathy test (baseline year)	No	2,646	74.16	74.57	73.41	1.16	2.65	NA	73.31	73.22	73.41	0.20	0.44	NA
Eye exam (baseline year)	Yes	586	16.42	16.22	16.78	0.56	1.51	0.6647	17.03	17.28	16.78	0.49	1.31	0.7398
Eye exam (baseline year)	No	2,982	83.58	83.78	83.22	0.56	1.51	NA	82.97	82.72	83.22	0.49	1.31	NA
LDL test—diabetes (baseline year)	Yes	1,177	32.99	32.66	33.57	0.90	1.92	0.5821	33.54	33.51	33.57	0.06	0.12	0.9765
LDL test—diabetes (baseline year)	No	2,391	67.01	67.34	66.43	0.90	1.92	NA	66.46	66.49	66.43	0.06	0.12	NA
In IVD denominator (baseline year)	Yes	3,568	100.00	100.00	100.00	0.00	NA	NA	100.00	100.00	100.00	0.00	NA	NA
In IVD denominator (baseline year)	No	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LDL test—IVD (baseline year)	Yes	2,484	69.62	69.04	70.67	1.63	3.55	0.3102	70.65	70.64	70.67	0.03	0.07	0.9867

			Unweighted ¹							Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Prop	ortion or Mean	(SD)	Standa Differe	rdized nce ^{2,3}	p- value⁴	Prop	ortion or Mean	(SD)	Standa Diffen	p-value ⁴				
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³				
LDL test—IVD (baseline year)	No	1,084	30.38	30.96	29.33	1.63	3.55	NA	29.35	29.36	29.33	0.03	0.07	NA			
Number of beneficiaries per site (2010)	Mean (SD)	3,568	493.58 (442.27)	527.59 (485.92)	432.43 (342.12)	21.52	22.65	0.0000	427.08 (293.89)	421.77 (263.30)	432.43 (342.12)	3.63	3.49	0.3589			
Total revenue per site (in millions)	Mean (SD)	3,568	2.31 (1.85)	2.27 (1.72)	2.38 (2.06)	5.82	5.67	0.0957	2.37 (1.74)	2.37 (1.53)	2.38 (2.06)	0.43	0.41	0.9134			
Years FQHC has been operating	Mean (SD)	3,568	18.77 (13.35)	19.27 (13.49)	17.87 (13.06)	10.50	10.56	0.0026	17.68 (11.22)	17.49 (10.05)	17.87 (13.06)	3.35	3.22	0.3969			
Number of primary care physicians per site	Mean (SD)	3,568	6.47 (6.09)	6.41 (6.04)	6.58 (6.18)	2.81	2.80	0.4207	6.61 (5.08)	6.63 (4.35)	6.58 (6.18)	0.91	0.86	0.8184			
Number of specialists per site	Mean (SD)	3,568	1.07 (2.79)	1.18 (3.11)	0.87 (2.06)	11.04	11.66	0.0016	0.91 (1.69)	0.95 (1.44)	0.87 (2.06)	4.94	4.69	0.2117			
Ambulatory Quality Accreditation	No	2,488	69.73	72.48	64.78	7.70	16.65	0.0000	64.01	63.24	64.78	1.55	3.23	0.4146			
Ambulatory Quality Accreditation	Yes	1,080	30.27	27.52	35.22	7.70	16.65	NA	35.99	36.76	35.22	1.55	3.23	NA			
HRSA PCMH Initiative participant	No	1,886	52.86	60.75	38.67	22.08	45.29	0.0000	37.61	36.56	38.67	2.10	4.34	0.2719			
HRSA PCMH Initiative participant	Yes	1,682	47.14	39.25	61.33	22.08	45.29	NA	62.39	63.44	61.33	2.10	4.34	NA			
Participation in other CMS sharing savings demonstration	No	2,941	82.43	82.95	81.49	1.46	3.81	0.2728	82.30	83.11	81.49	1.62	4.25	0.2827			
Participation in other CMS sharing savings demonstration	Yes	627	17.57	17.05	18.51	1.46	3.81	NA	17.70	16.89	18.51	1.62	4.25	NA			
Number of service delivery sites	Mean (SD)	3,568	9.10 (8.17)	8.00 (7.33)	11.08 (9.17)	37.66	37.07	0.0000	10.85 (7.50)	10.62 (6.39)	11.08 (9.17)	6.17	5.86	0.1189			
HCCN Grantee	No	1,594	44.67	49.37	36.24	13.13	26.78	0.0000	38.85	41.45	36.24	5.21	10.71	0.0068			
HCCN Grantee	Yes	1,974	55.33	50.63	63.76	13.13	26.78	NA	61.15	58.55	63.76	5.21	10.71	NA			
PCMH Funding FY 11	No	2,876	80.61	74.27	92	17.73	48.74	0.0000	92.5	92.99	92	0.99	3.75	0.3425			
PCMH Funding FY 11	Yes	692	19.39	25.73	8.00	17.73	48.74	NA	7.50	7.01	8.00	0.99	3.75	NA			
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	No	1,596	44.73	37.29	58.12	20.83	42.64	0.0000	58.8	59.47	58.12	1.35	2.75	0.4871			
ACA grant (ACA Building Capacity Grantee; ACA New Access Point Grantee; ACA Immediate Facility Improve Grantee)	Yes	1,972	55.27	62.71	41.88	20.83	42.64	NA	41.20	40.53	41.88	1.35	2.75	NA			
Rural-Urban Continuum Code (trichotomized)	Metropolitan area	2,470	69.23	67.77	71.84	4.07	8.88	0.0209	71.37	70.89	71.84	0.95	2.10	0.7005			
Rural-Urban Continuum Code (trichotomized)	Nonmetro /rural area	416	11.66	11.82	11.37	0.45	1.39	NA	11.22	11.07	11.37	0.31	0.97	NA			

			Unweighted ¹							Propensity Score Weighted ⁵							
Variable	Level	Total Sample N	Proportion or Mean (SD)			Standa Differe	rdized nce ^{2,3}	p- value⁴	4 Proportion or Mean (SD) Diff				Standardized Difference ²				
			Demo & Comp	Comp FQHC	Demo FQHC	RAND ²	CMS ³		Demo & Comp	Comp FQHC	Demo		CMS ³				
Rural-Urban Continuum Code (trichotomized)	Nonmetro /urban area	682	19.11	20.41	16.78	3.63	9.33	NA	17.41	18.04	16.78	1.25	3.31	NA			
PCA Region	Central	955	26.77	23.77	32.16	8.39	18.77	0.0000	31.28	30.41	32.16	1.74	3.76	0.0019			
PCA Region	Mid-Atlantic	421	11.80	15.48	5.18	10.31	34.36	NA	5.02	4.87	5.18	0.31	1.41	NA			
PCA Region	Northeast	394	11.04	8.07	16.39	8.32	25.61	NA	19.20	21.99	16.39	5.60	14.25	NA			
PCA Region	Southeast	650	18.22	20.80	13.57	7.23	19.26	NA	13.00	12.43	13.57	1.13	3.37	NA			
PCA Region	West	510	14.29	14.87	13.25	1.62	4.65	NA	14.07	14.89	13.25	1.63	4.70	NA			
PCA Region	West-Central	638	17.88	17.01	19.45	2.44	6.33	NA	17.42	15.41	19.45	4.04	10.68	NA			
Percent household poverty in census tract	Mean (SD)	3,568	22.28 (12.21)	22.82 (12.40)	21.32 (11.79)	12.28	12.39	0.0004	20.71 (10.09)	20.10 (8.99)	21.32 (11.79)	12.04	11.59	0.0023			

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims. 1. Numbers in these columns are weighted for survey nonresponse, conditional on sample strata. 2. Standardized difference in this column is defined as the following. If the value of Level (column B) = "1. Mean," then the standardized difference is the absolute value of the difference in means divided by the pooled standard deviation, times 100. Otherwise, the standardized difference is just the difference in proportions. Standardized differences ≥ 2 (in absolute value) are highlighted.

3. Standardized difference in this column is the absolute value of the difference in means or proportions divided by the pooled standard deviation, multiplied by 100. Bold numbering indicates statistically significant results (p<0.10)

4. The p-value is from a statistical test comparing the difference in values. If the value of Level (column B) = "1. Mean," then the p-value is from a t-test comparing the means. Otherwise, the p-value is from a chisquare test comparing the proportions. Bold numbering indicates statistically significant results (p<0.10).

Appendix G. Demonstration Effects on Processes and Outcomes: Year-by-Year Results Stratified by Attribution Cohort, Cumulative Effect Analyses, and Sensitivity Analyses

Exhibit G.1 shows the impact of the demonstration on utilization measures on a year-to-year basis for the rolling entry cohort overall and stratified by year of first attribution. These results are based on two-part statistical models unless otherwise indicated. The first panel shows the demonstration's impact on utilization rates overall and combines the first and second parts of the two-part model. The second panel shows the demonstration's impact on the likelihood of any utilization in each category (i.e., the first part of the two-part model), and the third panel shows the demonstration's impact on the level of utilization among beneficiaries with any utilization in each category (i.e., the second part of the two-part model).
		Overall Utilization Utilization per 1,000 Beneficiaries (SE)			Likelihood of Any Utilization Percentage Points (SE)			Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
FQHC visits ^{††}	Baseline attribution	49.66*** (13.4)	60.67*** (14.81)	55.26*** (15.39)	3.54*** (0.61)	4.91*** (0.78)	5.03*** (0.83)	-8.79 (15.50)	-49.20** (18.27)	-66.40** (20.58)
	Year 1 attribution		130.55*** (20.90)	170.86*** (20.07)		6.52*** (1.11)	7.59*** (1.13)		-7.06 (30.75)	12.57 (32.60)
	Year 2 attribution			102.10*** (22.70)			7.05*** (1.13)			12.73 (34.28)
	Rolling entry	49.66*** (13.4)	97.17*** (13.03)	105.19*** (11.53)	3.54*** (0.61)	5.57*** (0.64)	6.22*** (0.58)	-8.79 (15.50)	–26.76 (16.58)	–21.49 (16.16)
Non-FQHC PCP visits	Baseline attribution	-8.28 (12.53)	–31.08 [†] (18.12)	-13.26 (21.28)	-0.10 (0.23)	0.12 (0.26)	0.38 (0.28)	-44.42 (-41.35)	-127.10* (51.79)	-90.14 (59.50)
	Year 1 attribution		15.61 (23.65)	4.30 (29.24)		0.29 (0.36)	0.68 [†] (0.39)		–52.12 (63.32)	–31.73 (73.78)
	Year 2 attribution			66.12* (27.88)			2.02*** (0.39)			–68.19 (91.88)
	Rolling entry	-8.28 (12.53)	–11.49 (13.99)	13.75 (14.06)	0.22 (0.20)	0.53 (0.19)	1.03*** (0.19)	-44.42 (-41.35)	–78.95 [†] (40.45)	–67.39 (41.84)
PCP visits ^{††}	Baseline attribution	39.09* (16.61)	44.81* (20.09)	49.17* (22.22)	1.26*** (0.3)	1.98*** (0.39)	2.07*** (0.45)	0.61 (18.38)	-26.90 (22.65)	–37.76 (25.91)
	Year 1 attribution		83.59** (28.43)	102.37** (31.12)		0.60 (0.62)	1.09 (0.73)		26.79 (34.93)	23.34 (38.75)
	Year 2 attribution			92.96** (31.49)			0.15 (0.68)			82.20* (40.12)
	Rolling entry	39.09* (16.61)	63.00*** (17.03)	78.71*** (16.25)	1.26*** (0.30)	1.55*** (0.33)	1.33*** (0.33)	0.61 (18.38)	-7.11 (19.53)	8.88 (19.33)

Exhibit G.1. Year-b	y-Year Demonstration Im	pacts on Claims-Based Measures of	of Health Care Utilization	, by Attribution Cohort

		Overall Utilization Utilization per 1,000 Beneficiaries (SE)			Likeliho Perce	Likelihood of Any Utilization Percentage Points (SE)			Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
Specialist visits	Baseline attribution	10.7 (14.87)	-2.71 (19.43)	–11.59 (21.68)	0.49 (0.22)	-0.20 (0.24)	0.19 (0.26)	6.06 (25.12)	-9.58 (29.47)	-7.16 (32.97)	
	Year 1 attribution		–10.22 (28.61)	–32.14 (32.12)		0.50 (0.37)	0.82* (0.40)		-36.06 (49.18)	–19.64 (53.51)	
	Year 2 attribution			55.16 [†] (30.10)			1.41*** (0.40)			80.16 (55.98)	
	Rolling entry	10.7 (14.87)	-5.83 (16.13)	-3.54 (15.55)	0.49* (0.22)	0.06 (0.21)	0.68*** (0.19)	-6.06 (25.12)	–17.90 (25.65)	13.97 (24.87)	
Total ED visits	Baseline attribution	23.47** (9.08)	21.34* (10.31)	38.21*** (11.01)	0.31 (0.24)	0.72** (0.25)	0.82** (0.26)	35.46 (24.94)	2.34 (27.69)	59.51* (30.26)	
	Year 1 attribution		37.66* (15.85)	35.80* (18.06)		1.29*** (0.37)	1.04** (0.39)		34.88 (49.74)	104.34* (52.63)	
	Year 2 attribution			4.71 (17.84)			0.00 (0.40)			–18.71 (61.17)	
	Rolling entry	23.47** (9.08)	26.1** (8.59)	31.38*** (8.25)	0.31 (0.24)	0.93*** (0.21)	0.69*** (0.19)	35.46 (24.94)	15.26 (24.54)	57.10* (23.80)	
Outpatient-only ED visits	Baseline attribution	21.01** (8.05)	16.44 [†] (9.13)	40.44*** (9.65)	0.48* (0.23)	0.64** (0.24)	0.74** (0.25)	35.30 (25.13)	-1.35 (28.78)	54.74 [†] (29.74)	
	Year 1 attribution		38.39** (14.30)	51.20** (15.72)		1.18** (0.36)	1.11** (0.37)		32.79 (50.68)	97.47 [†] (51.25)	
	Year 2 attribution			1.40 (15.49)			0.07 (0.39)			-15.78 (60.40)	
	Rolling entry	21.01** (8.05)	24.48** (7.66)	32.66*** (7.14)	0.48* (0.23)	0.84*** (0.20)	0.67*** (0.18)	35.30 (25.13)	11.74 (25.33)	52.04* (23.32)	

		Overall Utilization Utilization per 1,000 Beneficiaries (SE)			Likeliho Perce	Likelihood of Any Utilization Percentage Points (SE)			Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
ACSC ED visits	Baseline attribution	0.66 (1.89)	-2.40 (2.38)	-0.16 (2.37)	0.08 (0.11)	0.11 (0.11)	0.19 (0.12)	11.93 (57.31)	–51.70 (65.15)	-20.54 (67.87)	
	Year 1 attribution		2.14 (3.28)	2.63 (3.67)		0.04 (0.17)	-0.06 (0.18)		52.16 (108.01)	131.06 (115.77)	
	Year 2 attribution			0.12 (3.57)			0.17 (0.17)			1.95 (144.21)	
	Rolling entry	0.66 (1.89)	-1.07 (1.96)	0.67 (1.76)	0.08 (0.11)	0.09 (0.09)	0.13 (0.87)	11.93 (57.31)	-18.77 (56.49)	22.98 (54.30)	
Inpatient admissions	Baseline attribution	4.67 (3.70)	6.44 (3.91)	6.65 (4.21)	0.22 (0.20)	0.61 (0.20)	0.60 (0.21)	-18.82 (25.56)	-53.62 (29.70)	-37.28 (33.29)	
	Year 1 attribution		7.44 (5.68)	-0.32 (6.54)		0.72 (0.29)	0.26 (0.30)		–33.18 (56.87)	32.44 (59.39)	
	Year 2 attribution			-5.65 (6.78)			0.12 (0.12)			-11.22 (77.18)	
	Rolling entry	4.67 (3.70)	6.83* (3.22)	2.72 (3.13)	0.22 (0.2)	0.66*** (0.16)	0.42** (0.15)	-18.82 [†] (25.56)	-46.36 [†] (26.67)	-11.07 (27.03)	
ACSC admissions	Baseline attribution	1.05 (1.20)	1.53 (1.34)	-1.16 (1.58)	0.03 (0.08)	0.08 (0.09)	-0.05 (0.10)	47.92 (63.72)	-2.50 (72.00)	-29.07 (92.10)	
	Year 1 attribution		-0.86 (2.11)	-0.56 (2.32)		-0.17 (0.13)	–0.27 [†] (0.15)		77.92 (160.47)	48.34 (163.66)	
	Year 2 attribution			-2.27 (2.27)			-0.17 (0.14)			80.71 (163.04)	
	Rolling entry	1.05 (1.20)	0.85 (1.14)	-1.12 (1.15)	0.03 (0.08)	0.00 (0.07)	-0.13 [†] (0.07)	47.92 (63.72)	21.64 (70.15)	16.18 (72.16)	

	Cohort	Overall Utilization Utilization per 1,000 Beneficiaries (SE)			Likelihood of Any Utilization Percentage Points (SE)			Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]		Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Inpatient readmissions ^{§§}	Baseline attribution				0.06 (0.51)	-0.44 (0.57)	-0.22 (0.61)			
	Year 1 attribution					-1.53 [†] (0.93)	-1.39 (1.01)			
	Year 2 attribution						-0.22 (1.01)			
	Rolling entry				0.06 (0.51)	-0.76 (0.49)	-0.44 (0.46)			

SE=standard error; FQHC=federally qualified health center; ED=emergency department; ACSC=ambulatory care sensitive condition.

^{††}Two-part models were not used due to poor convergence.

[§] FQHC visits include any visit to FQHCs regardless of provider specialty. PCP visits included visits to primary care physicians, nurse practitioners, and physician assistants who practice at FQHCs, rural health clinics, or primary care clinics. Specialist visits included visits to specialists who practice at FQHCs, rural health clinics, or primary care clinics are identified by evaluation and management (E&M) visit codes. Total ED visits included in both outpatient-only ED visits that did not lead to a hospitalization and ED visits that were followed by hospital admission. Observation stays are included in both total ED visits, and also in our measure of outpatient-only ED visits.

^{§§} Inpatient readmissions are measured as hospital-wide all-cause unplanned readmissions and are modeled as a binary indicator rather than as a count of readmissions per beneficiary and thus a two-part model was not used. The estimate in the year prior to the demonstration represented the percentage of discharges (rather than beneficiaries) that were associated with a readmission within 30 days.

[†]p<0.10; * p<0.05; ** p<0.01; *** p<0.001

Exhibit G.2 shows the impact of the demonstration on process measures of quality on a yearto-year basis for patients with diabetes or ischemic vascular disease. Results are presented for the rolling entry cohort overall and stratified by year of attribution.

		Lil Pe	kelihood of Utilizatior ercentage points (SE)	1
Outcome Measure	Cohort	Year 1	Year 2	Year 3
All four recommended	Baseline attribution	1.39*** (0.40)	0.23 (0.45)	0.48 (0.48)
tests for patients with	Year 1 attribution		0.21 (0.70)	0.72 (0.72)
ulabeles	Year 2 attribution			0.19 (0.79)
	Rolling entry	1.39*** (0.40)	0.22 (0.38)	0.45 (0.36)
HbA1c test	Baseline attribution	0.18 (0.39)	-0.92* (0.43)	-0.05 (0.47)
(diabetes patients)	Year 1 attribution		-0.22 (0.83)	1.59 (0.95)
	Year 2 attribution			1.49 (0.96)
	Rolling entry	0.18 (0.64)	–0.73 [†] (0.06)	0.54 (0.39)
LDL test	Baseline attribution	0.51 (0.50)	-0.11 (0.54)	-0.25 (0.57)
(diabetes patients)	Year 1 attribution		-0.87 (0.9)	-0.29 (0.97)
	Year 2 attribution			0.36 (1.05)
	Rolling entry	0.51 (0.50)	-0.33 (0.46)	-0.12 (0.44)
Eye exam	Baseline attribution	1.97*** (0.50)	0.71 (0.55)	0.33 (0.60)
(diabetes patients)	Year 1 attribution		1.23 (0.89)	0.42 (0.97)
	Year 2 attribution			0.67 (0.99)
	Rolling entry	1.97*** (0.50)	0.91 [†] (0.47)	0.46 (0.46)
Nephropathy test	Baseline attribution	1.57** (0.56)	1.07 [†] (0.58)	2.34*** (0.65)
(diabetes patients)	Year 1 attribution		1.25 (1.00)	2.07 [†] (1.08)
	Year 2 attribution			1.51 (1.08)
	Rolling entry	1.57** (0.56)	1.14* (0.51)	2.10*** (0.50)
Lipid test for patients	Baseline attribution	-0.24 (0.70)	-0.91 (0.76)	-1.87* (0.82)
with ischemic vascular	Year 1 attribution		-0.42 (1.25)	1.56 (1.48)
uisease	Year 2 attribution			0.44 (1.57)
	Rolling entry	-0.24 (0.70)	-0.76 (0.65)	-0.57 (0.65)

Exhibit G.2. Year-by-Year Demonstration Impacts on Claims-Based Process Measures, by Attribution Cohort

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014) HbA1c=hemoglobin A1c; LDL=low-density lipoprotein.

[†]p<0.10; * p<0.05; ** p<0.01; *** p<0.001.

Exhibit G.3 shows the impact of the demonstration on spending measures on a year-to-year basis for the rolling entry cohort overall and stratified by year of attribution. These results are based on two-part statistical models. The first panel shows overall spending and combines the first and second parts of the two-part model. The second panel shows the demonstration's impact on the likelihood of spending in a particular category (i.e., the first part of the two-part model),

and the third panel shows the demonstration's impact on the level of spending among beneficiaries with spending in the category (i.e., the second part of the two-part model).

	- Cohort	Overall Spending Dollars (SE)			Likelihood of Spending Percentage Points (SE)			Level of Spending Among Service Users Dollars (SE)		
Outcome Measure		Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Total Medicare expenditures	Baseline attribution	35.79 (102.62)	86.11 (106.43)	195.06 (117.75)	-0.39 (0.27)	-0.79 (0.51)	-1.13 (0.70)	62.42 (104.18)	143.73 (107.30)	298.07 (116.96)
	Year 1 attribution		36.17 (170.31)	144.38 (186.96)		-0.12 (0.83)	0.11 (1.14)		57.98 (178.09)	170.91 (194.77)
	Year 2 attribution			25.27 (200.88)			0.68 (0.99)			-16.30 (217.67)
	Rolling entry	35.79 (102.62)	75.49 (90.55)	162.86 [†] (89.46)	-0.39 (0.27)	-0.53 (0.44)	-0.32 (0.51)	62.42 (104.18)	118.73 (92.32)	206.10* (91.57)
Inpatient	Baseline attribution	–31.48 (73.04)	119.60 [†] (67.87)	158.10* (69.71)	0.26 (0.20)	0.71*** (0.2)	0.67** (0.21)	-425.94 (355.79)	–75.51 (341.53)	173.55 (343.55)
	Year 1 attribution		-12.13 (107.91)	80.78 (114.84)		0.63* (0.29)	0.33 (0.31)		-721.08 (586.77)	161.07 (611.23)
	Year 2 attribution			–176.01 (116.67)			0.09 (0.33)			-1237.08* (621.35)
	Rolling entry	–31.48 (73.04)	80.44 (57.81)	77.56 (53.51)	0.26 (0.20)	0.69*** (0.16)	0.45** (0.15)	-425.94 (355.79)	–263.90 (298.22)	-59.47 (272.72)
Skilled nursing facility	Baseline attribution	3.29 (27.57)	8.70 (27.94)	-15.48 (30.69)	0.08 (0.10)	0.12 (0.11)	0.05 (0.13)	-263.63 (627.03)	-247.26 (536.07)	–555.17 (493.64)
	Year 1 attribution		77.80** (25.42)	124.00*** (30.31)		0.61*** (0.11)	0.70*** (0.12)		–305.43 (846.56)	496.97 (883.09
	Year 2 attribution			12.36 (34.65)			0.40** (0.15)			–1955.93 [†] (1043.11)
	Rolling entry	3.29 (27.57)	47.79* (19.99)	48.20* (19.16)	0.08 (0.10)	0.37*** (0.08)	0.40*** (0.08)	-263.63 (627.03)	–146.73 (459.83)	-414.23 (422.57)
Home health	Baseline attribution	15.40 [†] (9.02)	33.54*** (9.83)	35.33*** (9.66)	0.19 (0.13)	0.42** (0.14)	0.39** (0.14)	81.67 (84.57)	159.70 [†] (89.45)	221.38* (90.76)

Exhibit G.3. Year-by-Year Demonstration Impacts on Spending Measures, by Attribution	Cohort
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		Overall Spending Dollars (SE)			Likeli Perce	Likelihood of Spending Percentage Points (SE)			Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
	Year 1 attribution		10.39 (12.25)	5.68 (12.90)		0.13 (0.19)	0.18 (0.19)		85.10 (136.24)	-30.94 (148.87)	
	Year 2 attribution			10.12 (11.63)			–0.10 (0.20)			231.90 (148.02)	
	Rolling entry	15.40 [†] (9.02)	26.94*** (7.83)	24.01*** (6.68)	0.19 (0.13)	0.32** (0.11)	0.21* (0.10)	81.67 (84.57)	142.65 [†] (74.74)	177.17** (68.72)	
Outpatient facility	Baseline attribution	–63.51 [†] (36.47)	-3.78 (30.00)	-12.48 (36.10)	-0.28 (0.39)	-0.31 (0.63)	-0.63 (0.77)	-63.87 [†] 38.39)	-0.25 (31.60)	-2.42 (38.61)	
	Year 1 attribution		10.76 (54.02)	105.73* (47.88)		2.48* (1.02)	3.11* (1.24)		–28.86 (61.65)	74.48 (54.26)	
	Year 2 attribution			-8.84 (51.65)			1.63 [†] (0.99)			-46.86 (59.52)	
	Rolling entry	-63.51 [†] (36.47)	2.01 (26.77)	20.54 (25.22)	-0.28 (0.39)	0.74 (0.55)	0.96 [†] (0.55)	-63.87 [†] (38.39)	-8.89 (28.90)	6.32 (27.87)	
Hospice	Baseline attribution	11.92 (27.72)	-22.68 (35.41)	30.95 (42.35)	-0.02 (0.12)	-0.09 (0.16)	–0.12 (0.18)	103.75 (2007.50)	–1528.99 (2107.86)	1943.57 (2271.60)	
	Year 1 attribution		-41.27 (63.97)	-54.71 (74.12)		-0.29 (0.23)	-0.28 (0.25)		–3200.48 (4438.32)	–4875.15 (4863.71)	
	Year 2 attribution			229.06** (83.02)			-0.07 (0.23)			17981.95* (7389.61)	
	Rolling entry	11.92 (27.72)	-25.56 (31.32)	67.70 [†] 36.54)	-0.02 (0.12)	-0.17 (0.14)	-0.16 (0.13)	103.75 (2007.50)	-1756.57 (1916.08)	3989.77 [†] (2278.99)	
Part B expenditures ^{§§}	Baseline attribution	-2.70 (26.71)	45.48* (22.06)	59.18* (23.89)	0.26 (0.16)	0.40 [†] (0.21)	0.79** (0.26)	-7.66 (29.04)	44.02 [†] (24.60)	53.03 [†] (27.34)	
	Year 1 attribution		–24.40 (45.98)	82.85* (38.99)		0.43 (0.33)	0.91* (0.41)		–35.61 (53.06)	81.82 [†] (46.31)	
	Year 2 attribution			43.02 (38.21)			1.37** (0.42)			25.71 (45.74)	

		Overall Spending Dollars (SE)			Likeli Perce	Likelihood of Spending Percentage Points (SE)			Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
	Rolling entry	-2.70 (26.71)	23.49 (21.00)	61.87*** (18.11)	0.26 (0.16)	0.41* (0.18)	0.94*** (0.19)	-7.66 (29.04)	19.52 (23.63)	54.65** (21.01)	
Physicians (primary care)	Baseline attribution	-4.88 (8.12)	1.78 (7.41)	8.46 (6.45)	0.10 (0.23)	0.58* (0.25)	0.51 [†] (0.27)	-8.78 (13.24)	-0.47 (12.16)	10.80 (10.47)	
	Year 1 attribution		17.73 (12.57)	26.36 [†] (13.68)		0.17 (0.38)	-0.57 (0.40)		29.62 (21.32)	49.25* (22.77)	
	Year 2 attribution			-4.14 (9.11)			1.20** (0.41)			–14.57 (16.08)	
	Rolling entry	-4.88 (8.12)	7.10 (6.49)	10.72* (5.24)	0.10 (0.23)	0.46* (0.21)	0.49* (0.20)	-8.78 (13.24)	9.12 (10.75)	15.67 [†] (8.70)	
Physicians (specialist)	Baseline attribution	–3.75 (19.30)	23.82 (17.05)	22.46 (18.12)	0.16 (0.20)	0.17 (0.23)	0.19 (0.25)	-7.62 (24.46)	28.31 (22.29)	27.44 (24.15)	
	Year 1 attribution		–13.82 (23.73)	30.76 (26.26)		0.70* (0.35)	0.50 (0.38)		-28.03 (32.44)	37.70 (36.75)	
	Year 2 attribution			3.11 (26.34)			0.91* (0.39)			-8.26 (37.44)	
	Rolling entry	-3.75 (19.30)	11.95 (13.94)	20.49 (13.11)	0.16 (0.20)	0.36 [†] (0.19)	0.44* (0.18)	-7.62 (24.46)	11.12 (18.43)	22.63 (17.81)	
Durable medical	Baseline attribution	-5.87 (9.57)	-8.16 (7.82)	-14.33 (10.38)	-0.27 (0.18)	-0.03 (0.2)	-0.25 (0.21)	-9.63 (26.29)	-23.99 (22.47)	-41.04 (32.86)	
equipment	Year 1 attribution		-3.56 (10.87)	7.42 (13.23)		0.17 (0.29)	–0.21 (0.31)		-17.04 (37.75)	33.50 (51.09)	
	Year 2 attribution			10.90 (12.18)			0.33 (0.30)			28.85 (51.62)	
	Rolling entry	–5.87 (9.57)	-7.01 (6.46)	-3.86 (7.13)	-0.27 (0.18)	0.04 (0.17)	–0.10 (0.16)	-9.63 (26.29)	–22.32 (19.34)	-11.07 (24.31)	
Total outpatient ^{§§§}	Baseline attribution	–55.81 (37.28)	-7.98 (31.43)	-22.88 (38.17)	-0.10 (0.38)	-0.11 (0.62)	-0.36 (0.77)	-57.68 (38.92)	-7.64 (32.60)	-18.38 (40.25)	

		Overall Spending Dollars (SE)			Likelil Perce	Likelihood of Spending Percentage Points (SE)			Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
	Year 1 attribution		3.44 (56.44)	104.51* (50.46)		1.94* (0.97)	2.64* (1.20)		-29.60 (63.22)	77.88 (56.25)	
	Year 2 attribution			0.38 (53.80)			1.57 (0.98)			-34.95 (61.25)	
	Rolling entry	–55.81 (37.28)	-3.15 (27.98)	16.08 (26.57)	-0.10 (0.38)	0.66 (0.52)	0.93 [†] (0.54)	-57.68 (38.92)	-14.42 (29.76)	0.38 (28.94)	
Laboratory	Baseline attribution	1.7 (2.54)	8.18** (2.57)	14.59*** (2.80)	1.01*** (0.21)	1.60*** (0.25)	1.62*** (0.28)	-1.27 (3.11)	5.28 (3.27)	13.86*** (3.67)	
	Year 1 attribution		3.51 (4.17)	10.35* (4.75)		0.89* (0.38)	1.38** (0.43)		1.19 (5.55)	8.92 (6.61)	
	Year 2 attribution			4.34 (4.60)			0.23 (0.42)			4.80 (6.43)	
	Rolling entry	1.70 (2.54)	6.74** (2.2)	11.32*** (2.17)	1.01*** (0.21)	1.32*** (0.21)	1.16*** (0.20)	-1.27 (3.11)	4.05 (2.83)	10.67*** (2.89)	
Imaging	Baseline attribution	-1.50 (2.5)	0.64 (2.12)	-1.05 (2.24)	0.36 (0.24)	0.68* (0.26)	0.41 (0.27)	-4.17 (3.89)	-1.96 (3.42)	-3.52 (3.65)	
	Year 1 attribution		-2.8 0 (3.42)	3.22 (4.04)		0.78* (0.39)	0.55 (0.41)		-8.26 (5.77)	3.68 (7.01)	
	Year 2 attribution			–1.69 (3.39)			1.22** (0.42)			-8.36 (5.90)	
	Rolling entry	-1.50 (2.5)	-0.44 (1.81)	–0.15 (1.73)	0.36 (0.24)	0.72*** (0.21)	0.64** (0.20)	-4.17 (3.89)	-3.86 (2.95)	-2.77 (2.89)	
Acute care hospital [§]	Baseline attribution	-42.94 (63.90)	98.12 [†] (58.41)	94.14 (62.34)	0.23 (0.19)	0.62** (0.19)	0.58** (0.20)	-477.56 (322.67)	–55.22 (301.26)	–75.75 (313.74)	
	Year 1 attribution		25.25 (96.76)	129.55 (99.74)		0.63* (0.28)	0.25 (0.30)		-469.44 (567.20)	621.08 (565.00)	
	Year 2 attribution			–143.59 (102.91)			0.08 (0.32)			–1035.48 [†] (579.60)	
	Rolling entry	-42.94 (63.90)	75.77 (50.69)	59.62 (47.50)	0.23 (0.19)	0.63*** (0.16)	0.39** (0.15)	-477.56 (322.67)	–181.31 (272.53)	-58.46 (250.72)	

		0	verall Spendir Dollars (SE)	ıg	Likeli Perce	Likelihood of Spending Percentage Points (SE)			Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
Post-acute care [§]	Baseline attribution	–21.51 (38.24)	–28.06 (40.79)	5.53 (39.91)	0.06 (0.11)	0.13 (0.12)	0.08 (0.13)	-817.47 (728.6)	–1260.76 [†] (706.16)	-263.87 (600.72)	
	Year 1 attribution		44.87 (40.85)	88.68 [†] (48.31)		0.54*** (0.13)	0.64*** (0.14)		–1728.09 (1062.69)	–1267.61 (1140.60)	
	Year 2 attribution			11.44 (48.74)			0.36* (0.16)			–1954.23 (1199.71)	
	Rolling entry	–21.51 (38.24)	9.75 (30.04)	46.34 [†] (26.60)	0.06 (0.11)	0.33*** (0.09)	0.37*** (0.08)	-817.47 (728.60)	–1326.19* (591.33)	-681.32 (505.82)	
Outpatient hospital [§]	Baseline attribution	-84.12* (35.75)	-5.95 (27.77)	-24.34 (32.07)	-0.01 (0.22)	0.00 (0.24)	0.13 (0.26)	-136.49* (57.84)	-10.27 (46.24)	-43.80 (54.31)	
	Year 1 attribution		–23.80 (51.52)	60.35 (41.90)		0.44 (0.37)	0.79* (0.40)		–56.13 (93.06)	86.38 (76.39)	
	Year 2 attribution			-21.76 (47.30)			1.14** (0.40)			-76.91 (88.12)	
	Rolling entry	-84.12* (35.75)	–11.55 (25.21)	-3.35 (22.72)	-0.01 (0.22)	0.16 (0.21)	0.54** (0.19)	-136.49* (57.84)	-23.36 (42.84)	–19.25 (39.66)	
FQHC/RHC [§]	Baseline attribution	–3.30 (3.15)	-9.24* (4.38)	-11.00* (5.10)	-0.12 (0.63)	-0.15 (0.90)	-0.67 (1.03)	-3.31 [†] (1.80)	-11.80*** (2.21)	-11.55*** (2.74)	
	Year 1 attribution		19.84* (5.87)	25.07*** (6.15)		6.18*** (1.26)	7.25*** (1.31)		-6.47 (3.63)	–6.61 (4.16)	
	Year 2 attribution			8.38 (5.53)			2.97** (1.12)			-7.13 [†] (3.89)	
	Rolling entry	–3.30 (3.15)	1.47 (3.57)	4.12 (3.32)	-0.12 (0.63)	2.51*** (0.75)	2.63*** (0.68)	-3.31 [†] (1.80)	-10.45*** (1.90)	-10.02*** (1.98)	

NOTE: RHC=rural health clinic.

[§] These measures were used in the evaluation's quarterly reports but are not presented in the Final Evaluation Report. These results are provided for reference only.

^{§§}This category corresponds to all claims in the Physician/Supplier Part B ("carrier") file including spending on laboratory, imaging, and physician services provided in ED settings, which are excluded from the primary care physician and specialist physician spending subcategories that are reported in the subsequent two rows. ^{§§§} This category corresponds to outpatient facility claims and all provider claims for services rendered in outpatient places of service.

[†]p<0.10; * p<0.05; ** p<0.01; *** p<0.001.

Exhibit G.4 shows the impact of the demonstration on utilization measures on a year-to-year basis for the rolling entry cohort overall and stratified by year of first attribution for the subset of beneficiaries who were first attributed to a demonstration or comparison site by virtue of having two or more visits to the site. (The base case attribution rule allows beneficiaries to be attributed to a site based on a single visit). These results are based on two-part statistical models unless otherwise indicated. The first panel shows the demonstration's impact on utilization rates overall and combines the first and second parts of the two-part model. The second panel shows the demonstration's impact on the likelihood of any utilization in each category (i.e., the first part of the two-part model), and the third panel shows the demonstration's impact on the level of utilization among beneficiaries with any utilization in each category (i.e., the second part of the two-part model).

		Overall Utilization Utilization per 1,000 Beneficiaries (SE)			Likelih Perc	ood of Any Uti entage points	ilization (SE)	Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
FQHC visits ^{††}	Baseline attribution	59.87*** (15.01)	69.48*** (16.68)	52.72** (17.43)	4.01*** (0.65)	6.25*** (0.89)	6.49*** (0.95)	10.27 (16.50)	–33.57 [†] (19.50)	-59.84** (22.09)
	Year 1 attribution		171.89*** (27.11)	200.77*** (26.51)		8.22*** (1.50)	9.69*** (1.55)		46.00 (35.46)	48.14 (38.57)
	Year 2 attribution			99.63*** (30.12)			6.97*** (1.50)			-11.97 (39.88)
	Rolling entry	59.87*** (15.01)	110.16*** (14.48)	104.06*** (13.67)	4.01*** (0.65)	6.91*** (0.76)	7.36*** (0.73)	10.27 (16.50)	-2.76 (17.74)	-17.26 (17.73)
Non-FQHC PCP visits	Baseline attribution	–1.71 (13.75)	–25.96 (19.78)	1.45 (23.06)	0.10 (0.24)	0.38 (0.28)	0.61* (0.30)	-38.83 (43.90)	–131.17* (54.91)	-55.81 (62.53)
	Year 1 attribution		44.78 (30.31)	35.84 (37.29)		0.88* (0.44)	1.19* (0.48)		-24.69 (73.09)	5.57 (85.12)
	Year 2 attribution			103.45** (35.00)			3.01*** (0.47)			-88.56 (102.29)
	Rolling entry	–1.71 (13.75)	-1.01 (16.00)	34.39* (16.35)	0.10 (0.24)	0.62** (0.23)	1.51*** (0.22)	-38.83 (43.90)	-71.92 (43.98)	-46.73 (45.28)
PCP visits ^{††}	Baseline attribution	68.61*** (18.27)	73.92*** (21.82)	76.25** (24.01)	1.80*** (0.31)	2.91*** (0.45)	3.09*** (0.52)	33.09 [†] (19.50)	4.13 (23.80)	-1.72 (27.10)
	Year 1 attribution		147.86*** (35.35)	172.25*** (38.65)		3.04*** (0.91)	4.05*** (1.12)		96.9* (40.40)	97.03* (45.21)
	Year 2 attribution			115.8** (39.79)			2.29* (0.95)			92.83* (46.8)
	Rolling entry	68.61*** (18.27)	101.38*** (18.89)	111.31*** (18.41)	1.80*** (0.31)	2.97*** (0.38)	3.10*** (0.43)	33.09 [†] (19.50)	35.02 [†] (20.77)	46.22* (20.96)

Exhibit G.4. Year-by-Year Demonstration Impacts on Utilization Measures, by Attribution Cohort (Beneficiaries with Two+ Visits to First Attribution Site)

		Overall Utilization Utilization per 1,000 Beneficiaries (SE)			Likelihood of Any Utilization Percentage points (SE)			Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Specialist visits	Baseline attribution	-0.55 (16.74)	-4.16 (21.49)	–24.52 (24.14)	0.25 (0.24)	2.97*** (0.40)	0.07 (0.29)	-9.27 (26.60)	–2.88 (31.30)	-15.90 (35.22)
	Year 1 attribution		14.48 (35.43)	-18.42 (40.77)		-0.30 (0.27)	0.40 (0.49)		–11.28 (57.6)	18.88 (64.15)
	Year 2 attribution			36.06 (38.37)		0.27 (0.46)	1.29** (0.49)			33.42 (66.3)
	Rolling entry	-0.55 (16.74)	0.23 (18.37)	-12.02 (18.27)	0.25 (0.24)		0.44* (0.22)	-9.27 (26.60)	-4.20 (27.90)	6.33 (27.76)
Total ED visits	Baseline attribution	28.64** (10.12)	22.75* (11.58)	46.70*** (12.16)	0.50 (0.26)	0.66* (0.27)	1.01*** (0.28)	39.02 (27.00)	7.02 (30.3)	67.29* (32.95)
	Year 1 attribution		53.94** (19.61)	32.89 (22.33)		1.33** (0.46)	1.16* (0.48)		80.29 (57.9)	116.49 [†] (61.13)
	Year 2 attribution			4.14 (21.74)			-0.12 (0.49)			–1.12 (69.67)
	Rolling entry	28.64** (10.12)	30.43** (9.86)	37.22*** (9.47)	0.50 (0.26)	0.88*** (0.24)	0.81*** (0.22)	39.02 (27.00)	30.30 (27.00)	69.87** (26.16)
Outpatient-only ED visits	Baseline attribution	22.47* (8.97)	16.91 [†] (10.24)	46.13*** (10.68)	0.58* (0.26)	0.61* (0.27)	0.79** (0.27)	38.06 (27.00)	2.33 (31.60)	65.42* (32.31)
	Year 1 attribution		58.32*** (17.46)	49.53* (19.42)		1.22** (0.45)	1.09* (0.46)		98.48 [†] (57.80)	100.49 [†] (59.28)
	Year 2 attribution			-0.91 (18.90)			-0.31 (0.48)			0.37 (68.70)
	Rolling entry	22.47* (8.97)	29.76*** (8.68)	36.55*** (8.17)	0.58* (0.26)	0.81*** (0.23)	0.62** (0.21)	38.06 (27.00)	32.24 (27.60)	64.97* (25.52)
ACSC ED visits	Baseline attribution	1.05 (2.11)	-1.67 (2.66)	1.47 (2.57)	0.07 (0.12)	0.08 (0.13)	0.22 (0.14)	9.48 (60.78)	–38.39 (67.97)	10.13 (67.24)
	Year 1 attribution		0.74 (4.42)	4.79 (4.80)		-0.01 (0.21)	-0.14 (0.23)		26.11 (121.76)	185.27 (130.17)

		Overall Utilization Utilization per 1,000 Beneficiaries (SE)		Likelihood of Any Utilization Percentage points (SE)			Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)			
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
	Year 2 attribution			2.39 (4.25)			0.29 (0.22)			–11.33 (164.36)
	Rolling entry	1.05 (2.11)	–1.02 (2.33)	2.46 (2.02)	0.07 (0.12)	0.05 (0.11)	0.16 (0.10)	9.48 (60.78)	–17.70 (60.45)	44.68 (57.18)
Inpatient admissions	Baseline attribution	8.99* (4.06)	7.41 (4.34)	9.52 (4.67)	0.39 (0.22)	0.6** (0.22)	0.71 (0.22)	–17.29 (27.00)	-46.93 (31.40)	–32.68 (34.84)
	Year 1 attribution		3.65 (7.32)	2.80 (8.19)		0.48 (0.36)	0.11 (0.38)		–82.1 (67.30)	38.47 (68.07)
	Year 2 attribution			-7.45 (8.48)			0.39 (0.39)			–37.05 (84.48)
	Rolling entry	8.99* (4.06)	6.59 (3.71)	5.26 (3.63)	0.45* (0.20)	0.62*** (0.18)	0.52** (0.17)	–19.19 (26.20)	–55.01 (28.80)	–13.80 (28.98)
ACSC admissions	Baseline attribution	1.84 (1.32)	1.86 (1.50)	-0.47 (1.73)	0.05 (0.09)	0.07 (0.10)	-0.02 (0.11)	50.64 (65.20)	32.38 (71.70)	20.97 (88.39)
	Year 1 attribution		–2.01 (2.91)	0.38 (2.96)		-0.25 (0.18)	–0.31 (0.19)		13.19 (197.00)	92.74 (193.16)
	Year 2 attribution			-1.93 (2.86)			–0.14 (0.17)			-6.25 (193.62)
	Rolling entry	1.84 (1.32)	0.91 (1.34)	-0.45 (1.33)	0.05 (0.09)	-0.02 (0.09)	-0.11 (0.08)	50.64 (65.20)	26.52 (73.73)	40.35 (75.29)
Inpatient readmissions ^{§§}	Baseline attribution				0.41 (0.52)	-0.03 (0.59)	0.14 (0.63)			
	Year 1 attribution					-0.48 (1.01)	0.13 (1.10)			
	Year 2 attribution						-0.88 (1.15)			
	Rolling entry				0.31 (0.50)	-0.21 (0.50)	0.01 (0.50)			

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014). ^{††}Two-part models were not used due to poor convergence.

[§] FQHC visits include visits to FQHCs regardless of provider specialty. PCP visits included visits to primary care physicians, nurse practitioners, and physician assistants who practice at FQHCs, rural health clinics, or primary care clinics. Specialist visits included visits to specialists who practice at FQHCs, rural health clinics, or primary care clinics are identified by evaluation and management (E&M) visit codes. Total ED visits included in both outpatient-only ED visits that did not lead to a hospitalization and ED visits that were followed by hospital admission. Observation stays are included in both total ED visits, and also in our measure of outpatient-only ED visits.

^{§§} Inpatient readmissions are measured as hospital-wide all-cause unplanned readmissions and are modeled as a binary indicator rather than as a count of readmissions per beneficiary and thus a two-part model was not used. The estimate in the year prior to the demonstration represented the percentage of discharges (rather than beneficiaries) that were associated with a readmission within 30 days.

[†]p<0.10; * p<0.05; ** p<0.01; *** p<0.001.

Exhibit G.5 shows the impact of the demonstration on process measures of quality on a yearto-year basis for patients with diabetes or ischemic vascular disease. Similar to the prior exhibit, the cohort is restricted to beneficiaries with at least two visits to the site to which they were first attributed. Results are presented for the rolling entry cohort overall and stratified by year of attribution.

		L	ikelihood Of Utilization Percentage Points (SE)	1
Outcome Measure	Cohort	Year 1	Year 2	Year 3
All 4 recommended tests for patients with diabetes	Baseline attribution	1.46*** (0.42)	0.54 (0.47)	0.60 (0.50)
	Year 1 attribution		0.15 (0.81)	0.99 (0.84)
	Year 2 attribution			0.66 (0.89)
	Rolling entry	1.46*** (0.42)	0.42 (0.41)	0.66 [†] (0.39)
HbA1c test (diabetes patients)	Baseline attribution	0.19 (0.41)	-0.75 (0.46)	-0.22 (0.48)
	Year 1 attribution		-0.87 (0.91)	1.03 (1.03)
	Year 2 attribution			1.70 (1.07)
	Rolling entry	0.19 (0.41)	-0.81* (0.41)	0.32 (0.41)
LDL test (diabetes patients)	Baseline attribution	0.4 (0.52)	0.19 (0.57)	-0.22 (0.60)
	Year 1 attribution		-1.11 (1.01)	-0.94 (1.05)
	Year 2 attribution			0.65 (1.16)
	Rolling entry	0.40 (0.52)	-0.14 (0.50)	-0.15 (0.48)
Eye exam (diabetes patients)	Baseline attribution	1.96*** (0.52)	0.87 (0.57)	0.11 (0.63)
	Year 1 attribution		1.08 (1.01)	0.64 (1.1)
	Year 2 attribution			1.35 (1.09)
	Rolling entry	1.96*** (0.52)	0.95^{\dagger} (0.50)	0.53 (0.49)

Exhibit G.5. Year-by-Year Demonstration Impacts on Claims-Based Process Measures, by Attribution Cohort (Beneficiaries with Two+ Visits to First Attribution Site)

			Likelihood Of Utilization Percentage Points (SE)	
Outcome Measure	Cohort	Year 1	Year 2	Year 3
Nephropathy test (diabetes patients)	Baseline attribution	1.73** (0.58)	1.28* (0.61)	2.41*** (0.68)
	Year 1 attribution		0.80 (1.11)	1.41 (1.2)
	Year 2 attribution			1.47 (1.18)
	Rolling entry	1.73** (0.58)	1.14* (0.54)	2.01*** (0.53)
Lipid test for patients with ischemic vascular disease	Baseline attribution	-0.24 (0.74)	-0.57 (0.81)	-1.26 (0.88)
	Year 1 attribution		-0.70 (1.48)	0.75 (1.7)
	Year 2 attribution			1.16 (1.83)
	Rolling entry	-0.24 (0.74)	-0.58 (0.71)	-0.28 (0.73)

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014). † p<0.10; * p<0.05; ** p<0.01; *** p<0.001.

Exhibit G.6 shows the impact of the demonstration on spending measures on a year-to-year basis for the rolling entry cohort overall and stratified by year of first attribution for the subset of beneficiaries who were first attributed to a demonstration or comparison site by virtue of having two or more visits to the site. (The base case attribution rule allows beneficiaries to be attributed to a site based on a single visit). These results are based on two-part statistical models. The first panel shows overall spending and combines the first and second parts of the two-part model. The second panel shows the demonstration's impact on the likelihood of spending in a particular category (i.e., the first part of the two-part model), and the third panel shows the demonstration's impact on the level of spending among beneficiaries with spending in the category (i.e., the second part of the two-part model).

Exhibits G.7–G.9 show the impact of the demonstration on utilization measures, claimsbased process measures, and spending measures, respectively, in the same format as Exhibit G.6. Exhibit G.10 shows the aggregated demonstration impact on utilization measures by number of visits. Exhibit G.11 shows the aggregated demonstration impact on spending measures (in millions of dollars). Exhibit G.12 shows the parallel trends assessment for the demonstration effect.

	_	Overall Spending Dollars (SE)			Likel Perc	ihood of Spen entage points	ding (SE)	Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Total Medicare expenditures	Baseline attribution	126.41 (113.97)	62.07 (119.60)	212.10 (133.53)	-0.42 [†] (0.22)	-1.11* (0.53)	-1.72 (0.76)	159.68 (114.87)	146.73 (118.67)	371.48 (129.27)
	Year 1 attribution		14.52 (227.50)	325.19 (257.99)		0.46 (1.22)	0.91 (1.86)		-21.52 (226.46)	282.14 (244.09)
	Year 2 attribution			-34.60 (259.68)			1.28 (1.52)			-168.78 (258.17)
	Rolling entry	126.41 (113.97)	56.29 (107.02)	210.52 [†] (109.8)	-0.42 [†] (0.22)	-0.59 (0.52)	-0.41 (0.7)	159.68 (114.87)	105.32 (105.92)	260.80* (105.01)
Inpatient	Baseline attribution	31.98 (79.64)	116.54 (75.40)	201.92** (75.58)	0.41 [†] (0.21)	0.65** (0.22)	0.79*** (0.22)	-234.11 (375.64)	-34.37 (365.95)	270.04 (361.14)
	Year 1 attribution		–62.15 (135.49)	101.07 (144.63)		0.36 (0.37)	0.24 (0.38)		–709.76 (672.84)	309.36 (721.78)
	Year 2 attribution			–209.3 (141.79)			0.20 (0.4)			-1367.89* (696.17)
	Rolling entry	31.98 (79.64)	71.91 (66.07)	110.79 [†] (60.95)	0.41 [†] (0.21)	0.57** (0.19)	0.55** (0.18)	-234.11 (375.64)	–201.32 (323.98)	22.68 (296.84)
Skilled nursing facility	Baseline attribution	20.18 (30.39)	14.70 (30.29)	-2.6 0 (33.27)	0.14 (0.11)	0.16 (0.12)	0.11 (0.14)	-138.51 (676.59)	–313.95 (566.65)	-521.42 (526.059)
	Year 1 attribution		73.28* (32.35)	165.18*** (36.88)		0.68*** (0.14)	0.87*** (0.15)		–754.45 (953.62)	782.16 (995.19)
	Year 2 attribution			-39.46 (44.45)			0.43* (0.18)			-3949.88*** (1030.65)
	Rolling Entry	20.18 (30.39)	47.11* (22.84)	43.73* (21.83)	0.14 (0.11)	0.40*** (0.09)	0.44*** (0.09)	–138.51 (676.59)	–317.33 (496.06)	-830.25 [†] (427.14)

Exhibit G.6. Year-by-Year Demonstration Impacts on Spending Measures, by Attribution Cohort (Beneficiaries with Two+ Visits to First Attribution Site)

-		C	Overall Spen Dollars (SE	ding E)	Like Perc	Likelihood of Spending Percentage points (SE)			Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
Home health	Baseline attribution	20.06* (9.98)	37.10*** (10.67)	41.56*** (10.66)	0.31* (0.14)	0.53*** (0.15)	0.54*** (0.16)	55.85 (89.01)	121.74 (92.09)	188.56 (96.42)	
	Year 1 attribution		13.62 (14.88)	19.29 (15.88)		0.29 (0.23)	0.41 [†] (0.24)		15.07 (146.14)	-3.29 (172.02)	
	Year 2 attribution			21.16 (14.32)			-0.10 (0.25)			353.46* (165.14)	
	Rolling entry	20.06* (9.98)	31.81*** (8.76)	34.80*** (7.67)	0.31* (0.14)	0.47*** (0.13)	0.37** (0.12)	55.85 (89.01)	102.16 (77.98)	193.24** (74.95)	
Outpatient facility	Baseline attribution	-44.54 (37.36)	16.29 (34.66)	6.46 (42.55)	0.01 (0.44)	0.15 (0.82)	-0.12 (1.04)	-47.45 (38.49)	13.79 (35.02)	9.42 (43.22)	
	Year 1 attribution		-40.20 (77.64)	137.11* (67.76)		3.14* (1.49)	3.98* (1.92)		-114.53 (84.08)	75.07 (69.56)	
	Year 2 attribution			-15.89 (60.18)			0.95 (1.32)			-47.14 (62.427)	
	Rolling entry	-44.54 (37.36)	1.64 (33.02)	32.72 (31.05)	0.01 (0.44)	1.16 (0.74)	1.10 (0.78)	-47.45 (38.49)	–19.91 (34.06)	13.29 (31.923)	
Hospice	Baseline attribution	10.68 (29.81)	-40.22 (37.11)	15.80 (46.45)	-0.07 (0.14)	-0.16 (0.19)	-0.22 (0.22)	-620.28 (2143.73)	–3254.73 (2210.61)	643.00 (2477.70)	
	Year 1 attribution		-41.92 (74.22)	-41.84 (87.17)		-0.39 (0.32)	-0.38 (0.35)		–2485.82 (4439.17)	–2833.01 (5182.06)	
	Year 2 attribution			235.37** (86.87)			-0.03 (0.28)			15778.84 [†] (8206.99)	
	Rolling entry	10.68 (29.81)	-39.99 (33.72)	59.70 (39.44)	-0.07 (0.14)	-0.23 (0.17)	-0.22 (0.16)	-620.28 (2143.73)	–3063.25 (1984.40)	2822.74 (2429.27)	
Part B expenditures ^{§§}	Baseline attribution	15.60 (29.30)	48.97* (24.30)	60.04* (26.91)	0.40* (0.17)	0.56* (0.25)	0.98** (0.32)	9.55 (31.28)	43.90 [†] (26.66)	48.76 (30.31)	
	Year 1 attribution		-61.07 (57.52)	70.67 (50.18)		0.10 (0.42)	0.32 (0.55)		–67.96 (63.77)	77.90 (57.03)	
	Year 2 attribution			29.25 (46.78)			1.04 [†] (0.57)			12.12 (53.32)	

		Overall Spending Dollars (SE)			Like Perc	lihood of Sper entage points	nding s (SE)	Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
	Rolling entry	15.60 (29.30)	20.51 (23.54)	57.89** (21.24)	0.40* (0.17)	0.46* (0.21)	0.89*** (0.25)	9.55 (31.29)	14.56 (25.91)	49.14* (24.00)
Physicians (primary care)	Baseline attribution	-4.53 (9.40)	1.94 (8.30)	10.07 (7.27)	0.11 (0.25)	0.60* (0.27)	0.44 (0.29)	-7.93 (14.74)	-0.35 (13.17)	13.54 (11.44)
	Year 1 attribution		16.55 (17.03)	39.13* (18.41)		0.42 (0.46)	-0.39 (0.49)		24.32 (26.95)	65.49* (28.86)
	Year 2 attribution			-1.05 (11.42)			1.65*** (0.5)			–11.52 (18.87)
	Rolling entry	-4.53 (9.4)	6.48 (7.68)	15.00* (6.27)	0.11 (0.25)	0.60* (0.24)	0.66** (0.23)	-7.93 (14.74)	6.97 (12.23)	21.05* (10.02)
Physicians (specialist)	Baseline attribution	5.9 (21.12)	24.59 (18.78)	18.94 (20.29)	0.22 (0.21)	0.24 (0.25)	0.22 (0.27)	4.08 (26.02)	27.92 (23.97)	22.19 (26.447)
	Year 1 attribution		–55.68 [†] (30.38)	8.73 (33.62)		0.26 (0.43)	0.05 (0.48)		-75.42 [†] (39.24)	13.82 (44.71)
	Year 2 attribution			-17.97 (30.26)			0.83 [†] (0.48)			-36.24 (40.79)
	Rolling entry	5.9 (21.12)	3.12 (16.02)	9.93 (15.22)	0.22 (0.21)	0.24 (0.22)	0.31* (0.21)	4.08 (26.02)	0.58 (20.50)	9.85 (20.01)
Durable medical equipment	Baseline attribution	–5.99 (11.04)	-6.45 (8.63)	-8.96 (10.01)	-0.30 (0.20)	-0.10 (0.23)	-0.21 (0.24)	-8.39 (28.16)	-15.56 (23.09)	-23.52 (29.58)
	Year 1 attribution		-8.22 (14.23)	1.03 (18.26)		0.17 (0.37)	-0.27 (0.40)		-26.23 (42.50)	12.26 (61.36)
	Year 2 attribution			9.04 (14.9)			0.42 (0.39)			16.81 (54.25)
	Rolling entry	-5.99 (11.04)	-7.15 (7.45)	-3.83 (7.76)	-0.30 (0.20)	-0.02 (0.20)	-0.07 (0.19)	-8.39 (28.16)	–18.44 (20.35)	-9.74 (24.05)
Total outpatient ^{§§§}	Baseline attribution	–38.13 (38.35)	9.23 (36.22)	-5.25 (44.63)	0.03 (0.40)	0.10 (0.77)	-0.12 (1.00)	-40.53 (39.22)	6.79 (36.08)	-3.24 (44.64)

	_	Overall Spending Dollars (SE)			Likeli Perce	Likelihood of Spending Percentage points (SE)			Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
	Year 1 attribution		-49.08 (81.05)	133.24 [†] (72.07)		2.81* (1.42)	3.74* (1.89)		-121.84 (86.2)	67.41 (72.48)	
	Year 2 attribution			-7.98 (63.43)			1.10 (1.31)			-41.41 (65.15)	
	Rolling entry	–38.13 (38.35)	-5.85 (34.49)	26.27 (32.72)	0.03 (0.40)	1.00 (0.69)	1.07 (0.76)	-40.53 (39.22)	–27.19 (35.03)	4.68 (33.08)	
Laboratory	Baseline attribution	1.23 (2.81)	10.21*** (2.84)	16.62*** (3.04)	1.33*** (0.24)	2.00*** (0.29)	2.20*** (0.32)	-2.88 (3.34)	6.36 [†] (3.51)	14.14*** (3.90)	
	Year 1 attribution		2.89 (5.46)	13.05* (6.23)		1.13* (0.49)	1.35* (0.56)		-1.07 (6.83)	11.72 (8.17)	
	Year 2 attribution			5.04 (6.17)			0.31 (0.53)			4.84 (7.92)	
	Rolling entry	1.23 (2.81)	8.39*** (2.54)	13.66*** (2.54)	1.33*** (0.24)	1.77*** (0.25)	1.63*** (0.25)	-2.88 (3.34)	4.42 (3.15)	11.62*** (3.27)	
Imaging	Baseline attribution	-0.02 (2.54)	1.09 (2.37)	-1.52 (2.52)	0.38 (0.26)	0.77** (0.28)	0.52 [†] (0.3)	-1.75 (3.78)	-1.48 (3.69)	-4.57 (3.99)	
	Year 1 attribution		-7.17 (4.56)	-3.24 (4.73)		0.55 (0.48)	0.62 (0.51)		–13.85 [†] (7.1)	-7.49 (7.56)	
	Year 2 attribution			-4.16 (4.36)			1.03* (0.52)			-10.85 (6.978)	
	Rolling entry	-0.02 (2.54)	-1.09 (2.12)	-2.31 1.99)	0.38 (0.26)	0.70** (0.24)	0.64** (0.23)	-1.75 (3.78)	-4.78 (3.30)	-6.26* (3.17)	
Acute care hospital spending [§]	Baseline attribution	18.90 (69.26)	108.8 [†] (64.91)	148.25* (67.65)	0.41 [†] (0.21)	0.62** (0.21)	0.69** (0.22)	–295.08 (337.33)	–3.17 (322.95)	116.11 (329.46)	
	Year 1 attribution		-41.17 (122.45)	145.79 (125.22)		0.39 (0.36)	0.12 (0.38)		-640.82 (647.71)	743.15 (654.16)	
	Year 2 attribution			-187.26 (124.84)			0.29 (0.39)			-1376.44 *** (643.62)	
	Rolling entry	18.90 (69.26)	70.23 (57.93)	89.90 [†] (54.06)	0.41 [†] (0.21)	0.55** (0.18)	0.49** (0.17)	-295.08 (337.33)	-167.41 (294.64)	7.99 (270.85)	

		Overall Spending Dollars (SE)			Like Perc	lihood of Spend entage points (ding (SE)	Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Post-acute care [§]	Baseline attribution	–2.18 (42.08)	–19.92 (44.01)	17.85 (42.93)	0.15 (0.12)	0.19 (0.13)	0.16 (0.14)	-832.98 (784.60)	-1304.42 [†] (740.04)	-343.49 (625.58)
	Year 1 attribution		49.83 (49.23)	137.63* (58.48)		0.59*** (0.16)	0.79*** (0.17)		–1605.99 (1128.16)	–849.16 (1278.54)
	Year 2 attribution			-43.45 (61.58)			0.40* (0.20)			–3634.89** (1233.46)
	Rolling entry	-2.18 (42.08)	14.05 (33.62)	46.81 (30.07)	0.15 (0.12)	0.36*** (0.10)	0.43*** (0.10)	-832.98 (784.60)	-1335.79* (623.25)	–979.02 [†] (518.36)
Outpatient hospital [§]	Baseline attribution	-72.34* (36.19)	6.64 (31.16)	–15.34 (36.35)	-0.06 (0.24)	-0.04 (0.27)	0.19 (0.28)	-111.61* (56.34)	11.86 (50.28)	-29.06 (59.93)
	Year 1 attribution		-102.60 (73.24)	65.15 (55.43)		0.28 (0.46)	0.70 (0.5)		–180.49 (122.72)	92.24 (94.48)
	Year 2 attribution			–27.24 (51.13)			1.13* (0.50)			-79.01 (87.80)
	Rolling entry	-72.34* (36.19)	–23.08 (30.29)	-0.08 (26.42)	-0.06 (0.24)	0.06 (0.23)	0.52* (0.22)	-111.61* (56.34)	-38.87 (49.35)	-11.80 (44.19)
FQHC/RHC [§]	Baseline attribution	1.77 (3.98)	-3.35 (6.15)	-5.84*** (7.27)	0.25 (0.78)	0.62 (1.25)	0.11*** (1.45)	0.57 (1.96)	-8.66*** (2.42)	-9.15** (3.01)
	Year 1 attribution		35.13*** (9.99)	42.35 (10.59)		8.70*** (2.02)	10.30* (2.13)		-4.99 (4.59)	–5.92 (5.16)*
	Year 2 attribution			8.99 (8.60)			3.22*** (1.62)			-10.03 (4.71)
	Rolling entry	1.77 (3.98)	9.17 [†] (5.36)	9.63 [†] (5.10)	0.25 (0.78)	3.68*** (1.09)	3.64*** (1.01)	0.57 (1.96)	-7.89*** (2.16)	-9.09*** (2.28)

[§] These measures were used in the evaluation's quarterly reports but are not presented in the Final Evaluation Report. These results are provided for reference only.

^{§§} This category corresponds to all claims in the Physician/Supplier Part B ("carrier") file including spending on laboratory, imaging, and physician services provided in ED settings, which are excluded from the primary care physician and specialist physician spending subcategories that are reported in the subsequent two rows.

^{\$§§} This category corresponds to outpatient facility claims and all provider claims for services rendered in outpatient places of service. [†] p<0.10; * p<0.05; ** p<0.01; *** p<0.001.

		Overall Utilization Utilization per 1,000 Beneficiaries (SE)			Likelihood of Any Utilization Percentage points (SE)			Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
FQHC visits ^{††}	Baseline attribution	54.60*** (13.26)	68.23*** (14.56)	64.42*** (14.96)	3.50*** (0.61)	4.88*** (0.78)	5.02*** (0.84)	-2.77 (15.32)	–39.27* (17.91)	-54.27** (19.90)
	Year 1 attribution		129.81*** (20.8)	171.95*** (19.9)		6.56*** (1.12)	7.64*** (1.13)		-7.81 (30.59)	15.58 (32.29)
	Year 2 attribution			102.5*** (22.58)			7.05*** (1.13)			11.15 (33.88)
	Rolling entry	54.62*** (13.26)	101.27*** (12.88)	109.85*** (11.37)	3.50*** (0.61)	5.56*** (0.64)	6.23*** (0.59)	-2.77 (15.32)	–20.86 (16.36)	-14.96 (15.86)
Non-FQHC PCP visits	Baseline attribution	-9.16 (12.28)	-33.64 [†] (17.63)	-24.44 (20.95)	-0.11 (0.23)	0.10 (0.26)	0.35 (0.28)	-40.11 (40.31)	-120.48* (49.92)	–111.31 [†] (58.34)
	Year 1 attribution		7.72 (23.42)	-0.06 (28.84)		0.27 (0.36)	0.67 [†] 0.39)		-72.88 (61.65)	-54.61 (71.58)
	Year 2 attribution			73.37** (27.73)			2.05*** (0.39)			-57.17 (91.00)
	Rolling entry	-9.16 (12.28)	–15.24 (13.66)	7.59 (13.89)	-0.11 (0.23)	0.24 (0.21)	1.03*** (0.19)	-40.11 (40.31)	-83.04* (39.07)	85.29* (40.99)
PCP visits ^{††}	Baseline attribution	44.50** (16.33)	52.83** (19.44)	49.59* (21.73)	1.25*** (0.30)	1.96*** (0.39)	2.04*** (0.45)	7.08 (18.05)	-15.94 (21.85)	-36.61 (25.29)
	Year 1 attribution		78.10** (28.08)	100.25** (30.56)		0.61 (0.63)	1.10 (0.73)		21.40 (34.46)	22.06 (37.95)
	Year 2 attribution			103.92*** (30.92)			0.18 (0.69)			93.22* (39.32)
	Rolling entry	44.50** (16.33)	65.27*** (16.64)	81.17*** (15.92)	1.25*** (0.30)	1.53*** (0.33)	1.33*** (0.33)	7.08 (18.05)	-2.47 (19.02)	11.75 (18.89)
Specialist visits	Baseline attribution	10.87 (14.84)	-0.78 (19.35)	-7.02 (21.45)	0.49* (0.22)	-0.19 (0.25)	0.18 (0.26)	-7.36 (25.14)	-7.70 (29.42)	-0.56 (32.68)
	Year 1 attribution		-12.06 (28.66)	–29.91 (32.08)		0.51 (0.37)	0.86* (0.40)		–38.11 (49.26)	-21.80 (53.40)

Exhibit G.7. Year-by-Year Demonstration Impacts on Utilization Measures, by Attribution Cohort (Excludes Utilization Outliers)

0		O Utilization p	verall Utilizati er 1,000 Bene	on ficiaries (SE)	Likelih Perc	ood of Any Util centage points	lization (SE)	Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
	Year 2 attribution			57.33 [†] (30.13)			1.43*** (0.4)			81.24 (56.03)
	Rolling entry	10.87 (14.84)	-5.01 (16.1)	-0.13 (15.46)	0.49* (0.22)	0.07 (0.21)	0.69*** (0.19)	-7.36 (25.14)	-17.45 (25.65)	16.99 (24.76)
Total ED visits	Baseline attribution	22.15** (7.48)	18.27* (8.32)	31.08*** (9.03)	0.32 (0.24)	0.73** (0.25)	0.80** (0.26)	28.6 (20.37)	-11.46 (22.28)	32.46 (24.85)
	Year 1 attribution		31.83* (12.83)	34.60* (14.21)		1.31*** (0.37)	1.06** (0.39)		10.51 (38.72)	74.51 [†] (41.38)
	Year 2 attribution			11.15 (15.43)			0.00 (0.40)			17.56 (52.08)
	Rolling entry	22.15** (7.48)	22.50** (6.93)	28.30*** (6.73)	0.32 (0.24)	0.94*** (0.21)	0.69*** (0.19)	28.6 (20.37)	-2.43 (19.44)	43.35* (19.48)
Outpatient-only ED visits	Baseline attribution	19.83** (6.67)	13.67 [†] (7.38)	31.76*** (7.91)	0.49* (0.24)	0.65** (0.24)	0.73** (0.25)	28.73 (20.08)	-8.94 (20.90)	29.23 (23.36)
	Year 1 attribution		30.27** (11.44)	47.49*** (12.32)		1.19*** (0.36)	1.13** (0.37)		1.93 (37.10)	68.77 [†] (38.93)
	Year 2 attribution			9.65 (13.55)			0.07 (0.39)			21.51 (50.04)
	Rolling entry	19.83** (6.67)	20.04** (6.18)	29.97*** (5.91)	0.49* (0.24)	0.84*** (0.20)	0.67** (0.18)	28.73 (20.08)	-4.04 (18.40)	39.56* (18.40)
ACSC ED visits	Baseline attribution	0.97 (1.80)	-0.86 (2.09)	0.19 (2.23)	0.09 (0.11)	0.11 (0.11)	0.18 (0.12)	29.46 (46.49)	-5.40 (50.81)	-34.60 (60.59)
	Year 1 attribution		0.56 (2.82)	1.04 (3.09)		0.07 (0.17)	-0.04 (0.18)		33.39 (96.23)	66.46 (97.45)
	Year 2 attribution			1.51 (3.15)			0.18 (0.17)			34.59 (122.96)
	Rolling entry	0.97 (1.80)	-0.31 (1.68)	0.97 (1.56)	0.09 (0.11)	0.10 (0.090)	0.13 (0.09)	29.46 (46.49)	5.64 (45.94)	4.48 (46.81)
Inpatient admissions	Baseline attribution	4.04 (3.62)	5.8 (3.8)	6.42 (4.07)	0.21 (0.20)	0.6 (0.20)	0.59 (0.21)	-19.05 (24.44)	-58.98 (28.84)	-37.01 (32.04)

		Overall Utilization Utilization per 1,000 Beneficiaries (SE)			Likelih Perc	ood of Any Uti centage points	lization (SE)	Level of Utilization Among Service Users Utilization per 1,000 Beneficiaries (SE)		
Outcome Measure [§]	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
	Year 1 attribution		9.87 (5.32)	-1.12 (6.2)		0.74 (0.29)	0.25 (0.30)		-2.90 (53.64)	10.04 (56.8)
	Year 2 attribution			-3.31 (6.41)			0.12 (0.33)			10.11 (72.31)
	Rolling entry	4.04 (3.62)	7.18* (3.10)	2.79 (3.00)	0.21 (0.2)	0.65*** (0.16)	0.41** (0.15)	-19.05 (24.44)	–42.31 [†] (25.69)	-13.84 (25.93)
ACSC admissions	Baseline attribution	0.66 (1.20)	1.14 (1.31)	–1.18 (1.55)	0.03 (0.08)	0.08 (0.09)	-0.05 (0.10)	43.40 (55.22)	-10.06 (66.3)	-36.18 (86.09)
	Year 1 attribution		-0.21 (1.92)	-1.58 (2.21)		-0.15 (0.13)	-0.28 [†] (0.15)		95.50 (152.95)	-66.08 (153.94)
	Year 2 attribution			-1.62 (2.09)			-0.15 (0.14)			91.90 (152.78)
	Rolling entry	0.66 (1.20)	0.86 (1.08)	-1.20 (1.10)	0.03 (0.08)	0.00 (0.07)	-0.13 [†] (0.07)	43.40 (55.22)	24.02 (64.49)	-11.84 (67.54)
Inpatient readmissions ^{§§}	Baseline attribution				0.06 (0.49)	-0.38 (0.55)	-0.02 (0.57)			
	Year 1 attribution					-0.67 (0.85)	-1.26 (0.96)			
	Year 2 attribution						0.49 (0.91)			
	Rolling entry				0.06 (0.49)	-0.45 (0.46)	-0.17 (0.43)			

[§] FQHC visits include any visit to FQHCs regardless of provider specialty. PCP visits included visits to primary care physicians, nurse practitioners, and physician assistants who practice at FQHCs, rural health clinics, or primary care clinics. Specialist visits included visits to specialists who practice at FQHCs, rural health clinics, or primary care clinics are identified by evaluation and management (E&M) visit codes. Total ED visits included in both outpatient-only ED visits that did not lead to a hospitalization and ED visits that were followed by hospital admission. Observation stays are included in both total ED visits, and also in our measure of outpatient-only ED visits.

^{§§} Inpatient readmissions are measured as hospital-wide all-cause unplanned readmissions and are modeled as a binary indicator rather than as a count of readmissions per beneficiary. Thus, a two-part model was not used. The estimate in the year prior to the demonstration represented the percentage of discharges (rather than beneficiaries) that were associated with a readmission within 30 days.

[†]p<0.10; * p<0.05; ** p<0.01; *** p<0.001.

^{††} Two-part models were not used due to poor convergence.

		Lil Pe	kelihood of Utilization ercentage Points (SE)	
Outcome Measure	Cohort	Year 1	Year 2	Year 3
All 4 recommended	Baseline attribution	1.39*** (0.40)	0.25 (0.45)	0.52 (0.48)
tests for patients with diabetes	Year 1 attribution		0.24 (0.70)	0.74 (0.74)
	Year 2 attribution			0.21 (0.79)
	Rolling entry	1.39*** (0.40)	0.25 (0.38)	0.48 (0.36)
HbA1c test (diabetes patients)	Baseline attribution	0.18 (0.39)	-0.93* (0.44)	-0.03 (0.47)
	Year 1 attribution		-0.21 (0.84)	1.56 [†] (0.95)
	Year 2 attribution			1.48 (0.96)
	Rolling entry	0.18 (0.39)	-0.74 [†] (0.39)	0.54 (0.39)
LDL test (diabetes patients)	Baseline attribution	0.52 (0.50)	-0.12 (0.54)	-0.25 (0.58)
	Year 1 attribution		-0.95 (0.90)	-0.33 (0.97)
	Year 2 attribution			0.31 (1.05)
	Rolling entry	0.52 (0.50)	-0.36 (0.46)	-0.14 (0.44)
Eye exam (diabetes patients)	Baseline attribution	2.00*** (0.50)	0.76 (0.55)	0.36 (0.6)
	Year 1 attribution		1.28 (0.89)	0.47 (0.97)
	Year 2 attribution			0.75 (0.99)
	Rolling entry	2.00*** (0.50)	0.96* (0.47)	0.5 (0.46)
Nephropathy test (diabetes patients)	Baseline attribution	1.54** (0.56)	1.08 [†] (0.59)	2.34 (0.65)
	Year 1 attribution		1.19 (1.00)	2.01 [†] (1.09)
	Year 2 attribution			1.51 (1.09)
	Rolling entry	1.54** (0.56)	1.13* (0.51)	2.09*** (0.50)
Lipid test for patients with ischemic vascular disease	Baseline attribution	-0.21 (0.70)	-0.95 (0.76)	-1.84* (0.82)
	Year 1 attribution		-0.44 (1.25)	1.69 (0.48)
	Year 2 attribution			0.48 (1.58)
	Rolling entry	-0.21 (0.70)	-0.79 (0.65)	-0.51 (0.66)

Exhibit G.8. Year-by-Year Demonstration Impacts on Claims-Based Process Measures, by Attribution Cohort (Excludes Utilization Outliers)

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014). [†] p<0.10; * p<0.05; ** p<0.01; *** p<0.001.

	_	Overall Spending Dollars (SE)			Likel Perc	ihood of Spend entage points (ding (SE)	Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Total Medicare expenditures	Baseline attribution	15.24 (102.29)	64.75 (105.83)	158.03 (117.24)	-0.40 (0.27)	-0.81 (0.51)	-1.16 (0.70)	41.69 (103.83)	122.21 (106.69)	259.60 (116.41)
	Year 1 attribution		70.72 (169.33)	125.65 (185.58)		–0.11 (0.83)	0.12 (1.14)		94.51 (177.31)	148.88 (193.48)
	Year 2 attribution			47.77 (199.78)			0.69 (1.00)			8.40 (216.73)
	Rolling entry	15.24 (102.29)	71.67 (90.05)	143.06 (88.99)	-0.40 (0.27)	-0.54 (0.44)	-0.33 (0.51)	41.69 (103.83)	114.97 (91.83)	184.60* (91.10)
Inpatient	Baseline attribution	-45.08 (72.85)	103.02 (67.58)	138.15* (69.38)	0.24 (0.20)	0.7*** (0.20)	0.65** (0.21)	-490.17 (357.03)	-149.25 (342.06)	74.78 (343.44)
	Year 1 attribution		18.85 (106.70)	64.49 (113.26)		0.67* (0.29)	0.33 (0.31)		–567.54 (591.37)	61.04 (610.60)
	Year 2 attribution			–156.54 (115.20)			0.11 (0.33)			–1141.16 [†] (620.13)
	Rolling entry	-45.08 (72.85)	79.28 (57.44)	67.09 (53.04)	0.24 (0.20)	0.69*** (0.16)	0.45** (0.15)	-490.17 (357.03)	–265.46 (299.27)	–116.1 (272.39)
Skilled nursing facility	Baseline attribution	-0.14 (27.60)	13.61 (27.59)	–18.15 (30.66)	0.07 (0.10)	0.13 (0.11)	0.05 (0.13)	-343.41 (632.03)	–182.43 (538.77)	654.44 (497.02)
	Year 1 attribution		80.12** (25.08)	116.89*** (30.34)		0.61*** (0.11)	0.68** (0.12)		–206.43 (856.26)	360.19 (892.94)
	Year 2 attribution			11.41 (34.50)			0.40** (0.15)			–2008.11 [†] (1046.78)
	Rolling entry	-0.14 (27.60)	51.75** (19.74)	44.69* (19.14)	0.07 (0.10)	0.38*** (0.08)	0.4*** (0.08)	-343.41 (632.03)	-72.11 (463.03)	–514.89 (425.72)
Home health spending	Baseline attribution	15.1 [†] (9.04)	33.36*** (9.83)	35.09*** (9.65)	0.18 (0.13)	0.43** (0.14)	0.39** (0.15)	79.32 (85.01)	150.77 [†] (89.96)	214.64* (91.00)

Exhibit G.9. Year-by-Year Demonstration Impacts on Spending Measures, by Attribution Cohort (Excludes Utilization Outliers)

	_	C	verall Spendir Dollars (SE)	ıg	Likel Perc	ihood of Spen entage points	ding (SE)	Level of Spe	nding Among Dollars (SE)	Service Users
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
	Year 1 attribution		9.25 (12.29)	4.61 (12.95)		0.13 (0.19)	0.18 (0.19)		73.78 (137.15)	-40.99 (149.87)
	Year 2 attribution			10.15 (11.63)			-0.10 (0.20)			234.02 (148.58)
	Rolling entry	15.1 [†] (9.04)	26.45*** (7.84)	23.70*** (6.68)	0.18 (0.13)	0.33** (0.11)	0.21* (0.10)	79.32 (85.01)	133.20 [†] (75.2)	172.32* (68.97)
Outpatient facility	Baseline attribution	-65.26 [†] (36.55)	-3.27 (29.85)	–15.81 (36.05)	-0.29 (0.40)	-0.32 (0.63)	-0.66 (0.77)	-65.67 [†] ⁽ 38.48)	0.53 (31.46)	-5.89 (38.59)
	Year 1 attribution		6.40 (54.01)	99.59* (47.28)		2.50* (1.03)	3.14* (1.24)		-34.13 (61.72)	66.98 (53.57)
	Year 2 attribution			-10.86 (51.6)			1.65 [†] (0.99)			-49.64 (59.54)
	Rolling entry	-65.26 [†] (36.55)	0.99 (26.70)	16.75 (25.13)	-0.29 (0.40)	0.74 (0.55)	0.97 [†] (0.55)	-65.67 [†] (38.48)	-9.95 (28.83)	1.95 (27.79)
Hospice	Baseline attribution	12.18 (27.77)	-22.62 (35.36)	29.52 (42.33)	-0.03 (0.12)	-0.10 (0.16)	-0.13 (0.18)	109.60 (2015.48)	-1604.12 (2116.94)	1804.77 (2280.43)
	Year 1 attribution		-41.88 (64.48)	–57.91 (74.95)		-0.31 (0.24)	-0.30 (0.26)		–3117.53 (4444.28)	–4923.20 (4872.25)
	Year 2 attribution			228.99** (83.21)			-0.11 (0.24)			17921.39* (7443.41)
	Rolling entry	12.18 (27.77)	–25.46 (31.34)	66.51 [†] (36.60)	-0.03 (0.12)	-0.18 (0.14)	–0.18 (0.14)	109.60 (2015.48)	–1782.64 (1922.41)	3889.84 [†] (2286.87)
Part B expenditures ^{§§}	Baseline attribution	-4.77 (26.73)	42.21 [†] (22)	50.06* (23.69)	0.26 (0.16)	0.40 [†] (0.22)	0.79** (0.26)	-9.95 (29.06)	40.44 [†] (24.53)	42.68 (27.11)
	Year 1 attribution		–25.46 (46.01)	68.90 [†] (37.76)		0.45 (0.34)	0.92* (0.41)		–37.03 (53.13)	65.13 (44.84)
	Year 2 attribution			45.05 (38.11)			1.38** (0.42)			28.09 (45.65)
	Rolling entry	-4.77 (26.73)	20.9 (20.97)	53.84** (17.86)	0.26 (0.16)	0.41* (0.18)	0.94*** (0.19)	-9.95 (29.06)	16.61 (23.60)	45.34* (20.73)

			Overall Spendi Dollars (SE)	ing	Likel Perc	lihood of Sper entage points	nding (SE)	Level of Spe	nding Among Dollars (SE)	Service Users
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Physicians (primary care)	Baseline attribution	–5.23 (8.13)	1.13 (7.42)	6.65 (6.44)	0.09 (0.23)	0.58* (0.25)	0.48 [†] (0.27)	-9.35 (13.28)	-1.47 (12.18)	8.05 (10.46)
	Year 1 attribution		18.31 (12.59)	23.21 [†] (13.56)		0.18 (0.38)	-0.56 (0.40)		30.61 (21.41)	43.94 [†] (22.63)
	Year 2 attribution			-2.98 (9.09)			1.22** (0.41)			-12.53 (16.07)
	Rolling entry	–5.23 (8.13)	6.83 (6.50)	9.21 [†] (5.21)	0.09 (0.23)	0.46* (0.21)	0.49* (0.20)	-9.35 (13.28)	8.71 (10.78)	13.26 (8.67)
Physicians (specialist)	Baseline attribution	-4.72 (19.35)	23.17 (17.07)	20.55 (18.14)	0.17 (0.20)	0.17 (0.23)	0.18 (0.25)	-8.96 (24.53)	27.49 (22.35)	24.97 (24.19)
	Year 1 attribution		–12.81 (23.78)	25.50 (25.59)		0.71* (0.35)	0.51 (0.39)		–26.82 (32.57)	30.14 (35.84)
	Year 2 attribution			2.75 (26.36)			0.93* (0.40)			-9.05 (37.52)
	Rolling entry	-4.72 (19.35)	11.83 (13.96)	18.06 (13.04)	0.17 (0.20)	0.36 [†] (0.19)	0.45* (0.19)	-8.96 (24.53)	10.92 (18.48)	19.27 (17.73)
Durable medical equipment	Baseline attribution	15.24 (102.29)	64.754 (105.83)	158.03 (117.24)	-0.40 (0.27)	-0.81 (0.51)	-1.16 (0.7)	41.69 (103.83)	122.21 (106.69)	259.6 (116.41)
	Year 1 attribution		70.72 (169.34)	125.65 (185.58)		-0.11 (0.83)	0.12 (1.14)		94.51 (177.31)	148.88 (193.48)
	Year 2 attribution			47.77 (199.78)			0.69 (1.00)			8.40 (216.73)
	Rolling entry	15.24 (102.29)	71.67 (90.05)	143.06 (88.99)	-0.40 (0.27)	-0.54 (0.44)	-0.33 (0.51)	41.69 (103.83)	114.97 (91.83)	184.60* (91.10)
Total outpatient ^{§§§}	Baseline attribution	–57.72 (37.35)	-7.48 (31.29)	–27.2 (38.13)	-0.11 (0.38)	-0.13 (0.62)	-0.39 (0.77)	-59.59 (39.00)	-6.8 (32.46)	-22.86 (40.23)
	Year 1 attribution		-0.93 (56.45)	98.41* (49.84)		1.96* (0.97)	2.66* (1.20)		-34.90 (63.31)	70.44 (55.52)
	Year 2 attribution			-2.49 (53.76)			1.59 (0.98)			-38.73 (61.25)

	_	C	Overall Spendi Dollars (SE)	ng	Likeli Perce	hood of Spend entage points (ding (SE)	Level of Spe	ending Among Dollars (SE)	Service Users
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
	Rolling entry	–57.72 (37.35)	-4.18 (27.91)	11.62 (26.48)	–0.11 (0.38)	0.66 (0.52)	0.93 [†] (0.54)	-59.59 (39.00)	–15.45 (29.70)	-4.72 (28.85)
Laboratory	Baseline attribution	1.21 (2.53)	7.97** (2.54)	13.69*** (2.76)	1.01*** (0.22)	1.59*** (0.25)	1.59*** (0.28)	-1.88 (3.09)	5.05 (3.23)	12.76*** (3.62)
	Year 1 attribution		3.41 (4.16)	10.53* (4.73)		0.90* (0.39)	1.37** (0.43)		1.03 (5.55)	9.24 (6.58)
	Year 2 attribution			4.54 (4.69)			0.23 (0.42)			5.09 (6.43)
	Rolling entry	1.21 (2.53)	6.56** (2.19)	10.91*** (2.15)	1.01*** (0.22)	1.32*** (0.21)	1.15*** (0.20)	-1.88 (3.09)	3.84 (2.81)	10.19*** (2.87)
Imaging	Baseline attribution	-1.68 (2.50)	0.51 (2.12)	-1.45 (2.24)	0.36 (0.24)	0.68** (0.26)	0.40 (0.27)	-4.45 (3.90)	-2.16 (3.42)	-4.16 (3.65)
	Year 1 attribution		-2.94 (3.42)	2.58 (4.03)		0.80* (0.39)	0.57 (0.41)		-8.62 (5.78)	2.48 (7.00)
	Year 2 attribution			-1.55 (3.38)			1.24** (0.42)			-8.17 (5.90)
	Rolling entry	-1.68 (2.50)	-0.58 (1.81)	-0.50 (1.73)	0.36 (0.24)	0.72*** (0.22)	0.64** (0.20)	-4.45 (3.90)	-4.12 (2.96)	-3.39 (2.89)
Acute care hospital [§]	Baseline attribution	-49.66 (63.66)	88.81 (58.12)	78.58 (61.96)	0.21 (0.19)	0.60** (0.19)	0.57** (0.20)	-501.72 (323.33)	-95.38 (301.62)	–154.59 (313.07)
	Year 1 attribution		48.42 (95.74)	116.84 (98.10)		0.66* (0.28)	0.25 (0.30)		-340.04 (571.67)	545.32 (562.54)
	Year 2 attribution			–131.17 (101.64)			0.08 (0.32)			–963.60 [†] (577.72)
	Rolling entry	-49.66 (63.66)	77.01 (50.35)	50.6 (47.03)	0.21 (0.19)	0.63*** (0.16)	0.39** (0.15)	-501.72 (323.33)	-168.85 (273.42)	-106.68 (249.89)
Post-acute care§	Baseline attribution	–27.44 (38.35)	-29.06 (40.63)	0.43 (39.94)	0.05 (0.11)	0.14 (0.12)	0.08 (0.13)	-923.46 (733.85)	–1342.22 [†] (712.69)	–389.09 (603.85)
	Year 1 attribution		53.27 (40.20)	69.43 (48.09)		0.55*** (0.13)	0.62*** (0.14)		–1569.22 (1074.13)	–1796.18 (1137.18)

		Overall Spending Dollars (SE)			Like Perc	Likelihood of Spending Percentage points (SE)			Level of Spending Among Service Users Dollars (SE)		
Outcome Measure	Cohort	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	
	Year 2 attribution			12.8 (48.51)			0.37* (0.16)			–1933.41 (1205.53)	
	Rolling entry	–27.44 (38.35)	12.48 (29.81)	39.35 (26.55)	0.05 (0.11)	0.34*** (0.09)	0.37*** (0.08)	–923.46 (733.85)	-1336.08* (596.94)	-864.94 [†] (507.31)	
Outpatient hospital [§]	Baseline attribution	-84.85* (35.88)	-1.81 (27.69)	-24.89 (32.14)	-0.03 (0.22)	-0.03 (0.25)	0.11 (0.26)	-137.35* (58.08)	-2.50 (46.13)	-44.14 (54.46)	
	Year 1 attribution		–24.60 (51.69)	55.57 (41.83)		0.45 (0.37)	0.80* (0.40)		–58.14 (93.55)	77.56 (76.37)	
	Year 2 attribution			-20.79 (47.41)			1.15** (0.40)			-75.73 (88.47)	
	Rolling entry	-84.85* (35.88)	-8.98 (25.20)	-4.63 (22.75)	-0.03 (0.22)	0.15 (0.21)	0.54** (0.19)	-137.35* (58.08)	–18.51 (42.88)	–21.28 (39.75)	
FQHC/RHC [§]	Baseline attribution	-2.74 (3.12)	-8.17 [†] (4.31)	-9.85* (5.00)	-0.16 (0.63)	-0.19 (0.90)	-0.71 (1.03)	-2.46 (1.78)	-10.21*** (2.10)	-9.69*** (2.57)	
	Year 1 attribution		20.10*** (5.86)	25.63*** (6.12)		6.31*** (1.27)	7.37*** (1.32)		-6.73 [†] (3.61)	-6.24 (4.13)	
	Year 2 attribution			7.95 (5.51)			2.92*** (1.12)			-7.50 [†] (3.86)	
	Rolling entry	-2.74 (3.12)	2.29 (3.53)	4.76 (3.29)	-0.16 (0.63)	2.54*** (0.75)	2.64*** (0.68)	-2.46 (1.78)	-9.40*** (1.83)	-8.96*** (1.90)	

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014). [§] These measures were used in the evaluation's quarterly reports but are not presented in the Final Evaluation Report. These results are provided for reference

only. ^{§§} This category corresponds to all claims in the Physician/Supplier Part B ("carrier") file including spending on laboratory, imaging, and physician services provided in ED settings, which are excluded from the primary care physician and specialist physician spending subcategories that are reported in the subsequent two rows.

^{\$§§} This category corresponds to outpatient facility claims and all provider claims for services rendered in outpatient places of service.

[†]p<0.10; * p<0.05; ** p<0.01; *** p<0.001.

Outcome Measure	Year 1	95% CI	Year 2	95% CI	Year 3	95% CI
FQHC visits	7,331	3,453, 11,208	19,167	14,131, 24,203	24,260	19,050, 29,469
PCP visits	5,770	963, 10,578	12,426	5,843, 19,010	18,151	10,805, 25,498
Specialist visits	1,579	-2,724, 5,882	-1,149	-7,284, 5,085	-815	-7,844, 6,213
Total ED visits	3,465	836, 6,093	5,148	1,828, 8,469	7,238	3,510, 10,966
Outpatient-only ED visits	3,101	772, 5,430	4,829	1,867, 7,792	7,532	4,305, 10,759
ACSC ED visits	97	–451, 645	-211	–970, 549	155	-640, 950
Inpatient admissions	690	–382, 1,761	1,348	103, 2,592	628	-787, 2,042
ACSC admissions	155	–193, 504	167	-272, 606	-259	–777, 258
Inpatient readmissions	2,388	-35,724, 40,499	-34,379	-77,777, 9,020	-20,453	–62,311, 21,405

Exhibit G.10. Aggregated Demonstration Impact on Utilization Measures, by Number of Visits

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (11/1/2010 to 10/31/2014).

NOTE: This table reports aggregate differences in utilization (as opposed to per-beneficiary utilization) on a year-by-year basis. All analyses accounted for incomplete yearly eligibility, and, as a result, aggregate utilization estimates are based on the number of demonstration beneficiaries with at least partial-year eligibility in each year. Sample sizes used in these calculations for all measures except inpatient readmissions were: 147,621 demonstration beneficiaries in Year 1, 197,250 demonstration beneficiaries in Year 2, and 230,618 demonstration beneficiaries in Year 3. Aggregate inpatient readmission results are based on the number of discharges by demonstration beneficiaries in each year, which were: 37,795 discharges in Year 1, 45,456 discharges in Year 2, and 46,090 discharges in Year 3.

Outcome Measure	Year 1	95% CI	Year 2	95% CI	Year 3	95% CI
Total Medicare expenditures	5.3	-24.4, 34.9	14.9	-20.1, 49.9	37.6	-2.9, 78.0
Total outpatient	-8.2	-19.0, 2.5	-0.6	-11.4, 10.2	3.7	–8.3, 15.7
Inpatient	-4.6	–25.8, 16.4	15.9	-6.5, 38.2	17.9	-6.3 42.1
Skilled nursing facility	0.5	-7.5, 8.5	9.4	1.7, 17.2	11.1	2.5, 19.8
Home health	2.3	-0.3, 4.9	5.3	2.3, 8.3	5.5	2.5, 8.6
Outpatient facility	-9.4	-19.9, 1.2	0.4	-10.0, 10.7	4.7	–6.7, 16.1
Hospice	1.8	-6.2, 9.8	-5.0	-17.1, 7.1	15.6	–0.9, 32.1
Part B expenditures	-0.4	8.1, 7.3	4.6	-3.5, 12.7	14.3	6.1, 22.4
Physicians (primary care)	-0.7	-3.1, 1.6	1.4	–1.1, 3.9	2.5	0.1, 4.8
Physicians (specialist)	-0.6	-6.1, 5.0	2.4	-3.0, 7.7	4.7	–1.2, 10.6
Durable medical equipment	-0.9	-3.6, 1.9	-1.4	–3.9, 1.1	-0.9	-4.1, 2.3
Laboratory	0.3	-0.5, 1.0	1.3	0.5, 2.2	2.6	1.6, 3.6
Imaging	-0.2	-0.9, 0.5	-0.9	-0.8, 0.6	-0.03	-0.8, 0.7
Acute care hospita ^{I§}	-6.3	-24.8, 12.1	14.9	-4.7, 34.5	13.8	-7.7, 35.2
Post-acute care [§]	-3.2	-14.2, 7.9	1.9	–9.7, 13.5	10.7	–1.3, 22.7
Outpatient hospital [§]	-12.4	-22.7,	-2.3	-12.0,	-0.8	-11.0,

Exhibit G.11. Aggregated Demonstration Impact on Spending Measures, in Millions

Outcome Measure	Year 1	95% CI	Year 2	95% CI	Year 3	95% CI
		-2.1		7.5		9.5
FQHC/RHC§	-0.5	-1.4, 0.4	0.3	-1.1, 1.7	0.9	-0.5, 2.5

NOTE: This table reports aggregate differences in spending (as opposed to per-beneficiary spending) on a year-by-year basis. All analyses accounted for incomplete yearly eligibility, and, as a result, aggregate spending estimates are based on the number of demonstration beneficiaries with at least partial-year eligibility in each year. Sample sizes used in these calculations were: 147,621 demonstration beneficiaries in Year 1, 197,250 demonstration beneficiaries in Year 2, and 230,618 demonstration beneficiaries in Year 3.

[§] These measures were used in the evaluation's quarterly reports but are not presented in the Final Evaluation Report. These results are provided for reference only.

	Quar	ter 5	Quart	er 6	Quart	er 7	Quart	er 8
Measure	Estimate	SE	Estimate	SE	Estimate	SE	Estimate	SE
Utilization [§]								
FQHC visits	-30.86***	5.61	-70.16***	6.61	-69.82***	6.72	-62.67***	6.94
Non-FQHC PCP visits	4.92*	1.92	6.38***	1.89	7.96***	1.86	16.12***	2.15
PCP visits	-11.74*	5.58	-36.97***	6.34	-38.97***	6.35	-20.16**	6.58
Specialist visits	-16.83**	5.17	-19.52***	5.90	-9.71 [†]	5.79	-14.72*	6.40
Total ED visits	1.99	2.94	3.53	3.24	4.01	3.51	0.54	3.65
Outpatient-only ED visits	1.34	2.67	2.99	2.88	3.13	3.15	0.81	3.23
Inpatient admissions ^{§§}	0.75	1.43	0.03	1.54	1.05	1.53	0.26	1.58
Spending								
Total Medicare expenditures	-18.02	24.72	-40.72	26.07	-25.14	26.75	11.38	27.74
Inpatient	-2.19	16.93	-12.17	18.47	14.70	18.29	-9.08	20.26
Part B expenditures ^{§§}	-3.28	4.77	-6.48	6.08	-12.62*	5.35	-9.75	6.65

Exhibit G.12. Parallel Trends Assessment, Demonstration Effect

SOURCE: RAND analysis of CMS's Program Integrity TAP file claims (2009-2010).

NOTE: This analysis used eight quarters of baseline data for the baseline attribution cohort only representing claims for services provided to beneficiaries between November 1, 2009, and October 31, 2011. Parallel trends were assessed using a difference-in-differences analysis in which differences in quarterly outcomes between demonstration and comparison sites were assessed for Quarters 5–8 relative to the baseline difference in each outcome. Monotonically increasing or decreasing demonstration effect estimates over Quarters 5–8 (regardless of statistical significance) indicate violation of the parallel trends assumption. [§] FQHC visits include any visit to FQHCs regardless of provider specialty. Total PCP visits and total specialist visits include both visits to FQHCs and Evaluation and Management (E&M) visits to non-FQHCs.

^{§§} This category corresponds to all claims in the Physician/Supplier Part B ("carrier") file including spending on laboratory, imaging, and physician services provided in ED settings.

[‡] p<0.10; * p<0.05; ** p<0.01; *** p<0.001
This set of tables includes beneficiary experience difference-in-differences analyses for the demonstration effect. Exhibit H.1 shows the beneficiary experience difference-in-differences analyses for loyalty. Exhibit H.2 shows the beneficiary experience difference-in-differences analyses for loyalty/continuity (defined as usual provider type). Exhibit H.3 shows the beneficiary experience difference-in-differences analyses for CG-CAHPS: Getting Timely Appointments, Care and Information. Exhibit H.4 shows the beneficiary experience difference-in-differences in-differences analyses for PCMH-CAHPS: Access to Care. Exhibit H.5 shows the beneficiary experience differences analyses for the Access to Care with Information Sharing scale components. Exhibit H.6 shows the beneficiary experience differences analyses for access to specialists.

Exhibit H.7 shows the beneficiary experience difference-in-differences analyses for the evidence-based care summary. Exhibit H.8 shows the beneficiary experience difference-in-difference-based immunizations. Exhibit H.9 shows the beneficiary experience difference-in-differences analyses for evidence-based aspirin use and/or discussion. Exhibit H.10 shows the beneficiary experience difference-in-differences analyses for evidence-based colorectal cancer (CRC) screening. Exhibit H.11 shows the beneficiary experience difference-in-differences analyses for evidence-based smoking cessation. Exhibit H.12 shows the beneficiary experience difference-in-differences analyses for evidence-based smoking cessation. Exhibit H.12 shows the beneficiary experience difference-in-differences analyses for evidence-based smoking cessation. Exhibit H.12 shows the beneficiary experience difference-in-differences analyses for evidence-based weight loss, exercise, and eating right. Exhibit H.13 shows the beneficiary experience difference-in-din-din-difference-in-difference-in-difference-in-difference-in

Exhibit H.14 shows the beneficiary experience difference-in-differences analyses for beneficiary ratings of providers. Exhibit H.15 shows the beneficiary experience difference-indifference analyses for beneficiary ratings of clerks and receptionists. Exhibit H.16 shows the beneficiary experience difference-in-differences analyses for effective participation in decisionmaking about medications. Exhibit H.17 shows the beneficiary experience difference-indifference analyses for CAHPS: Health Literacy. Exhibit H.18 shows the beneficiary experience difference-in-differences analyses for CAHPS-PCMH: Providers Support You in Taking Care of Your Own Health. Exhibit H.19 shows the beneficiary experience difference-in-differences analyses for CG-CAHPS: How Well Providers Communicate with Patients. Exhibit H.20 shows the beneficiary experience difference-in-differences analyses for awareness of cost of care-cost of seeing a specialist. Exhibit H.21 shows the beneficiary experience difference-in-differences analyses for providers following up on test results. Exhibit H.22 shows the beneficiary experience difference-in-differences analyses for coordination of care around hospitalization. Exhibit H.23 shows the beneficiary experience difference-in-differences analyses for coordination so that the attributed provider knows about specialist care. Exhibit H.24 shows the beneficiary experience difference-in-differences analyses for coordination so that the specialist

knows the patient's important medical history. Exhibit H.25 shows the beneficiary experience difference-in-differences analyses for ensuring that transportation needs are met. Exhibit H.26 shows the beneficiary experience difference-in-differences analyses for coordination with home health care. Exhibit H.27 shows the beneficiary experience difference-in-difference-in-differences analyses for whether patients are treated unfairly because of race, ethnicity, or language skills. Exhibit H.28 shows the beneficiary experience difference-in-differences analyses for SF-12 physical and mental health scores.

We describe the methods associated with the development, fielding, and analysis of the beneficiary survey in Appendix D. In summary, as with the analyses presented in Chapter 10, we use logistic regression for binary items and linear regression for all scale scores. Each analysis incorporated sampling weights, non-response weights, propensity score weights to balance demonstration and comparison groups, site-level clustering, and Huber-White adjusted standard errors. Logistic regression estimates are reported on their natural scales using an estimator developed by Puhani.

Loyalty, Timeliness, and Access

Α	В	С	D	E	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early⁵	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate ^d
This provider has been the one:									
Caring for me for greater than five years	7,614	53.40%	53.92%	0.52%	53.06%†	49.07%	52.80%	50.33%	-0.015
Most helpful in guiding me about whether to have tests or treatments, or change my health habits	7,710	87.79%	88.70%	0.91%	89.57%**	85.97%	89.20%†	86.93%	-0.013
In charge of following up on my health and medical conditions if I need help	7,705	91.52%	90.03%	-1.50%*	92.43%*	90.05%	90.40%†	88.17%	-0.006
Most likely to help with my most important medical problems	7,664	87.43%	87.59%	0.16%	88.67%*	85.48%	88.81%**	84.24%	0.012
Fulfilling my main provider roles ^e	7,973	76.08%	73.09%	-2.99%**	77.77%**	72.81%	74.17%*	70.21%	-0.013

Exhibit H.1. Loyalty

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e Main provider roles include: the provider I usually see; the provider who has been most helpful; the provider most likely to help me with important medical problems; and the provider who is in charge of following up on medical conditions.

Α	В	С	D	E	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^b	Late Comparison	Demo Estimate ^d
This provider is the one I usually see if I need a check-up, want advice about a health problem, or get sick or hurt	7,325	89.17%	87.99%	-1.18%†	89.46%	87.82%	88.77%*	85.38%	0.014
I usually see another doctor or nurse in this office if I need a check-up, want advice about a health problem, or get sick or hurt	284	34.57%	29.53%	-5.04%	39.37%†	23.02%	36.35%*	17.92%	0.037
Has a personal doctor or nurse at the clinic named in item #1	1,833	81.52%	77.07%	-4.45%*	84.27%	79.67%	78.02†%	71.28%	0.008
Do you have a personal doctor or a personal nurse somewhere else if not at this clinic?	921	81.73%	78.80%	-2.93%	75.14%†	83.38%	71.52%	77.63%	0.031
In the last 12 months, at your personal provider's office, how often did you see your personal doctor or nurse (not another provider from the office):									
Usually or always	1,008	87.01%	87.87%	0.86%	86.79%	87.67%	89.28%	86.55%	0.035
Always	1,008	71.98%	71.96%	-0.03%	74.19%	69.80%	76.64%	72.64%	-0.001

Exhibit H.2. Loyalty/Continuity Defined as Usual Provider Type

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights

(sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Items Pertinent to Getting Timely Care*

Α	В	С	D	E	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late-Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate ^d
In the last 12 months, did you phone this provider's office with a medical question after regular office hours?	6,363	5.97%	7.37%	1.40%*	6.18%	6.58%	7.66%	7.98%	0.002
<i>Usually or always</i> in the last 12 months:									
When you phoned this provider's office <i>during</i> regular office hours, get an answer to your medical question that same day	1,843	77.84%	77.47%	-0.36%	76.87%	81.02%	79.45%	74.84%	0.082*
Get an appointment as soon as you needed for check-up or <i>routine</i> care	4,092	90.90%	89.47%	-1.43%†	91.16%	91.10%	90.05%	89.85%	0.001
When you phoned this provider's office <i>after</i> regular office hours, get an answer to your medical question as soon as you needed	174	55.34%	62.76%	7.41%	58.13%	48.41%	65.25%	50.19%	0.054
When you phoned this provider's office for care you needed right away, get an appointment as soon as you needed	2,154	84.19%	82.14%	-2.05%	83.74%	86.83%	82.83%	81.16%	0.046†
Saw this provider within 15 minutes of your appointment time	6,460	57.32%	60.12%	2.80%**	58.72%	57.68%	60.92%	59.60%	0.003
Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG– CAHPS): Getting timely appointments, care and information scale: Mean (SD) ^e	6,749	64.08 (34.65)	65.01 (36.52)	0.94 *	64.61 (35.37)	64.11 (39.60)	65.37 (36.40)	65.06 (40.27)	-0.194

Exhibit H.3. CG–CAHPS: Getting Timely Appointments, Care and Information

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

^T p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed? (2) In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? (3) In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? (4) Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time? (5) In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day? Within columns C through I, the values shown represent mean (standard deviation),

в С D Е F G н J Α Total N Early Late Late -Early Early Late Late Demo Unweighted Overall Estimate^d Overall Early^b Comparison Demo^c Comparison Demo^c (Baseline) ^a Survey Item Usually had to wait four or 2.107 17.61% 18.30% 0.69% 17.92% 16.79% 20.39% 20.80% 0.008 more days for an appointment when you needed care right awav? Usually have to wait more than 2,107 7.01% 8.88% 1.86%† 7.13% 7.22% 8.82% 8.78% 0.001 seven days for an appointment when you needed care right away Usually or always able to get 800 36.21% 36.22% 0.01% 33.26% 34.54% 32.36% 33.55% 0.001 the care you needed from this provider's office during evenings, weekends, or holidays 800 52.64% 53.74% 56.28% 0.052 Never able to get care you 49.79% -2.85% 57.57% 54.82% needed from this provider's office during evenings. weekends, or holidays 52.99 50.73 52.79 51.90 -1.374 PCMH CAHPS: Access to care 2.699 52.64 53.66 1.02 scale (2 validation items): (42.85) (46.53) (44.66)(45.20)(49.94)(47.46) Mean (SD)^e

Exhibit H.4. PCMH CAHPS: Access to Care

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time.

^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?, (2) In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays? Within columns C through I, the values shown represent mean (standard deviation).

Exhibit H.5. Access to Care with Information-Sharing Scale Components

Α	В	С	D	E	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate
Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?	6,509	76.09%	79.20%	3.11%**	77.62%†	73.83%	79.26%	77.60%	-0.019
In the last 12 months, did you get any reminders from this provider's office between visits?	6,434	74.06%	74.93%	0.88%	75.92%*	71.37%	76.89%	74.49%	-0.020
PCMH CAHPS: Information about care and appointments scale: Mean (SD) ^e	6,817	75.09 (63.75)	76.42 (52.74)	1.33	76.80* (66.97)	72.66 (66.16)	77.35 (54.01)	75.38 (61.86)	-2.160

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights

(sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays? (2) Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits? Within columns C through I, the values shown represent mean (standard deviation).

Exhibit H.6. Access to Specialist

Α	В	с	D	Е	F	G	н	L	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate
In the last 12 months, did you make any appointments to see a specialist? ^e	1873 ^a	NA	61.12%	NA	NA	NA	65.47%**	60.90%	NA
Within the last 12 months, among those who tried to make an appointment to see a specialist, it was:									
<i>Usually or always</i> easy to get an appointment	742	88.80%	90.15%	1.35%	89.66%	89.98%	91.69%	85.94%	0.053
Always easy to get an appointment	742	57.97%	58.41%	0.45%	62.96%	54.11%	58.56%	54.17%	-0.046

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level

covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights

(sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This question was not asked in this way during the early baseline survey; the values presented include only data from the late beneficiary survey. The *n* presented in this cell represents the unweighted number of beneficiaries who responded to this question at follow-up.

Evidence-Based Care

Exhibit H.7. Evidence-Based	Care Summary
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Α	В	С	D	E	F	G	н	1	J
Survey Item	Total N Unweighted (Baseline)	Early Overall	Late Overall	Late – Early ^a	Early Demo ^b	Early Comparison	Late Demo ^b	Late Comparison	Demo Estimate c
Explicit Process Score: Mean (SD) ^d	7,432	48.55 (72.10)	50.17 (66.08)	1.62 *	50.75 (70.31)	48.09 (73.05)	52.52* (63.19)	48.89 (68.08)	0.975

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d Explicit Process Score (measure of % of care measures received out of total eligible procedures), adjusted for number of measures that apply to each person. Within columns C through I, the values shown represent mean (standard deviation).

Exhibit H.8. Evidence-Based Immunizations

Α	в	С	D	E	F	G	Н	I.	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate
Immunizations received:									
Influenza vaccine this season	2,327	66.02%	67.10%	1.08%	67.46%	64.85%	66.83%	66.05%	-0.018
Pneumonia vaccine ever	2,234	63.57%	65.94%	2.37%†	64.07%	64.36%	67.15%	64.85%	0.026
Shingles vaccine ever	2,273	17.64%	22.85%	5.21%***	14.92%	18.42%	20.84%	23.89%	0.011
All three: influenza, pneumonia, shingles	2,360	14.49%	18.49%	3.99%***	11.52%	14.70%	16.76%	18.50%	0.020
All three: influenza, pneumonia, shingles among aged 65-85 years	1,162	20.05%	24.49%	4.43%*	15.59%†	22.57%	21.67%	26.00%	0.036
Pneumonia among aged 65-85 years	1,067	69.48%	70.82%	1.35%	67.97%	73.10%	71.43%	72.03%	0.044

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Α	В	С	D	Е	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Use aspirin daily or every other day	2,279	52.78%	53.78%	1.00%	48.55%	53.84%	49.30%	54.49%	0.001
Doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke	2,279	69.68%	70.54%	0.86%	68.08%	69.01%	70.25%	68.57%	0.026
Use aspirin or discussed risks	2,291	75.14%	76.04%	0.89%	73.58%	76.59%	76.54%	76.03%	0.034
Use aspirin or discussed risks among those with heart disease, stroke or diabetes	1,672	80.17%	82.32%	2.16%†	79.17%	79.39%	81.90%	81.08%	0.011
Use aspirin <i>and</i> discussed risks	2,270	47.43%	48.29%	0.86%	43.32%	46.35%	42.92%	47.20%	-0.012
Use aspirin and discussed risks among those with heart disease or stroke or diabetes	1,650	55.05%	55.60%	0.54%	47.79%†	55.33%	47.70%†	55.73%	-0.005

Exhibit H.9. Evidence-Based Aspirin Use and/or Discussion

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

^T p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Exhibit H.10. Evidence-Based Colorectal Cancer (CRC) Screening

Α	В	С	D	Е	F	G	н	I	J
_Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Had blood stool within one year or colonoscopy within 10 years	1,201	57.99%	64.79%	6.80%**	59.61%	55.16%	62.44%	64.52%	-0.065
Had blood stool within two years or colonoscopy within 10	1,201	60.75%	68.21%	7.46%***	61.67%	58.25%	66.90%	68.20%	-0.047
Had blood stool within one year, colonoscopy within 10 years, or sigmoidoscopy within	1,204	59.68%	67.17%	7.49%***	60.44%	57.41%	63.65%	67.37%	-0.069

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

^T p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Α	В	С	D	E	F	G	н	1	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate
Provider <i>ever</i> advised you to quit smoking	374	84.58%	83.30%	-1.28%	83.90%	82.84%	82.75%	84.87%	-0.033
Provider <i>usually or always</i> advised you to quit smoking	374	64.83%	69.30%	4.47%	59.67%	73.01%	75.93%	68.34%	0.187**
Provider <i>always</i> advised you to quit smoking	374	48.21%	47.31%	-0.90%	47.94%	52.62%	50.34%	50.54%	0.045
Provider <i>ever</i> recommended or discussed medication to assist you with quitting smoking	371	61.91%	67.85%	5.93%	61.91%	62.62%	66.79%	72.82%	-0.055
Provider <i>usually or always</i> recommended or discussed medication to assist you with quitting smoking	371	42.40%	41.22%	-1.18%	46.08%	44.31%	49.86%	41.07%	0.071
Provider <i>always</i> recommended or discussed medication to assist you with quitting smoking	371	23.68%	20.51%	-3.17%	23.88%	25.83%	23.40%	15.51%	0.109
Provider <i>ever</i> discussed or provided methods and strategies other than medication to assist quitting smoking	371	48.87%	51.05%	2.18%	55.05%	50.74%	61.04%	49.79%	0.070
Provider <i>usually or always</i> discussed or provided methods and strategies other than medication to assist you with quitting smoking	371	26.97%	34.58%	7.61%*	29.39%	28.86%	40.29%	36.61%	0.028
Provider <i>always</i> discussed or provided methods and strategies other than medication to assist quitting smoking	371	16.70%	17.23%	0.53%	18.55%	17.95%	20.41%*	8.20%	0.155†
Received 3 of 3 smoking cessation interventions	375	45.26%	45.76%	0.50%	51.15%	47.62%	57.49%	45.58%	0.084

Exhibit H.11. Evidence-Based Smoking Cessation

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse. ^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Exhibit H.12. Evidence-Based Weight Loss, Exercise, and Eating Right

A	В	с	D	E	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^ª	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Within the last 12 months, this provider's office discussed with me:									
Weight loss	1,643	44.37%	40.41%	-3.95%†	45.46%	44.49%	42.23%	41.63%	-0.004
Exercising regularly	1,663	66.23%	60.41%	-5.83%*	67.66%	63.02%	62.70%	61.35%	-0.034
Eating right	1,654	62.19%	61.72%	-0.47%	65.97%	59.76%	64.36%	58.80%	-0.007
Discussed 3 of 3 weight loss interventions	1,724	34.36%	31.06%	-3.30%	36.07%	32.23%	31.82%	31.88%	-0.038

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^a p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Α	В	С	D	Е	F	G	Н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Within the last 12 months, provider's office:									
Asked me if there was a period of time when I felt sad, empty, or depressed?	6,486	50.78%	55.28%	4.50%***	54.12%	50.26%	57.73%*	52.82%	0.011
Talked about things in my life that worry me or cause me stress	6,460	44.09%	45.17%	1.08%	46.56%	43.24%	47.75%†	43.87%	0.006
Talked about a personal, family, substance abuse, or mental health/ emotional problem	6,449	34.64%	34.66%	0.02%	37.15%	34.65%	36.93%†	33.08%	0.014
Within the last 12 months, among patients with moderate or severe mental health concerns, provider's office:									
Asked if there was a period of time when patient felt sad, empty, or depressed?	919	68.41%	67.82%	-0.58%	69.49%	69.94%	66.36%	67.96%	-0.011
Talked about things in life that worry patient or cause stress	918	62.26%	62.54%	0.28%	60.00%	64.95%	59.23%	63.70%	0.005
Talked about a personal, family, substance abuse, or mental health / emotional problem	913	58.83%	56.55%	-2.27%	60.36%	60.88%	58.32%	52.36%	0.063
Number of mental health items discussed:									

Exhibit H.13. Evidence-Based Mental Health: CAHPS PCMH: Providers Pay Attention to Your Mental or Emotional Health ^d

Α	В	С	D	Е	F	G	н	1	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
For full cohort3 out of 3	6,564	26.38%	27.44%	1.06%	28.21%	26.98%	29.02%	26.11%	0.017
Among those with moderate or severe mental health problems ^f									
3 of 3	926	49.13%	48.14%	-1.00%	50.85%	51.07%	47.73%	45.21%	0.027
2 of 3	926	14.81%	14.77%	-0.04%	10.87%	14.78%	14.87%	16.80%	0.026
1 of 3	926	11.29%	12.59%	1.29%	14.43%	11.07%	11.11%	13.41%	-0.052
0 out of 3	926	24.76%	24.50%	-0.26%	23.86%	23.08%	26.29%	24.58%	0.009
CAHPS PCMH: Providers pay attention to your mental or emotional health scale: Mean (SD) ^e	6,564	43.66 (71.60)	45.53 (64.08)	1.87**	46.02 (66.03)	43.19 (72.65)	47.57* (63.83)	44.00 (63.12)	0.740
Among those with moderate or severe mental health problems									
CAHPS PCMH: Providers pay attention to your mental or emotional health scale: Mean (SD) ^{ef}	1,588	58.29 (64.13)	57.20 (58.82)	-1.09	58.50 (64.05)	58.74 (65.03)	58.65 (62.41)	55.32 (62.79)	3.281

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

^T p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

(2) In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress? (3) In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness? Within columns C through I, values represent mean (standard deviation)

[†] The PHQ-4 total score ranges from 0 to 12, with categories of psychological distress being categorized as: none (0-2), mild (3-5), moderate (6-8), severe (9-12) (Kroenke K 2009).

Exhibit H.14. Beneficiary Ratings of Providers

Α	В	С	D	E	F	G	Н		J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate ^d
Quality ratings of attributed provider									
Rated primary care provider >=7 on 10 point scale	6,396	90.64%	89.79%	-0.86%	90.51%	89.21%	90.33%	88.32%	0.006
Rated primary care provider 10 on a 10 point scale	6,396	54.39%	52.98%	-1.41%	53.81%	51.77%	52.60%	49.70%	0.009
Rated primary care provider (0-10)	6,408	88.57 (31.44)	88.04 (32.65)	-0.53	88.52 (33.58)	87.35 (38.33)	88.35† (30.99)	86.65 (40.69)	0.539
Quality ratings of specialty providers									
Rated specialist >=7 on 10 point scale	742	92.78%	91.85%	-0.93%	93.56%	89.59%	95.46%*	89.31%	0.026
Rated specialist 10 on a 10 point scale	742	53.90%	53.99%	0.08%	55.61%	52.40%	58.58%	53.43%	0.020
Rated specialty provider (0-10)	753	90.19 (21.74)	88.43 (27.99)	-1.76	90.57 (25.93)	88.49 (39.03)	90.67 (23.27)	87.75 (31.33)	0.833

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Α	В	С	D	E	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate ^d
Clerks and receptionists at this provider's office:									
Usually or always treated you with courtesy and respect	6,598	94.84%	95.14%	0.30%	95.39%*	93.59%	95.39%	0.945	-0.008
Always treated you with courtesy and respect	6,598	80.73%	80.58%	-0.15%	82.49%*	78.73%	80.74%	0.798	-0.029
Were usually or always helpful as you thought they should be	6,561	90.07%	88.27%	-1.80%**	90.27%	89.48%	89.04%	0.870	0.01
Were <i>always</i> as helpful as you thought they should be	6,561	65.21%	63.96%	-1.25%	65.84%	64.35%	64.58%	0.628	0.002
CG CAHPS:	6,692	85.26	84.43	-0.84 *	85.77	84.53	84.76	83.88	-0.372
Helpful and courteous office staff: Mean (SD) ^e		(33.08)	(33.33)		(32.69)	(36.86)	(32.84)	(36.84)	

Exhibit H.15. Beneficiary Ratings of Clerks and Receptionists

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be? (2) In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect? Within columns C through I the values shown represent mean (standard deviation).

Provider Support Beneficiary Self-Care

Exhibit H.16. Effective Participation in Decisionmaking About Medications: CAHPS PCMH: Providers Discuss Medication Decisions

Α	В	С	D	E	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
When you talked about starting or stopping a prescription medicine, this provider asked you what you thought was best for you Provider talked about starting or stopping a prescription medicine?	2,364 6,222	78.69% 57.54%	81.42% 52.01%	2.73%† -5.53%***	75.90% 58.27%	80.32% 56.93%	78.73% 54.20%	83.38% 52.09%	-0.007
Provider <i>usually or always</i> talked about the reasons you might want to take a medicine	2,382	91.19%	91.26%	0.06%	90.93%	91.14%	91.83%	89.41%	0.024
Provider <i>always</i> talked about the reasons you might want to take a medicine	2,382	62.63%	61.97%	-0.66%	62.03%	60.17%	59.06%	62.25%	-0.051
Provider <i>usually or always</i> talked about the reasons you might not want to take a medicine?	2,362	78.98%	81.20%	2.22%	76.20%	79.64%	79.71%	79.26%	0.037
Provider <i>always</i> talked about the reasons you might not want to take a medicine	2,362	46.32%	46.20%	-0.12%	41.91%	46.43%	42.83%	46.92%	0.004
Discussed 3 of 3 medication decisions	2,362	71.03%	74.28%	3.24%†	67.55%*	74.05%	73.32%	74.05%	0.054
CAHPS PCMH: Providers discuss medication decisions scale: Mean (SD) ^e	2,456	73.84 (40.29)	78.49 (40.08)	4.65 ***	71.97 (43.02)	74.55 (39.50)	77.10 (42.41)	78.60 (48.77)	1.068

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level

covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine? (2) When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might not want to take a medicine? (3) When you talked about starting or stopping a prescription medicine, did this provider talk about the reasons you might not want to take a medicine? (3) When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you? Within columns C through I, the values shown represent mean (standard deviation).

Exhibit H.17. CAHPS Health Literacy

Α	В	С	D	Е	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Provider gave instructions about what to do to take care of illness or health condition	3,665	95.97%	95.89%	-0.08%	96.13%	96.03%	95.80%	96.04%	-0.003
Provider <i>usually or</i> <i>always</i> explained what to do if this illness or health condition got worse or came back	3,726	85.61%	84.82%	-0.79%	85.60%	83.05%	83.48%	84.36%	-0.036
Provider <i>always</i> explained what to do if this illness or health condition got worse or came back	3,726	65.56%	65.48%	-0.08%	65.89%	64.60%	66.99%	62.48%	0.032
Provider <i>usually or always</i> asked how I was going to follow these instructions	3,338	66.92%	69.15%	2.23%	66.62%	66.17%	68.35%	70.24%	-0.024
Provider <i>always</i> asked how I was going to follow these instructions	3,338	40.57%	41.50%	0.93%	41.90%	39.12%	41.19%	41.96%	-0.035
Instructions were <i>usually</i> <i>or always</i> easy to understand	3,374	95.46%	95.88%	0.42%	96.00%	95.54%	95.16%	95.95%	-0.013
Instructions were <i>always</i> easy to understand	3,374	76.12%	76.44%	0.31%	77.95%	73.92%	74.73%	77.11%	-0.067*
Provider usually or always asked you whether I would have any problems doing what I need to do to take care of this illness or health condition	3,308	67.15%	67.37%	0.22%	67.12%	65.84%	66.72%	69.88%	-0.045

A Survey Item	B Total N Unweighted (Baseline) ^a	C Early Overall	D Late Overall	E Late – Early ^b	F Early Demo ^c	G Early Comparison	H Late Demo ^c	l Late Comparison	J Demo Estimate d
Provider always asked whether I would have any problems doing what I need to do to take care of this illness or health condition	3,308	43.28%	45.69%	2.41%	42.08%	44.44%	45.46%	47.52%	0.003
CAHPS health literacy: disease self- management scale: Mean (SD) ^e	3,820	68.11 (37.88)	70.00 (36.84)	1.88 **	68.62 (39.44)	66.89 (43.20)	69.87 (38.76)	69.92 (40.88)	-1.782

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^a p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) In the last 12 months, how often did this provider explain what to do if this illness or health condition got worse or came back? (2) In the last 12 months, how often did this provider ask you to describe how you were going to follow these instructions? (3) In the last 12 months, how often were these instructions easy to understand? (4) Sometimes providers give instructions that are hard to follow. In the last 12 months, how often did this provider ask you whether you would have any problems doing what you need to do to take care of this illness or health condition? Within columns C through I, the values shown represent mean (standard deviation).

А	В	с	D	Е	F	G	н	I.	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Did anyone in this provider's office talk with you about specific goals for your health?	6,400	60.44%	63.25%	2.80%*	63.91%*	58.16%	65.21%	61.10%	-0.015
Did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?	6,367	38.20%	40.65%	2.45%*	38.30%	39.80%	41.58%	39.53%	0.036
CAHPS PCMH: Providers support you in taking care of your own health scale: Mean (SD) ^e	6,515	49.46 (63.04)	51.63 (59.06)	2.16*	50.99 (61.14)	49.23 (62.17)	52.92 † (61.56)	50.02 (58.97)	1.144

Exhibit H.18. CAHPS PCMH: Providers Support You in Taking Care of Your Own Health^d

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health? (2) In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health? Within columns C through I, the values shown represent mean (standard deviation).

Α	В	С	D	E	F	G	н	1	J
Survey Item	Unweight ed	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate ^d
Provider talked with you about any health questions or concerns	6,409	83.62%	77.79%	-5.83%***	83.86%	83.35%	78.87%	76.38%	0.016
Provider <i>usually or always</i> showed respect for what you had to say	6,621	93.94%	93.42%	-0.53%	94.58%†	92.78%	93.06%	93.15%	-0.021
Provider <i>always</i> showed respect for what you had to say	6,621	82.44%	82.52%	0.08%	83.20%†	80.03%	83.50%†	80.35%	0.000
Provider <i>usually or always</i> spent enough time with you	6,411	91.00%	90.63%	-0.37%	91.37%	89.69%	91.16%	89.17%	0.002
Provider <i>always</i> spent enough time with you	6,411	70.28%	70.44%	0.17%	69.60%	69.21%	70.43%	69.41%	0.006
Provider <i>usually or always</i> listened carefully to you	6,591	92.97%	92.78%	-0.19%	93.13%	92.53%	93.00%	92.90%	-0.005
Provider <i>always</i> listened carefully to you	6,591	78.45%	77.36%	-1.08%	77.97%	77.83%	77.65%	76.40%	0.011
Provider <i>usually or always</i> gave you easy to understand information about these health questions or concerns	4,273	93.26%	93.11%	-0.15%	94.00%	91.85%	92.47%	93.80%	-0.039*
Provider <i>always</i> gave you easy to understand information about these health questions or concerns	4,273	72.67%	73.02%	0.35%	72.55%	70.87%	72.90%	72.78%	-0.015

Exhibit H.19. CG–CAHPS: How Well Providers Communicate with Patients

А	в	С	D	Е	F	G	н	I.	J
Survey Item	Total N Unweight ed	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate ^d
Provider <i>usually or always</i> seemed to know the important information about your medical history	6,580	91.11%	91.18%	0.07%	91.17%	89.89%	90.74%	90.37%	-0.009
Provider <i>always</i> seemed to know the important information about your medical history	6,580	68.25%	68.19%	-0.06%	68.70%	66.11%	68.07%	66.50%	-0.010
Provider <i>usually or</i> <i>always</i> explained things in a way that was easy to understand	6,559	92.63%	93.06%	0.43%	94.37%*	91.80%	92.86%	93.50%	-0.036**
Provider <i>always</i> explained things in a way that was easy to understand	6,559	75.75%	75.59%	-0.16%	76.38%	73.76%	75.04%	74.07%	-0.017
CG–CAHPS: How well providers communicate with patients scale: Mean (SD) ^e	6,828	85.88 (31.02)	86.22 (30.87)	0.34	86.18 (32.31)	84.85 (35.85)	86.27 (32.05)	85.55 (34.27)	-0.613

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^a p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns? (2) In the last 12 months, how often did this provider show respect for what you had to say? (3) In the last 12 months, how often did this provider explain things in a way that was easy to understand? (4) In the last 12 months, how often did this provider seem to know the important information about your medical history? (5) In the last 12 months, how often did this provider listen carefully to you? (6) In the last 12 months, how often did this provider spend enough time with you? Within columns C through I, the values shown represent mean (standard deviation).

Exhibit H.20. /	Awareness	of Cost	of Care:	Cost o	f Seeing	a Specialist
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Α	В	С	D	E	F	G	н	I.	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Did you and this provider talk about the cost of seeing a specialist?	1,012	19.50%	17.31%	-2.19%	20.52%	19.81%	24.51%	17.79%	0.062
Were you ever worried or concerned about the cost of seeing a specialist?	1,011	36.06%	30.32%	-5.75%*	33.68%	39.53%	29.12%	32.83%	0.018
CAHPS: Cost of seeing a specialist scale: Mean (SD) ^e	1,032	30.89 (46.89)	27.26 (45.80)	-3.63 *	30.30 (48.02)	33.07 (60.93)	29.53 (52.21)	28.31 (53.50)	3.981

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction

between demonstration and time.

^e This scale includes (1) In the last 12 months, did you and this provider talk about the cost of seeing a specialist? (2) In the last 12 months, were you ever worried or concerned about the cost of seeing a specialist? Within columns C through I the values shown represent mean (standard deviation). Within columns C through I, the values shown represent mean (standard deviation).

Α	В	с	D	Е	F	G	н	I.	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate
When this provider ordered a blood test, x- ray, or other test for you, someone from this provider's office <i>usually or</i> <i>always</i> follow up to give you those results	4,796	84.94%	85.43%	0.49%	84.62%	85.21%	85.39%	85.65%	0.003
When this provider ordered a blood test, x- ray, or other test for you, someone from this provider's office <i>always</i> follow up to give you those results	4,796	68.22%	69.11%	0.89%	67.34%	67.31%	68.02%	69.32%	-0.013
CG–CAHPS: Follow-up on test results scale: Mean (SD) ^e	4,796	82.30 (51.76)	82.56 (54.93)	0.25	81.99 (54.41)	81.85 (48.73)	82.36 (51.28)	82.71 (53.79)	-0.487

Exhibit H.21. Provider Follow-up on Test Results

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results. Within columns C through I, the values shown represent mean (standard deviation).

Coordination of Care Around Hospitalization

Α	В	С	D	Е	F	G	Н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overal	Late Overal	Late – Early ^b	Early Demo c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Did you see a doctor, nurse, or other person from this provider's office during your most recent hospital									
[Person level] ^e	248	27.76%	37.93%	10.17%†	21.55%	36.12%	29.56%	35.53%	0.095
[Cohort level] ^e	615	31.66%	35.86%	4.20%	29.61%	37.09%	37.89%	36.41%	0.087
After your most recent hospital stay, did this provider seem to know the important information about this hospital									
[Person level] ^e	242	77.25%	74.72%	-2.53%	78.31%	69.45%	68.21%	69.84%	-0.112
[Cohort level] ^e	612	72.48%	75.42%	2.94%	72.49%	66.30%	72.46%	74.82%	-0.073
Within the two weeks after your most recent hospital stay, did you see a doctor, nurse, or other person in this provider's office?									
[Person level] ^e	249	61.18%	65.57%	4.39%	69.37%	60.94%	57.29%	53.87%	-0.057
[Cohort level] ^e	619	56.84%	61.72%	4.88%	62.80%	54.71%	56.86%	59.47%	-0.094
Within the two weeks after your most recent hospital stay, did you have a telephone call with a doctor, nurse, or other person in this provider's office?									
[Person level] ^e	248	42.41%	37.33%	-5.08%	41.63%	46.35%	29.70%	40.17%	-0.060
[Cohort level] ^e	613	35.04%	36.27%	1.22%	33.17%	37.07%	33.41%	39.31%	-0.012
Person Level analysis ^e :									

Exhibit H.22. Coordination of Care Around Hospitalization

Α	В	С	D	E	F	G	Н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
[After hospitalization, received visit OR call from this provider	247	64.09%	70.49%	6.40%	70.46%	65.47%	65.03%	61.28%	-0.016
After hospitalization, received visit AND call from this provider	113	50.72%	52.81%	2.09%	42.68%	50.76%	30.56%	47.81%	-0.086
After hospitalization, received call ONLY from this provider	243	21.55%	33.21%	11.66%*	29.01%	18.22%	35.56%	21.34%	0.021
After hospitalization, received visit (but no call) from this provider	243	2.66%	4.69%	2.03%	0.91%	4.22%	7.52%	7.11%	0.085
Cohort Level analysis ^e									
After hospitalization, received visit OR call from this provider	615	62.30%	65.22%	2.92%	65.88%	60.44%	62.09%	64.29%	-0.058
After hospitalization, received visit AND call from this provider	410	44.77%	48.32%	3.55%	48.05%	44.51%	42.41%	49.34%	-0.088
After hospitalization, received call ONLY from this provider	607	26.53%	28.87%	2.34%	31.39%	22.92%	28.31%	24.94%	-0.044
After hospitalization, received visit ONLY from this provider	607	4.78%	3.08%	-1.69%	2.57%	4.85%	4.92%	4.20%	0.046

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e Person-level analyses include only those with valid responses at both baseline and follow-up. Because these restrict the sample size and interpretation of the results, for some variables we also conducted 'cohort-level' analyses, including those with a valid response at either baseline or follow-up

Coordination of Care Between Providers

Α	В	С	D	E	F	G	Н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Provider named in Question 1 <i>usually</i> <i>or always</i> seemed informed and up-to- date about the care you got from specialists	2,848	84.54%	83.99%	-0.54%	83.89%	83.80%	82.79%	84.34%	-0.017
Provider named in Question 1 <i>always</i> seemed informed and up-to-date about the care	2,848	59.52%	57.19%	-2.33%	60.61%	56.08%	58.60%	54.95%	-0.009
Did you and anyone in this provider's office talk at each visit about all the prescription medicines you	5,646	85.37%	85.08%	-0.29%	85.23%	84.90%	85.20%	84.20%	0.006
CAHPS PCMH: Attention to care from other providers scale: Mean (SD) ^e	5,913	79.83 (50.04)	79.52 (45.86)	-0.31	79.52 (56.93)	79.08 (52.77)	79.35 (49.33)	78.82 (56.26)	9.398

Exhibit H.23. Coordination So Attributed Provider Knows About Specialist: CAHPS PCMH: Attention to Care from Other Providers

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p < 0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p < 0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level

covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites.

Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e This scale includes (1) In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got fromspecialists? (2) In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking? Within columns C through I, the values shown represent mean (standard deviation).
Exhibit H.24. Coordination So Specialist Provider Knows Important Medical History

Α	В	С	D	E	F	G	Н	I.	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Specialists you saw <i>usually or always</i> seemed to know the important information about your medical history	761	89.96%	88.79%	-1.17%	90.59%	89.12%	92.23%	88.74%	0.021
Specialists you saw <i>always</i> seemed to know the important information about your medical history?	761	57.44%	64.73%	7.29%*	62.33%	51.99%	64.65%	64.68%	-0.100

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Ancillary Services

Transportation

Exhibit H.25. Transportation Needs Met

Α	В	С	D	Е	F	G	н	I.	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
In the last 3 months, did you need help with transportation to visits at your provider's office?									
[Person level] ^e	1,582	9.60%	11.09%	1.48%	10.99%	9.64%	11.31%	11.24%	-0.013
[Cohort level] ^e	1,960	10.73%	11.57%	0.85%	12.42%	10.16%	12.01%	12.15%	-0.022
Among the ten percent of respondents who needed help with transportation, this provider's office helped with ransportation									
[Person level] ^e	95	43.40%	46.04%	2.63%	48.01%	38.04%	54.38%	34.74%	0.098
[Cohort level] ^e	264	33.42%	37.76%	4.34%	39.89%	24.55%	39.36%	32.65%	0.037

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014–2016).

[†] p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e Person-level analyses include only those with valid responses at both baseline and follow-up. Because these restrict the sample size and interpretation of the results, for some variables we also conducted 'cohort-level' analyses, including those with a valid response at either baseline or follow-up.

Home Health

Exhibit H.26. Coordination with Home Health: PPIC: Access to Home Services

Α	В	С	D	E	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate
Did you need home health services to manage a health condition?									
[Person level] ^e	1,635	14.14%	14.71%	0.57%	14.50%	11.47%	17.24%†	11.74%	0.022
[Cohort level] ^e	1,975	14.88%	14.39%	-0.49%	16.27%	12.29%	16.78%	12.45%	0.004
Did anyone in this provider's office ask if you needed more services at home to manage your health conditions?									
[Person level] ^e	1,633	13.17%	15.64%	2.47%	11.95%	12.81%	17.58%	13.41%	0.051
[Cohort level] ^e	1,979	13.52%	15.27%	1.74%	12.76%	12.96%	17.20%	13.53%	0.036
Did anyone in this provider's office help you get the services you need at home to manage your health condition?									
[Person level] ^e	149	56.44%	67.11%	10.67%	59.63%	48.77%	57.52%	61.69%	-0.147
[Cohort level] ^e	359	52.22%	53.99%	1.76%	48.37%	48.07%	51.14%	45.74%	0.032

Α	В	С	D	Е	F	G	н	1	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
PPIC: Access to home services scale: Mean (SD) ^f	1,638	34.97 (35.15)	27.49 (47.74)	-7.48 ***	34.23 (33.11)	34.75 (37.30)	28.21 (47.33)	25.80 (43.08)	2.940

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights

(sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e Person-level analyses include only those with valid responses at both baseline and follow-up. Because these restrict the sample size and interpretation of the results, for some variables we also conducted 'cohort-level' analyses, including those with a valid response at either baseline or follow-up

[†] This scale includes (1) In the last 12 months, did anyone in this provider's office ask if you needed more services at home to manage your health conditions? (2) In the last 12 months, did anyone in this provider's office help you get the services you need at home to manage your health condition? Within columns C through I, the values shown represent mean (standard deviation)

Cultural Competence

Α	В	С	D	Е	F	G	н	I	J
Survey Item	Total N Unweighted (Baseline) ^a	Early Overall	Late Overall	Late – Early ^b	Early Demo ^c	Early Comparison	Late Demo ^c	Late Comparison	Demo Estimate d
Never treated unfairly because you did not speak English very well	856	88.64%	88.36%	-0.29%	86.63%	89.51%	88.53%	86.30%	0.048
Usually or always treated unfairly at this provider's office because of your race or ethnicity	6,419	2.06%	3.03%	0.97%*	1.98%	2.50%	3.44%	3.86%	0.003
Never or sometimes treated unfairly at this provider's office because of your race or ethnicity	6,419	97.94%	96.97%	-0.97%*	98.02%	97.50%	96.56%	96.14%	-0.003
Always treated unfairly at this provider's office because of your race or ethnicity?	6,419	1.41%	2.27%	0.86%*	1.59%	1.40%	2.39%	3.09%	-0.008
Ever treated unfairly because of race OR no English	6,419	95.95%	95.09%	-0.86%†	96.23%	95.24%	94.48%	94.36%	0.006
Unfair treatment because of race AND no English	8,697	0.18%	0.39%	0.21%*	0.19%	0.18%	0.32%	0.41%	-0.001

Exhibit H.27. Cultural Competence: Treated Unfairly Because of Race, Ethnicity or Language Skills

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

^T p<0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p<0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time. ^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level

covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups. ^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

Outcomes: Health Status

A Survey Item	B Total N Unweighted (Baseline) ^a	C Early Overall	D Late Overall	E Late – Early ^b	F Early Demo ^c	G Early Comparison	H Late Demo ^c	l Late Comparison	J Demo Estimate
Short Form (SF)– 12 Mental Health: Mean (SD) ^e	9,616	46.76 (18.40)	46.89 (17.17)	0.13	46.72 (19.40)	46.28 (19.99)	46.67 (19.50)	46.66 (19.50)	-0.431
SF–12 Physical Health: Mean (SD) ^e	9,616	38.17 (18.43)	38.42 (18.44)	0.26*	38.25 (18.34)	38.08 (20.56)	38.65 (20.26)	38.20 (22.00)	0.285

Exhibit H.28. SF-12 Physical and Mental Health Scores

SOURCE: RAND analysis of the RAND Medicare Beneficiary Survey Data (2014-2016).

[†] p < 0.10; * p < 0.05; ** p < 0.01; *** p < 0.001. Bold indicates statistically significant results (p < 0.10).

^a Sample size for each survey question (i.e., for each row in the table) varies based on survey rotation. The beneficiary survey had four versions. Across these versions, 75 percent of items were considered core items and were repeated across each survey version. However, the noncore questions varied so only 25 percent of the sample had the option to complete the version-specific questions. Additionally, row specific sample sizes very because of clinically detailed skip patterns that varied the cohort for survey questions. Finally, these analyses include survey responses from beneficiaries who report data at two points in time.

^b p-values from multivariable logistic or linear regression comparing early overall to late overall values after adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted to account for the sampling design and nonresponse.

^c p-values from unadjusted logistic or linear regression comparing beneficiaries attributed to demonstration sites to beneficiaries attributed to comparison sites. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score to balance the demonstration and comparison groups.

^d p-values from multivariable logistic or linear regression adjusting for baseline beneficiary- and site-level covariates. Analyses are weighted with survey weights (sampling design and nonresponse) and propensity score weights to balance the demonstration and comparison groups. Estimate presented is the interaction between demonstration and time.

^e For the Short Form (SF) SF–12 Physical Component Score (PCS) and Mental Component Score (MCS), missing data were imputed via multiple imputation (n =

5). All SF-12 analyses account for imputation. Within columns C through I, values represent mean (standard deviation).

Bibliography

42 U.S. Code, Center for Medicare and Medicaid Innovation, § 1315a.

AAAHC—see Accreditation Association for Ambulatory Health Care.

Accreditation Association for Ambulatory Health Care, "Survey Eligibility Criteria," web page, undated. As of February 12, 2016:

http://www.aaahc.org/eNAccreditation/general-information/policies/survey-eligibilitycriteria/

—, Medical Home On-Site Certification Handbook, 2013.

Agency for Healthcare Research and Quality, "About CAHPS," web page, undated-a. As of December 10, 2012:

http://www.ahrq.gov/cahps/about-cahps/index.html

, "Medical Office Survey on Patient Safety Culture," web page, undated-b. As of July 14, 2016:

http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/medical-office/index.html

, "TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ)," web page, undated-c. As of July 14, 2016:

http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/reference/teampercept.html

, "Medical Expenditure Panel Survey," 2009. As of November 26, 2012: http://meps.ahrq.gov/mepsweb/survey_comp/hc_response_rate.jsp

——, Fielding the CAHPS Clinician & Group Surveys, Rockville, Md.: U.S. Department of Health and Human Services, 2011.

—, About the CAHPS Cultural Competence Item Set, Rockville, Md.: U.S. Department of Health and Human Services, 2012a.

——, About the CAHPS Item Set for Addressing Health Literacy, Rockville, Md.: U.S. Department of Health and Human Services, 2012b.

, "Consumer Assessment of Healthcare Providers and Systems (CAHPS)," 2012c. As of November 26, 2012:

http://www.ahrq.gov/cahps/surveys-guidance/cg/instructions/index.html

AHRQ—See Agency for Healthcare Research and Quality.

- AIR—See American Institutes for Research.
- AIR FQHC Learning Portal—See American Institutes for Research Federally Qualified Health Center Learning Portal (also known as the FQHC Web Portal).
- Alexander Jeffrey A., Amanda R. Markovitz, Michael L. Paustian, Christopher G. Wise, Darline K. El Reda, Lee A. Green, and Michael D. Fetters, "Implementation of Patient-Centered Medical Homes in Adult Primary Care Practices," Medical Care Research and Review, Vol. 72, No. 4, 2015, pp. 438–467.
- American Association for Public Opinion Research, "Standard Definitions: Final Disposition of Case Codes and Outcome Rates for Surveys," report, 2016.
- American College of Physicians, "The Advanced Medical Home: A Patient-Centered Physician-Guided Model of Health Care," monograph, 2006.
- American Community Survey, data set, 2005–2009. As of August 31, 2016: https://catalog.data.gov/dataset/2005-2009-american-community-survey-5-year-estimatessummary-file-tracts-and-blo
- American Institutes for Research, data file on technical assistance participation, 2014.
- American Institutes for Research Federally Qualified Health Center (FQHC) Learning Portal (also known as the FQHC Web Portal), "Federally Qualified Health Center Advanced Primary Care Practice (FQHC APCP) Demonstration Project," 2012.
- Ammenwerth, Elske, Petra Schnell-Inderst, Christof Machan, and Uwe Siebert, "The Effect of Electronic Prescribing on Medication Errors and Adverse Drug Events: A Systematic Review," Journal of the American Medical Informatics Association, Vol. 15, No. 5, 2008, pp. 585–600.
- Arar, Nedal H., Polly H. Noel, Luci Leykum, John E. Zeber, Raquel Romero, and Michael L. Parchman, "Implementing Quality Improvement in Small, Autonomous Primary Care Practices: Implications for the Patient-Centered Medical Home," Quality in Primary Care, Vol. 19, No. 5, 2011, pp. 289–300.
- Backer, Thomas E., and Everett M. Rogers, "Diffusion of Innovations Theory and Work-Site AIDS Programs," Journal of Health Communication, Vol. 3, No. 1, 1998, pp. 17–28.
- Bang, Heejung, and James M. Robins, "Doubly Robust Estimation in Missing Data and Causal Inference Models," Biometrika, Vol. 61, No. 4, 2005, pp. 962–973.
- Baron, Reuben M., and David A. Kenny, "The Moderator-Mediator Variable Distinction in Social Psychological Research: Conceptual, Strategic and Statistical Considerations," Journal of Personality and Social Psychology, Vol. 51, No. 6, 1986, pp. 1173–1182.

- Bayoumi, Imaan, Michelle Howard, Anne M. Holbrook, and Inga Schabort, "Interventions to Improve Medication Reconciliation in Primary Care," Annals of Pharmacotherapy, Vol. 43, No. 10, 2009, pp. 1667–1675.
- Berenson, Robert A., Kelly J. Devers, and Rachel A. Burton, "Will the Patient-Centered Medical Home Transform the Delivery of Health Care?" Urban Institute, August 2011.
- Bice, Thomas W., and Stuart B. Boxerman, "A Quantitative Measure of Continuity of Care," Medical Care, Vol. 15, No. 4, 1977, pp. 347–349.
- Birnberg, Jonathan M., Melinda L. Drum, Elbert S. Huang, Lawrence P. Casalino, Sarah E. Lewis, Anusha M. Vable, Hui Tang, Michael T. Quinn, Deborah L. Burnet, Thomas Summerfelt, and Marshall H. Chin, "Development of a Safety Net Medical Home Scale for Clinics," Journal of General Internal Medicine, Vol. 26, No. 12, 2011, pp. 1418–1425.
- Bitton, Asaf, Carina Martin, and Bruce E. Landon, "A Nationwide Survey of Patient Centered Medical Home Demonstration Projects," Journal of General Internal Medicine, Vol. 25, No. 6, 2010, pp. 584–592.
- Bleser, William K., Michelle Miller-Day, Dana Naughton, Patricia L. Bricker, Peter F. Cronholm, and Robert A. Gabbay, "Strategies for Achieving Whole-Practice Engagement and Buy-In to the Patient Centered Medical Home," Annals of Family Medicine, Vol. 12, No. 1, 2014, pp. 37–45.
- Boult, Chad, Lisa Reider, Bruce Leff, Kevin D. Frick, Cynthia M. Boyd, Jennifer M. Wolff, Katherine Frey, Lya Karm, Stephen T. Wegener, Tracy Mroz, and Daniel O. Scharfstein, "The Effect of Guided Care Teams on the Use of Health Services: Results from a Cluster-Randomized Controlled Trial," Archives of Internal Medicine, Vol. 171, No. 5, 2011, pp. 460–466.
- Boyd, Cynthia M., Chad Boult, Efrat Shadmi, Bruce Leff, Rosemarie Brager, Linda Dunbar, Jennifer L. Wolff, and Stephen Wegener, "Guided Care for Multimorbid Older Adults," Gerontologist, Vol. 47, No. 5, 2007, pp. 697–704.
- Brown, Randall, "Strategies for Reining in Medicare Spending Through Delivery System Reforms: Assessing the Evidence and Opportunities," Mathematica Policy Research, September 2009.
- Browne, Katherine, Deborah Roseman, Dale Shaller, and Susan Edgman-Levitan, "Analysis & Commentary: Measuring Patient Experience as a Strategy for Improving Primary Care," Health Affairs, Vol. 34, No. 10, 2015, pp. 921–925.
- Burton, Rachel A., Kelly J. Devers, and Robert A. Berenson, Patient-Centered Medical Home Recognition Tools: A Comparison of Ten Surveys' Content and Operational Details, Washington, D.C.: The Urban Institute, 2012.

- Byrd, Vivian L., Allison H. Dodd, Rosalie Malsberger, and Ashley Zlatinov, "Assessing the Usability of MAX 2008 Encounter Data for Enrollees in Comprehensive Managed Care," Medicaid Policy Brief, Brief 7, December 2012. Retrieved October 31, 2015, from http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/Downloads/MAX IB7 EncounterData 071312.pdf
- Carle, A. C., and R. Weech-Maldonado, "Does the Consumer Assessment of Healthcare Providers and Systems Cultural Competence Survey Provide Equivalent Measurement Across English and Spanish Versions?" Medical Care, Vol. 50, No. 9, Suppl. 2, 2012, pp. S37–S41.
- Carle, Adam C., Robert Weech-Maldonado, and Quyen Ngo-Metzger, "Evaluating Measurement Equivalence Across Race and Ethnicity on the CAHPS Cultural Competence Survey," Medical Care, Vol. 50, No. 9, Suppl. 2, 2012, pp. S32–S36.
- Carrier, Emily, Marc N. Gourevitch, and Nirav R. Shah, "Medical Homes: Challenges in Translating Theory into Practice," Medical Care, Vol. 47, No. 7, 2009, pp. 714–722.

Centers for Medicare and Medicaid Services, "Health Homes," web page, undated. As of October 23, 2015:

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Integrating-Care/Health-Homes/Health-Homes.html

——, "Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration," web page, 2010. As of November 20, 2012: http://www.innovations.cms.gov/initiatives/FQHCs/index.html

—, "Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration: Frequently Asked Questions (FAQs)," web page, 2011a. As of August 24, 2016:

https://innovation.cms.gov/initiatives/fqhcs/fqhc-faqs.html

—, "Medicare Demonstrations: Details for Multipayer Advanced Primary Care Initiative," web page, 2011b. As of September 8, 2016:

https://innovation.cms.gov/initiatives/Multi-payer-Advanced-Primary-Care-Practice/.

, "Comprehensive Primary Care Initiative," web page, 2012. As of August 24, 2016: http://www.innovations.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/index.html

, data file on quarterly claims-based beneficiary-level reports, 2014a.

—, data file on quarterly cost and utilization reports, 2014b.

- Charlson, Mary E., Peter Pompei, Kathy L. Ales, and C. Ronald MacKenzie, "A New Method of Classifying Prognostic Co-Morbidity in Longitudinal Studies: Development and Validation," Journal of Chronic Diseases, Vol. 40, No. 5, 1987, pp. 373–383.
- Chen, Brian K., James Hibbert, Xi Cheng, and Kevin Bennett, "Travel Distance and Sociodemographic Correlates of Potentially Avoidable Emergency Department Visits in California, 2006–2010: An Observational Study," International Journal for Equity in Health, Vol. 14, No. 1, 2015, pp. 1–8.
- CMS—See Centers for Medicare and Medicaid Services.
- Commonwealth Fund, "The Patient-Centered Medical Home Evaluators' Collaborative," 2011. As of May 28, 2011:

http://www.commonwealthfund.org/publications/other/2010/pcmh-evaluators-collaborative.

- Community Care of North Carolina, "Our Results: Making Headway on Cost and Quality," web page, undated. As of August 16, 2016: http://www.communitycarenc.com/our-results/
- Consumer Assessment of Healthcare Providers and Systems, "Patient Experience Measures from the CAHPS Clinician & Group Surveys," Doc. #1309, 2014. As of September 30, 2015: http://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveysguidance/cg/survey3.0/measures_cg30_2309.pdf

—, "About the Patient-Centered Medical Home (PCMH) Item Set," Doc. #1314, 2011. As of September 30, 2015: http://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/item-

sets/PCMH/about pcmh-item-set-cg30-2314.pdf

- Counsell, Steven R., Christopher M. Callahan, Anna B. Buttar, Daniel O. Clark, and Kathryn I. Frank, "Geriatric Resources for Assessment and Care of Elders (GRACE): A New Model of Primary Care for Low-Income Seniors," Journal of the American Geriatrics Society, Vol. 54, No. 7, 2006, pp. 1136–1141.
- Counsell, Steven R., Christopher M. Callahan, Daniel O. Clark, Wanzhu Tu, Amna B. Buttar, Timothy Stump, and Gretchen D. Ricketts, "Geriatric Care Management for Low-Income Seniors," Journal of the American Medical Association, Vol. 298, No. 22, 2007, pp. 2623– 2633.
- Crabtree, Benjamin F., Paul A. Nutting, William L. Miller, Kurt C. Stange, Elizabeth E. Stewart, and Carlos Roberto Jaén, "Summary of the National Demonstration Project and Recommendations for the Patient-Centered Medical Home," Annals of Family Medicine, Vol. 8, Suppl. 1, 2010, pp. S80–S90.

- Creswell, John W., Ann Carroll Klassen, Vicki L. Plano Clark, and Katherine Clegg Smith, "Best Practices for Mixed Methods Research in the Health Sciences," Office of Behavioral and Social Sciences Research, 2011. As of August 23, 2016: https://obssr-archive.od.nih.gov/mixed_methods_research/
- Cronholm, Peter F., Judy A. Shea, Rachel M. Werner, Michelle Miller-Day, Jim Tufano, Benjamin F. Crabtree, and Robert Gabbay, "The Patient Centered Medical Home: Mental Models and Practice Culture Driving Transformation Process," Journal of General Internal Medicine, Vol. 28, No. 9, 2013, pp. 1195–1201.
- David, Guy, Candace Gunnarsson, Phillip A. Saynisch, Ravi Chawla, and Somesh Nigam, "Do Patient-Centered Medical Homes Reduce Emergency Department Visits?" Health Services Research, Vol. 50, No. 2, 2015, pp. 418–439.
- Denis, Jean-Louis., Yann Hébert, Ann Langley, Daniel Lozeau, and Louise-Hélène Trottier, "Explaining Diffusion Patterns for Complex Health Care Innovations," Health Care Management Review, Vol. 27, No. 3, 2002, pp. 60–73.
- Derose, Kathryn Pitkin, Peter J. Mendel, Kartika Palar, David E. Kanouse, Ricky N. Bluthenthal, Laura Werber Castaneda, Dennis E. Corbin, Blanca X. Dominguez, Jennifer Hawes-Dawson, Michael A. Mata, and Clyde W. Oden, "Religious Congregations' Involvement in HIV: A Case Study Approach," AIDS and Behavior, Vol. 15, No. 6, 2011, pp. 1220–1232.
- Deshpande, Maithili, Betty Chewning, David Mott, Joshua M. Thorpe, and Henry N. Young, "Asthma Medication Use Among U.S. Adults 18 and Older," Research in Social and Administrative Pharmacy, Vol. 10, No. 6, 2014, pp. e113–e123.
- Devers, Kelly J., Nicole Cafarella Lallemand, Rachel A. Burton, Leila Kahwati, Nancy McCall, and Stephen Zuckerman, Using Qualitative Comparative Analysis (QCA) To Study Patient-Centered Medical Homes, Washington, D.C.: Urban Institute and RTI International, 2013.
 As of March 6, 2014: http://www.urban.org/research/publication/using-qualitative-comparative-analysis-qca-study-

patient-centered-medical-homes

- DeVries, A., C. H. Li, G. Sridhar, J. R. Hummel, S. Breidbart, and J. J. Barron, "Impact of Medical Homes on Quality, Healthcare Utilization, and Costs," American Journal of Managed Care, Vol. 18, No. 9, 2012, pp. 534–544.
- Diedhiou, Abdoulaye, Janice C. Probst, James W. Hardin, Amy B. Martin, and Sudha Xirasgar, "Relationship Between Presence of a Reported Medical Home and Emergency Department Use Among Children with Asthma," Medical Care Research and Review, Vol. 67, No. 4, 2010, pp. 450–475.
- DiMatteo, M. Robin, Cathy Donald Sherbourne, Ron D. Hays, Lynn Ordway, Richard L. Kravitz, Elizabeth A. McGlynn, Sherrie Kaplan, and William H. Rogers, "Physicians'

Characteristics Influence Patients' Adherence to Medical Treatment: Results from the Medical Outcomes Study," Health Psychology, Vol. 12, No. 2, 1993, pp. 93–102.

Donabedian, Avedis, Explorations in Quality Assessment and Monitoring, Vol. 1. The Definition of Quality and Approaches to Its Assessment, Ann Arbor, Mich.: Health Administration Press, 1980.

——, Explorations in Quality Assessment and Monitoring, Vol. 2. The Criteria and Standards of Quality, Ann Arbor, Mich.: Health Administration Press, 1982.

——, "The Quality of Care: How Can It Be Assessed?" Journal of the American Medical Association, Vol. 260, No. 12, 1988, pp. 1743–1748.

- Edwards, Samuel T., Asaf Bitton, Johan Hong, and Bruce E. Landon, "Patient-Centered Medical Home Initiatives Expanded in 2009–2013: Providers, Patients, and Payment Incentives Increased," Health Affairs, Vol. 33, No. 10, 2014, pp. 1823–1831.
- Eisenhardt, Kathleen M., "Building Theories from Case Study Research," Academy of Management Review, Vol. 14, No. 4, 1989, pp. 532–550.
- Elliott, Marc N., Allen Fremont, Peter A. Morrison, Phillip Pantoja, and Nicole Lurie, "A New Method for Estimating Race/Ethnicity and Associated Disparities Where Administrative Records Lack Self-Reported Race/Ethnicity," Health Services Research, Vol. 43, No. 5, Part 1, 2008, pp. 1722–1736.
- Elliott, Marc N., Peter A. Morrison, Allen Fremont, Daniel F. McCaffrey, Phillip Pantoja, and Nicole Lurie, "Using the Census Bureau's Surname List to Improve Estimates of Race/Ethnicity and Associated Disparities," Health Services and Outcomes Research Methodology, Vol. 9, No. 2, 2009, pp. 69–83.
- Farmer, Janet, Mary J. Clark, Elena Harlan Drewel, Theresa M. Swanson, and Bin Ge,"Consultative Care Coordination Through the Medical Home for CSHCN: A Randomized Controlled Trial," Maternal and Child Health Journal, Vol. 15, No. 7, 2011, pp. 1110–1118.
- Federal Patient Centered Medical Home Collaborative, "Catalogue of Federal PCMH Activities," catalog, 2011.
- Federally Qualified Health Center, "Federally Qualified Health Center Advanced Primary Care Practice Demonstration Terms and Conditions," undated. As of August 25, 2016: https://innovation.cms.gov/Files/Migrated-Medicare-Demonstration-x/FQHC-Terms_Conditions.pdf.
- Flottemesch, Thomas J., Louise H. Anderson, Leif I. Solberg, Patricia Fontaine, and Stephen E. Asche, "Patient-Centered Medical Home Cost Reductions Limited to Complex Patients," American Journal of Managed Care, Vol. 18, No. 11, 2012, pp. 677–686.

- Flottemesch, Thomas J., Patricia Fontaine, Stephen E. Asche, and Leif I. Solberg, "Relationship of Clinic Medical Home Scores to Health Care Costs," Journal of Ambulatory Care Management, Vol. 34, No. 1, 2011, pp. 78–89.
- Friedberg, Mark W., "The Potential Impact of the Medical Home on Job Satisfaction in Primary Care: Comment on 'Patient-Centered Medical Home Characteristics and Staff Morale in Safety Net Clinics," Archives of Internal Medicine, Vol. 172, No. 1, 2012, pp. 31–32.
- Friedberg, Mark W., Peter S. Hussey, and Eric. C. Schneider, "Primary Care: A Critical Review of the Evidence on Quality and Costs of Health Care," Health Affairs, Vol. 29, No. 5, 2010, pp. 766–772.
- Friedberg, Mark W., Deborah J. Lai, Peter S. Hussey, and Eric C. Schneider, "A Guide to the Medical Home as a Practice-Level Intervention," American Journal of Managed Care, Vol. 15, No. 10, Suppl., 2009, pp. S291–S299.
- Friedberg, Mark W., Meredith B. Rosenthal, Rachel M. Werner, Kevin G. Volpp, and Eric C. Schneider, "Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care," JAMA Internal Medicine, Vol. 175, No. 8, 2015, pp. 1362–1368.
- Friedberg, Mark W., Dana G. Safran, Kathryn L. Coltin, Marguerite Dresser, and Erin C. Schneider, "Readiness for the Patient-Centered Medical Home: Structural Capabilities of Massachusetts Primary Care Practices," Journal of General Internal Medicine, Vol. 24, No. 2, 2009, pp. 162–169.
- Friedberg Mark W., Erin C. Schneider, Meredith B. Rosenthal, Kevin G. Volpp, and Rachel M. Werner, "Association Between Participation in a Multipayer Medical Home Intervention and Changes in Quality, Utilization, and Costs of Care," Journal of the American Medical Association, Vol. 311, No. 8, 2014, pp. 815–825.
- Friedberg, Mark, Connie Sixta, and Michael Bailit, "Nature and Nurture: What's Behind the Variation in Recent Medical Home Evaluations?" Health Affairs Blog, June 19, 2015. As of August 16, 2016: http://healthaffairs.org/blog/2015/06/19/nature-and-nurture-whats-behind-the-variation-in-

recent-medical-home-evaluations/

- Future of Family Medicine Project Leadership Committee, "The Future of Family Medicine: A Collaborative Project of the Family Medicine Community," Annals of Family Medicine, Vol. 2, Suppl. 1, 2004, pp. S3–S32.
- Gilfillan, R. J., J. Tomcavage, M. B. Rosenthal, D. E. Davis, J. Graham, J. A. Roy, S. B. Pierdon, T. R. Graf, R. Goldman, K. M. Weikel, B. H. Hamory, R. A. Paulus, and G. D. Steele, Jr., "Value and the Medical Home: Effects of Transformed Primary Care," American Journal of Managed Care, Vol. 16, No. 8, pp. 607–614.

- Goroll, Allan H., Robert A. Berenson, Stephen C. Schoenbaum, and Laurence B. Gardner,
 "Fundamental Reform of Payment for Adult Primary Care: Comprehensive Payment for
 Comprehensive Care," Journal of General Internal Medicine, Vol. 22, No. 3, 2007, pp. 410–415.
- Grant, D., L. Hooks, T. Turner, and T. Young, "Task 2: Federally Qualified Health Centers (FQHC) Work Plan: July 2013–June 2014," American Institutes for Research, forthcoming.
- Greenhalgh, Trisha, Glenn Robert, Fraser MacFarlane, Paul Bate, and Olivia Kyriakidou, "Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations," Milbank Quarterly, Vol. 82, No. 4, 2004, pp. 581–629.
- Groves, Robert M., Don A. Dillman, John L. Eltinge, and Roderick J. A. Little, eds., Survey Nonresponse, Wiley: New York, 2002.
- Haas, Jennifer S., E. Francis Cook, Ann Louise Puopolo, Helen R. Burstin, Paul D. Cleary, and Troyen A. Brennan, "Is the Professional Satisfaction of General Internists Associated with Patient Satisfaction?" Journal of General Internal Medicine, Vol. 15, No. 2, 2000, pp. 122– 128.
- Harbrecht, Marjie G., and Lisa M. Latts, "Colorado's Patient-Centered Medical Home Pilot Met Numerous Obstacles, Yet Saw Results Such as Reduced Hospital Admissions," Health Affairs, Vol. 31, No. 9, 2012, pp. 2010–2017.
- Haviland, Amelia M., Marc N. Elliott, Katrin Hambarsoomian, and Nicole Lurie, "Immunization Disparities by Hispanic Ethnicity and Language Preference," Archives of Internal Medicine, Vol. 171, No. 2, 2011, pp. 158–165.
- Health Resources and Services Administration, "Find Shortage Areas: MUA/P by State and County," U.S. Department of Health and Human Services, web page, undated-a. As of October 23, 2015: http://muafind.hrsa.gov/

, "Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations," U.S. Department of Health and Human Services, web page, undated-b. As of October 23, 2015:

http://www.hrsa.gov/shortage/

 , "2014 Health Center Data," U.S. Department of Health and Human Services, web page,
 2014. As of August 24, 2016: http://bphc.hrsa.gov/uds/datacenter.aspx

Health Resources and Services Administration Health Center Program, "HRSA Accreditation and Patient-Centered Medical Home Recognition Initiative," U.S. Department of Health and Human Services, web page, undated. As of October 23, 2015: http://bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html

- Healthcare Cost and Utilization Project, "Clinical Classifications Software (CCS) for ICD–9-CM," web page, undated. As of October 31, 2015: https://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp
- Helfrich, Christian D., Yu-Fang Li, Nancy D. Sharp, and Anne E. Sales, "Organizational Readiness to Change Assessment (ORCA): Development of an Instrument Based on the Promoting Action on Research in Health Services (PARIHS) Framework," Implementation Science, Vol. 4, No. 38, 2009.
- Higgins S., R. Chawla, C. Colombo, R. Snyder, and S. Nigam, "Medical Homes and Cost and Utilization Among High-Risk Patients," American Journal of Managed Care, Vol. 20, No. 3, pp. e61–e71.
- Hochberg, Yosef, "A Sharper Bonferroni Procedure for Multiple Tests of Significance," Biometrika, Vol. 75, No. 4, 1988, pp. 800–802.
- Hoff, Timothy, "Medical Home Implementation: A Sensemaking Taxonomy of Hard and Soft Best Practices," Milbank Quarterly, Vol. 94, No. 1, 2013, pp. 771–810.
- Hoff, Timothy, Wendy Weller, and Matthew DePuccio, "The Patient-Centered Medical Home: A Review of Recent Research," Medical Care Research and Review, Vol. 69, No. 6, 2012, pp. 619–644.
- HRS—See Health and Retirement Study.
- HRSA—See Health Resources and Services Administration.
- Institute of Medicine, Primary Care: America's Health in a New Era, Washington, D.C.: National Academy of Sciences, 1996.
 - ——, Crossing the Quality Chasm. A New Health System for the 21st Century, Washington, D.C.: Committee on Quality of Health Care in America, National Academies Press, 2001.
 - —, Priority Areas for National Action: Transforming Health Care Quality, Washington, D.C.: National Academy of Sciences, 2003.
 - —, Best Care at Lower Cost: The Path to Continuously Learning Health Care in America, Washington, D.C.: National Academy of Sciences, 2012.
- Jackson, George L., Benjamin J. Powers, Ranee Chatterjee, Janet Prvu Bettger, Alex R. Kemper, Vic Hasselblad, Rowena J. Dolor, R. Julian Irvine, Brooke L. Heidenfelder, Amy S. Kendrick, Rebecca Gray, and John W. Williams, Jr., "The Patient-Centered Medical Home: A Systematic Review," Annals of Internal Medicine, Vol. 153, No. 3, 2013, pp. 169–178.

- Jackson, James S., Cleopatra Caldwell, David R. Williams, Harold W. Neighbors, Randolph M. Nesse, Robert Joseph Taylor, and Steven J. Trierweiler, "National Survey of American Life Self-Administered Questionnaire (NSAL-SAQ), February 2001–June 2003," Inter-University Consortium for Political and Social Research, 2010.
- Jackson, James S., Myriam Torres, Cleopatra H. Caldwell, Harold W. Neighbors, Randolph M. Nesse, Robert Joseph Taylor, Steven J. Trierweiler, and David R. Williams, "The National Survey of American Life: A Study of Racial, Ethnic and Cultural Influences on Mental Disorders and Mental Health," International Journal of Methods in Psychiatric Research, Vol. 13, No. 4, 2004, pp. 196–207.
- Jaén, Carlos Roberto, Benjamin F. Crabtree, Raymond F. Palmer, Robert L. Ferrer, Paul A. Nutting, William L. Miller, Elizabeth E. Stewart, Robert Wood, Marivel Davila, and Kurt C. Stange, "Methods for Evaluating Practice Change Toward a Patient-Centered Medical Home," Annals of Family Medicine, Vol. 8, Suppl. 1, pp. S9–S20.
- Jaén, Carlos Roberto, Robert L. Ferrer, William L. Miller, Raymond F. Palmer, Robert Wood, Marivel Davila, Elizabeth E. Stewart, Benjamin F. Crabtree, Paul A. Nutting, and Kurt C. Stange, "Patient Outcomes at 26 Months in the Patient-Centered Medical Home National Demonstration Project," Annals of Family Medicine, Vol. 8, No. 1, 2010b, pp. S57–S67.
- Jo, Booil, "Causal Inference in Randomized Experiments with Mediational Processes," Psychological Methods, Vol. 13, No. 4, 2008, pp. 314–336.
- Joint Commission, "Revised Survey Eligibility Criteria for Ambulatory Health Care," 2014. As of February 12, 2016:

http://www.jointcommission.org/assets/1/18/AHC_Eligibility_flyer.pdf

, "Ambulatory Care Accreditation Overview: A Snapshot of the Accreditation Process," 2015. As of February 12, 2016:

http://www.jointcommission.org/assets/1/18/AHC_Overview_Guide_2015.pdf

- ——, "Accreditation and Certification Decision Rules," 2016. As of February 12, 2016: http://www.jointcommission.org/assets/1/6/2016_Accreditation_Cert_Decision_Rules.pdf
- Joint Commission, Ambulatory Health Care: 2012 National Patient Safety Goals, Oakbrook Terrace, Il.: The Joint Commission, 2012.
- Jones, Craig, "Blueprint Integrated Pilot Programs: Building an Integrating System of Health," presentation at the National Medicaid Congress, Washington, D.C., June 2010.
- Jones, Emily, Leiyu Shi, Arthur Seiji Hayashi, Ravi Sharma, Charles Daly, and Quyen Ngo-Metzger, "Access to Oral Health Care: The Role of Federally Qualified Health Centers in Addressing Disparities and Expanding Access," American Journal of Public Health, Vol. 103, No. 3, 2013, pp. 488–493.

- Kahn, Katherine L., Justin W. Timbie, Mark W. Friedberg, Peter S. Hussey, Tara Lavelle, Peter Mendel, Liisa Hiatt, Beverly A. Weidmer, Aaron Kofner, Afshin Rastegar, J. Scott Ashwood, Ian Brantley, Denise D. Quigley, and Claude Messan Setodji, Evaluation of CMS' FQHC APCP Demonstration: Final First Annual Report, Santa Monica, Calif.: RAND Corporation, RR-886-CMS, 2015a. As of February 3, 2016: http://www.rand.org/pubs/research reports/RR886.html
- Kahn, Katherine L., Justin W. Timbie, Mark W. Friedberg, Tara Lavelle, Peter Mendel, J. Scott Ashwood, Liisa Hiatt, Ian Brantley, Beverly A. Weidmer, Afshin Rastegar, Aaron Kofner, Rosalie Malsberger, Mallika Kommareddi, Denise D. Quigley, and Claude Messan Setodji, Evaluation of CMS's Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration: Final Second Annual Report, Santa Monica, Calif: RAND Corporation, RR-886/1-CMS, 2015b. As of February 3, 2016: http://www.rand.org/pubs/research_reports/RR886z1.html
- Kahn, Katherine L., Diana M. Tisnado, John L. Adams, Honghu Liu, Wen-Pin Chen, Fang Ashlee Hu, Carol M. Mangione, Ronald D. Hays, and Cheryl L. Damberg, "Does Ambulatory Process of Care Predict Health-Related Quality of Life Outcomes for Patients with Chronic Disease?" Health Services Research, Vol. 42, No. 1, Part 1, 2007, pp. 63–83.
- Kaiser Family Foundation, "Medicare: The Essentials," web page, 2016. As of August 23, 2016: http://kff.org/slideshow/medicare-the-essentials/
- Katz, Jeffrey N., Lily C. Chang, Oliver Sangha, Anne H. Fossel, and David W. Bates, "Can Comorbidity Be Measured by Questionnaire Rather than Medical Record Review?" Medical Care, Vol. 34, No. 1, 1996, pp. 73–84.
- Kern, L. M., R. V. Dhopeshwarkar, A. Edwards, and R. Kaushal, "Patient Experience over Time in Patient-Centered Medical Homes," American Journal of Managed Care, Vol. 19, No. 5, 2013, pp. 403–410.
- Kern, Lisa M., Alison Edwards, and Rainu Kaushal, "The Patient-Centered Medical Home, Electronic Health Records, and Quality of Care," Annals of Internal Medicine, Vol. 160, No. 11, 2014, pp. 741–749.
 - "The Patient-Centered Medical Home and Associations with Health Care Quality and Utilization: A 5-Year Cohort Study," Annals of Internal Medicine, Vol. 164, No. 6, 2016, pp. 395–405.
- Klein, David J., Marc N. Elliott, Amelia M. Haviland, Debra Saliba, Q. Burkhart, Carol Edwards, and Alan M. Zaslavsky, "Understanding Nonresponse to the 2007 Medicare CAHPS Survey," Gerontologist, Vol 51. No. 6, 2011, pp. 843–855.

- Klein, Sarah, "The Veterans Health Administration: Implementing Patient-Centered Medical Homes in the Nation's Largest Integrated Delivery System," The Commonwealth Fund, September 2011.
- Kosuke Imai, Luke Keele, and Dustin Tingley, "A General Approach to Causal Mediation Analysis," Psychological Methods, Vol. 15, No. 4, 2010, pp. 309–334.
- Kroenke, Kurt, Robert L. Spitzer, Janet B. W. Williams, and Bernd Löwe, "An Ultra-Brief Screening Scale for Anxiety and Depression: The PHQ-4," Psychosomatics, Vol. 50, No. 6, 2009, pp. 613–621.
- Kronick, Richard, and Karen Llanos, "Rate Setting for Medicaid Managed Long-Term Supports and Services: Best Practices and Recommendations for States," Center for Health Care Strategies, resource paper, 2008. As of June 1, 2011: http://www.chcs.org/usr doc/Rate Setting for Medicaid MLTS.pdf
- Laiteerapong, Neda, James Kirby, Yue Gao, Tzy-Chyi Yu, Ravi Sharma, Robert Nocon, Sang Mee Lee, Marshall H. Chin, Avina G. Nathan, Quyen Ngo-Metzger, and Elbert S. Huang, "Health Care Utilization and Receipt of Preventive Care for Patients Seen at Federally Funded Health Centers Compared to Other Sites of Primary Care," Health Services Research, Vol. 49, No. 5, 2014, pp. 1498–1518.
- Lewin, Kurt, "Frontiers of Group Dynamics: Concept, Method, and Reality in Social Science, Social Equilibria, and Social Change," Human Relations, Vol. 1, No. 2, 1947, pp. 5–41.
- Lewis, A., "Questioning the Widely Publicized Savings Reported for North Carolina Medicaid," American Journal of Managed Care, Vol. 18, No. 8, 2012, pp. e277–e279.
- Li, Y., "Enrollment and Claims Received in MSIS (Medicaid Statistical Information System) Fiscal Year 2009," Excel file, 2012.
- Linzer, Mark, Linda Baier Manwell, Eric S. Williams, James A. Bobula, Roger L. Brown, Anita B. Varkey, Bernice Man, Julia E. McMurray, Ann Macguire, Barbara Horner-Ibler, Mark D. Schwartz, and MEMO Investigators, "Working Conditions in Primary Care: Physician Reactions and Care Quality," Annals of Internal Medicine, Vol. 151, No. 1, 2009, pp. 28–36.
- Litwin, Mark S., and Kimberly A. McGuigan, "Accuracy of Recall in Health-Related Quality-of-Life Assessment Among Men Treated for Prostate Cancer," Journal of Clinical Oncology, Vol. 17, No. 9, 1999, pp. 2882–2888.
- Love, Margaret M., Arch G. Mainous III, Jeffery C. Talbert, and Gregory L. Hager, "Continuity of Care and the Physician-Patient Relationship," Journal of Family Practice, Vol. 49, No. 11, 2000, pp. 998–1004.
- Maeng, D. D., J. Graham, T. R. Graf, J. N. Liberman, N. B. Dermes, J. Tomcavage, D. E. Davis, F. J. Bloom, G. D. Steele, Jr., "Reducing Long-Term Cost by Transforming Primary Care:

Evidence from Geisinger's Medical Home Model," American Journal of Managed Care, Vol. 18, No. 3, 2012, pp. 149–155.

- Mainous, Arch G., III, and James M. Gill, "The Importance of Continuity of Care in the Likelihood of Future Hospitalization: Is Site of Care Equivalent to a Primary Clinician?" American Journal of Public Health, Vol. 88, No. 10, 1998, pp. 1539–1541.
- Marsteller, Jill A., Yea-Jen Hsu, Lisa Reider, Katherine Frey, Jennifer Wolff, Cynthia Boyd, Bruce Leff, Lya Karm, Daniel Scharfstein, and Chad Boult, "Physician Satisfaction with Chronic Care Processes: A Cluster-Randomized Trial of Guided Care," Annals of Family Medicine, Vol. 8, No. 4, 2010, pp. 308–315.
- Martsolf, Grant R., Ryan Kandrack, Robert A. Gabbay, and Mark W. Friedberg, "Cost of Transformation Among Primary Care Practices Participating in a Medical Home Pilot," Journal of General Internal Medicine, Vol. 31, No. 7, 2015, pp. 723–731.
- Martsolf, Grant R., Ryan Kandrack, Eric C. Schneider, and Mark W. Friedberg, "Categories of Practice Transformation in a Statewide Medical Home Pilot and Their Association with Medical Home Recognition," Journal of General Internal Medicine, Vol. 30, No. 6, 2015, pp. 817–823.
- McCarthy, Douglas, Kimberly Mueller, and Jennifer Wreen, "Geisinger Health System: Achieving the Potential of System Integration Through Innovation, Leadership, Measurement, and Incentives," Commonwealth Fund, 2009a.

——, "Group Health Cooperative: Reinventing Primary Care by Connecting Patients with a Medical Home," Commonwealth Fund, 2009b.

- McMullen, Carmit K., Jennifer Schneider, Alison Firemark, James Davis, and Mark Spofford, "Cultivating Engaged Leadership Through a Learning Collaborative: Lessons from Primary Care Renewal in Oregon Safety Net Clinics," Annals of Family Medicine, Vol. 11, Suppl. 1, 2013, pp. S34–S40.
- Medicare Federally Qualified Health Center Advanced Primary Care Practice Demonstration. "Consideration for Interested Practices," 2012a.

, "Demonstration Partners," 2012b.

- "Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 20133," proposed rule, Federal Register, CMS-1590-P, 2012.
- Mendel, Peter, Lisa S. Meredith, Michael Schoenbaum, Cathy D. Sherbourne, and Kenneth B. Wells, "Interventions in Organizational and Community Context: A Framework for Building Evidence on Dissemination and Implementation in Health Services Research,"

Administration and Policy in Mental Health and Mental Health Services Research, Vol. 35, No. 1, 2008, pp. 21–37.

- Meyers, D., D. Peikes, S. Dale, E. Lundquist, and J. Genevro, Improving Evaluations of the Medical Home. AHRQ Publication No. 11-0091. Rockville, Md.: Agency for Healthcare Research and Quality, September 2011.
- Milstein, Arnold, and Elizabeth Gilbertson, "American Medical Home Runs," Health Affairs, Vol. 28, No. 5, 2009, pp. 1317–1326.
- Minnesota Department of Health, "Health Care Homes: Information for Providers," 2008. As of February 12, 2016: http://www.health.state.mn.us/healthreform/homes/about/docs/providers.pdf
- ——, "Health Care Homes Certification and Recertification," 2016a. As of February 12, 2016: http://www.health.state.mn.us/healthreform/homes/certification/certification/ certificationflow.html
- , "Health Care Homes Certification and Recertification: Certification Step 1 Eligibility," 2016b. As of February 12, 2016:
 - http://www.health.state.mn.us/healthreform/homes/certification/certification/eligibility.html

——, "Health Care Homes Certification and Recertification: Certification Step 8 MDH Notification," 2016c. As of February 12, 2016: http://www.health.state.mn.us/healthreform/homes/certification/certification/notification. html

- Morgan, Robert O., Cayla R. Teal, Jennifer C. Hasche, Laura A. Petersen, Margaret M. Byrne, Debora A. Paterniti, and Beth A. Virnig, "Does Poorer Familiarity with Medicare Translate into Worse Access to Health Care?" Journal of the American Geriatric Society, Vol. 56, No. 11, 2008, pp. 2053–2060.
- Mukamel, Dana B., Laura M. White, Robert S. Nocon, Elbert S. Huang, Ravi Sharma, Leiyu Shu and Quyen Ngo-Metzger, "Comparing the Cost of Caring for Medicare Beneficiaries in Federally Funded Health Centers to Other Care Settings," Health Services Research, Vol. 51, No. 2, 2016, pp. 625–644.
- Murray, Christopher J., Sandeep Kulkarni, and Majid Ezzati, "Eight Americas: New Perspectives on U.S. Health Disparities," American Journal of Preventive Medicine, Vol. 29, No. 5, 2005, pp. 4–10.
- Murray, Christopher J., Sandeep C. Kulkarni, Catherine Michaud, Niels Tomijima, Maria T. Bulzacchelli, Terrell J. Iandiorio, and Majid Ezzati, "Eight Americas: Investigating Mortality Disparities Across Races, Counties, and Race-Counties in The United States," PLoS Medicine, Vol. 3, No. 9, 2006, p. e260.

- National Association of Community Health Centers, "A Sketch of Community Health Centers: Chart Book December 2014," web page, 2014.
- National Center for Medical Home Implementation, "Joint Principles of the Patient-Centered Medical Home," web page, 2007. As of May 31, 2011: http://www.medicalhomeinfo.org/downloads/pdfs/jointstatement.pdf
- National Committee for Quality Assurance, "PCMH Eligibility," web page, undated. As of February 12, 2016:

http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/ BeforeLearnItPCMH/PCMHEligibility.aspx#

——, "Standards and Guidelines for Physician Practice Connections Patient-Centered Medical Home (PPC-PCMH)," 2008.

——, Biannual NCQA RAS Reports, Truven Analytics, 2011–2014.

, "Patient-Centered Medical Home (PCMH) 2011 Draft Standards," 2011a. As of June 1, 2011:

https://dss.mo.gov/mhd/cs/health-homes/pdf/pcmh_2011-overview.pdf

, "NCQA's Patient-Centered Medical Home (PCMH) 2011," web page, 2011b. As of February 16, 2016:

https://www.ncqa.org/Portals/0/Programs/Recognition/PCMH_2011_Overview_5.2.pdf

——, "NCQA PCMH 2011 Standards, Elements, and Factors: Documentation Guideline/Data Sources," 2012.

——, NCQA PCMH recognition data file, Truven Analytics, 2013.

------, "PCMH 2011-PCMH 2014 Crosswalk," 2014. As of June 1, 2015:

http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-2011-pcmh-2014-crosswalk.

——, Technical Assistance Participation Lists, Truven Analytics, 2014.

National Heart, Lung, and Blood Institute, "Calculate Your Body Mass Index," web page, undated. As of August 16, 2016: http://www.nhlbi.nih.gov/health/educational/lose wt/BMI/bmicalc.htm

http://www.innoi.inn.gov/nearth/educational/lose_wt/Divit/onnearc.inth

National Institute on Aging, "Health and Retirement Study: Sample Sizes and Response Rates," 2011.

NCQA—See National Committee for Quality Assurance.

Neergaard, Mette Asbjoern, Frede Oleson, Rikke Sand Andersen, and Jens Sondergaard, "Qualitative Description: The Poor Cousin of Health Research?" BMC Medical Research Methodology, Vol. 9, No. 52, 2009. NHLBI—See National Heart, Lung, and Blood Institute.

- Nutting, Paul A., Benjamin F. Crabtree, Elizabeth E. Stewart, William L. Miller, Raymond F. Palmer, Kurt C. Stange, and Carlos Roberto Jaén, "Effect of Facilitation on Practice Outcomes in the National Demonstration Project Model of the Patient-Centered Medical Home," Annals of Family Medicine, Vol. 8, Suppl. 1., 2010, pp. S33–S44.
- Nutting, Paul A., William L. Miller, Benjamin F. Crabtree, Carlos Roberto Jaén, Elizabeth E. Stewart, and Kurt C. Stange, "Initial Lessons from the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home," Annals of Family Medicine, Vol. 7, No. 3, 2009, pp. 254–260.
- O'Connor, A., and G. A. Wellenius, "Rural-Urban Disparities in the Prevalence of Diabetes and Coronary Heart Disease," Public Health, Vol. 126, No. 10, 2012, pp. 813–820.
- O'Malley, A. S., D. Peikes, et al., Making Medical Homes Work : Qualifying a Physician Practice as a Medical Home, Washington, D.C.: Center for Studying Health System Change, Mathematica Policy Research, 2008.
- O'Malley, Ann S., Rebecca Gourevitch, Kevin Draper, Amelia Bond, and Manasi A. Tirodkar, "Overcoming Challenges to Teamwork in Patient-Centered Medical Homes: A Qualitative Study," Journal of General Internal Medicine, Vol. 30, No. 183, 2014, pp. 183–192.
- Oregon Health Authority, "Patient-Centered Primary Care Home Program: Become Recognized," web page, undated. As of February 12, 2016: http://www.oregon.gov/oha/pcpch/Pages/become-recognized.aspx

——, "Patient-Centered Primary Care Home Program: Payment Incentives," web page, 2014. As of February 12, 2016: http://www.oregon.gov/oha/pcpch/Pages/payment-incentives.aspx

- Patel, Urvashi B., Carl Rathjen, and Elizabeth Rubin, "Horizon's Patient-Centered Medical Home Program Shows Practices Need Much More than Payment Changes to Transform," Health Affairs (Project Hope), Vol. 31, No. 9, 2012, pp. 2018–2027.
- Patient-Centered Medical Home Resource Center, "Catalogue of Federal PCMH Activities," 2011.
- Patient-Centered Primary Care Collaborative, "Defining the Medical Home," web page, undated. As of April 2016:

http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home

——, Proof in Practice: A Compilation of Patient Centered Medical Home Pilot and Demonstration Projects, Washington, D.C: Patient-Centered Primary Care Collaborative, 2009. —, Collaborative members, 2011a.

——, Practices in the Spotlight: The Medical Home and Diabetes Care, Washington, D.C., Patient-Centered Primary Care Collaborative, 2011b.

——, Pilots & Demonstrations (Self-Reported), Washington, D.C., Patient-Centered Primary Care Collaborative, 2012.

- Paulus, Ronald A., Karen Davis, and Glenn D. Steele, "Continuous Innovation in Health Care: Implications of the Geisinger Experience," Health Affairs, Vol. 27, No. 5, 2008, pp. 1235– 1245.
- Paustian Michael L., Jeffrey A. Alexander, Darline K. El Reda, Chris G. Wise, Lee A. Green, and Michael D. Fetters, "Partial and Incremental PCMH Practice Transformation: Implications for Quality and Costs," Health Services Research, Vol. 49, No. 1, 2014, pp. 52–74.
- PCPCC—See Patient-Centered Primary Care Collaborative.
- Peikes, Deborah, Arnold Chen, Jennifer Schore, and Randall Brown, "Effects of Care Coordination on Hospitalization, Quality of Care, and Health Care Expenditures Among Medicare Beneficiaries," Journal of the American Medical Association, Vol. 301, No. 6, 2009, pp. 603–618.
- Peikes, Deborah, Stacy Dale, Eric Lundquist, Janice Genevro, and David Meyers, "Building the Evidence Base for the Medical Home: What Sample and Sample Size Do Studies Need?" white paper, Rockville, Md.:, Mathematica Policy Research, 2011.
- Peikes, Deborah, Janice Genevro, Sarah Scholle, and Phyllis Torda, "The Patient-Centered Medical Home: Strategies to Put Patients at the Center of Primary Care," AHRQ Publication No. 11-0029, Rockville, Md.: Agency for Healthcare Research and Quality, 2011.
- Peikes, Deborah, Aparajita Zutshi, Janice L. Genevro, Michael L. Parchman, and David S. Meyers, "Early Evaluations of the Medical Home: Building on a Promising Start," American Journal of Managed Care, Vol. 18, No. 2, 2012, pp. 105–116.
- Pope, Catherine, Sue Ziebland, and Nicholas Mays, "Analysing Qualitative Data," British Medical Journal, Vol. 320, No. 7227, 2000, pp. 114–116.
- Prela, Cecilia M., Greg A. Baumgardner, Gayle E. Reiber, Lynne V. McFarland, Charles Maynard, Nancy Anderson, and Matthew Maciejewski, "Challenges in Merging Medicaid and Medicare Databases to Obtain Healthcare Costs for Dual-Eligible Beneficiaries: Using Diabetes as an Example," Pharmacoeconomics, Vol. 27, No. 2, 2009, pp. 167–177.

Public Law 74-271, Social Security Act, August 14, 1935.

Public Law 78-410, Public Health Service Act, July 1, 1944.

Public Law 101-239, Omnibus Budget Reconciliation Act of 1989, October 13, 1989.

Public Law 111-5, American Recovery and Reinvestment Act, February 17, 2009.

Public Law 111-148, Patient Protection and Affordable Care Act, March 23, 2010.

- Puhani, Patrick A., "The Treatment Effect, the Cross Difference, and the Interaction Term in Nonlinear 'Difference-In-Differences' Models," Economics Letters, Vol. 115, No. 1, 2012, pp. 85–87.
- Quinn, Mariah A., Allison Wilcox, E. John Orav, David W. Bates, and Steven R. Simon, "The Relationship Between Perceived Practice Quality and Quality Improvement Activities and Physician Practice Dissatisfaction, Professional Isolation, and Work-Life Stress," Medical Care, Vol. 47, No. 8, 2009, pp. 924–928.
- Ragin, Charles C., The Comparative Method: Moving Beyond Qualitative and Quantitative Strategies, Berkeley, Calif.: University of California Press, 1987.
- R Core Team, "The R Project for Statistical Computing," R Foundation for Statistical Computing, web page, undated. As of August 16, 2016: http://www.R-project.org/
- Raskas, Ruth S., Lisa M. Latts, Jill R. Hummel, Douglas Wenners, Harlan Levine, and Sam R. Nussbaum, "Early Results Show Wellpoint's Patient-Centered Medical Home Pilots Have Met Some Goals for Costs, Utilization, and Quality," Health Affairs (Project Hope), Vol. 31, No. 9, 2012, pp. 2002–2009.
- Reid, Robert J., Katie Coleman, Eric A. Johnson, Paul A. Fishman, Clarissa Hsu, Michael P.
 Soman, Claire E. Trescott, Michael Erikson, and Eric B Larson, "The Group Health Medical Home at Year Two: Cost Savings, Higher Patient Satisfaction, and Less Burnout for Providers," Health Affairs, Vol. 29, No. 5, 2010, pp. 835–843.
- Reid, Robert J., Paul A. Fishman, Onchee Yu, Tyler R. Ross, James T. Tufano, Michael P. Soman, and Eric B. Larson, "Patient-Centered Medical Home Demonstration: A Prospective, Quasi-Experimental, Before and After Evaluation," American Journal of Managed Care, Vol. 15, No. 9, 2009, pp. e71–e87.

Research Triangle International, data file from portal logons, undated.

- Rihoux, Benoît, and Charles C. Ragin, Configurational Comparative Methods: Qualitative Comparative Analysis and Related Techniques, Thousand Oaks, Calif.: Sage Publications, 2009.
- Roby, Dylan H., Nadereh Pourat, Matthew J. Pirritano, Shelley M. Vrungos, Himmet Dajee, Dan Castillo, and Gerald F. Kominski, "Impact of Patient-Centered Medical Home Assignment

on Emergency Room Visits Among Uninsured Patients in a County Health System," Medical Care Research and Review, Vol. 67, No. 4, 2010, pp. 412–430.

- Rodriguez, Hector P., William H. Rogers, Richard E. Marshall, and Dana Gelb Safran, "The Effects of Primary Care Physician Visit Continuity on Patients' Experiences with Care," Journal of General Internal Medicine, Vol. 22, No. 6, 2007, pp. 787–793.
- Rodriguez, Hector P., Ted von Glahn, Marc N. Elliott, William H. Rogers, and Dana G. Safran,
 "The Effect of Performance-Based Financial Incentives on Improving Patient Care Experiences: A Statewide Evaluation," Journal of General Internal Medicine, Vol. 24, No. 12, 2009, pp. 1281–1288.
- Rogers, Everett M., Diffusion of Innovations, 5th ed., New York: Free Press, 2003.
- Rosenberg, Cynthia Napier, Pamela Peele, Donna Keyser, Sandra McAnallen, and Diane Holder, "Results from a Patient-Centered Medical Home Pilot at UPMC Health Plan Hold Lessons for Broader Adoption of the Model," Health Affairs (Project Hope), Vol. 31, No. 11, 2012, pp. 2423–2431.
- Rosenthal, Meredith B., Melinda K. Abrams, Asaf Bitton, and the Patient-Centered Medical Home Evaluators' Collaborative, "Recommended Core Measures for Evaluating the Patient-Centered Medical Home: Cost, Utilization, and Clinical Quality," data brief, May 2012.
- Rosenthal, Meredith B., Shehnaz Alidina, Mark W. Friedberg, Sara J. Singer, Diana Eastman, Zhonghe Li, and Eric C. Schneider, "A Difference-In-Difference Analysis of Changes in Quality, Utilization and Cost Following the Colorado Multi-Payer Patient-Centered Medical Home Pilot," Journal of General Internal Medicine, Vol. 31, No. 3, 2015, pp. 289–296.
- Rosenthal, Meredith B., Howard B. Beckman, Deb Dauser Forrest, Elbert S. Huang, Bruce E. Landon, and Sarah Lewis, "Will the Patient-Centered Medical Home Improve Efficiency and Reduce Costs of Care? A Measurement and Research Agenda," Medical Care Research and Review, Vol. 67, No. 4, 2010, pp. 476–484.
- Rosenthal Meredith B., Mark W. Friedberg, Sara J. Singer, Diana Eastman, Zhonghe Li, and Eric C. Schneider, "Effect of a Multipayer Patient-Centered Medical Home on Health Care Utilization and Quality: The Rhode Island Chronic Care Sustainability Initiative Pilot Program," JAMA Internal Medicine, Vol. 173, No. 20, 2013, pp. 1907–1913.
- Rosenthal, Thomas C., "The Medical Home: Growing Evidence to Support a New Approach to Primary Care," Journal of the American Board of Family Medicine, Vol. 21, No. 5, 2008, pp. 427–440.
- RTI-See Research Triangle International.

- Safety Net Medical Home Initiative, "About the Initiative," web page, undated. As of October 23, 2015: http://www.safetynetmedicalhome.org/about-initiative
- Sandelowski, Margarete, "Whatever Happened to Qualitative Description?" Research in Nursing & Health, Vol. 23, 2000, pp. 333–340.
- Saultz, John W., and Jennifer Lochner, "Interpersonal Continuity of Care and Care Outcomes: A Critical Review," Annals of Family Medicine, Vol. 3, No. 2, 2005, pp. 159–166.
- Scholle, Sarah Hudson, Carol S. Weisman, Roger T. Anderson, and Fabian Camacho, "The Development and Validation of the Primary Care Satisfaction Survey for Women," Women's Health Issues, Vol. 14, No. 2, 2004, pp. 35–50.
- Schraeder, Cheryl, Donna Dworak, John Stoll, Chris Kucera, Valerie Waldschmidt, and Melissa Pollard Dworak, "Managing Elders with Comorbidities," Journal of Ambulatory Care Management, Vol. 28, No. 3, 2005, pp. 201–209.
- Sia, Calvin, Thomas F. Tonniges, Elizabeth Osterhus, and Sharon Taba, "History of the Medical Home Concept," Pediatrics, Vol. 113, Suppl. 4, 2004, pp. 1473–1478.
- Silverman, Elaine M., Jonathan S. Skinner, and Elliott S. Fisher, "The Association Between For-Profit Hospital Ownership and Increased Medicare Spending," New England Journal of Medicine, Vol. 341, No. 6, 1999, pp. 420–426.
- Singh, Hardeep, and Mark L. Graber, "Reducing Diagnostic Error Through Medical Home–Based Primary Care Reform," Journal of the American Medical Association, Vol. 204, No. 4, 2010, pp. 463–464.
- Singh, Hardeep, Mark L. Graber, Stephanie M. Kissam, Asta V. Sorenson, Nancy F. Lenfestey, Elizabeth M. Tant, Kerm Henriksen, and Kenneth A. Labresh, "System-Related Interventions to Reduce Diagnostic Errors: A Narrative Review," BMJ Quality & Safety, Vol. 21, No. 2, 2012, pp. 160–170.
- Sinsky, Christine A., Rachel Willard-Grace, Andrew M. Schutzbank, Thomas A. Sinsky, David Margolius, and Thomas Bodenheimer, "In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices," Annals of Family Medicine, Vol. 11, No. 3, 2013, pp. 272–278.
- SNMHI—See Safety Net Medical Home Initiative.
- Solberg, Leif I., Stephen E. Asche, Patricia Fontaine, Thomas J. Flottemesch, L. Gregory Pawlson, and Sarah Hudson Scholle, "Relationship of Clinic Medical Home Scores to Quality and Patient Experience," Journal of Ambulatory Care Management, Vol. 34, No. 1, 2011, pp. 57–66.

- Starfield, Barbara, Leiyu Shi, and James Macinko, "Contribution of Primary Care to Health Systems and Health," Milbank Quarterly, Vol. 83, No. 3, 2005, pp. 457–502.
- Steiner, Beat D., Amy C. Denham, Evan Ashkin, Warren P. Newton, Thomas Wroth, and L. Allen Dobson, Jr., "Community Care of North Carolina: Improving Care Through Community Health Networks," Annals of Family Medicine, Vol. 6, No. 4, 2008, pp. 361– 367.
- Takach, Mary, "About Half of the States Are Implementing Patient-Centered Medical Homes for Their Medicaid Populations," Health Affairs, Vol. 31, No. 11, pp. 2012, pp. 2432–2440.
- Taylor, Erin Fries, Deborah Peikes, Janice Genevro, and David Meyers, Creating Capacity for Improvement in Primary Care: The Case for Developing a Quality Improvement Infrastructure, Rockville, Md.: Agency for Healthcare Research and Quality, 2013.
- Thygeson, Neis Marcus, Leif I. Solberg, Stephen E. Asche, Patricia Fontaine, Leonard Gregory Pawlson, and Sarah Hudson Scholle, "Using Fuzzy Set Qualitative Comparative Analysis (fs/QCA) to Explore the Relationship Between Medical 'Homeness' and Quality," Health Services Research, Vol. 47, No. 1, Part 1, 2012, pp. 22–45.
- Toseland, Ronald W., John. C. O'Donnell, Joseph B. Engelhardt, Scott Hendler, Jill Richie, and Donald Jue, "Outpatient Geriatric Evaluation and Management: Results of a Randomized Trial," Medical Care, Vol. 34, No. 6, 1996, pp. 624–640.
- Tuepker, Anaïs, Devan Kansagara, Eleni Skaperdas, Christina Nicolaidis, Sandra Joos, Michael Alperin, and David Hickam, "We've Not Gotten Even Close to What We Want to Do': A Qualitative Study of Early Patient-Centered Medical Home Implementation," Journal of General Internal Medicine, Vol. 29, Suppl. 2, 2014, pp. 614–622.
- U.S. Department of Health and Human Services, "The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I Report: Recommendations for the Framework and Format of Healthy People 2020," 2008. As of November 1, 2015:

http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf

- Wageman, Ruth J., Richard Hackman, and Erin Lehman, "Team Diagnostic Survey: Development of an Instrument," Journal of Applied Behavioral Science, Vol. 41, No. 4, 2005, pp. 373–398.
- Wagner, Edward H., Katie Coleman, Robert J. Reid, Kathryn Phillips, and Jonathan R. Sugarman, "Guiding Transformation: How Medical Practices Can Become Patient Centered Medical Homes," Commonwealth Fund, 2012.

- Wang, Qiyuan C., Ravi Chawla, Christine M. Colombo, Richard L. Snyder, and Somesh Nigam, "Patient-Centered Medical Home Impact on Health Plan Members with Diabetes," Journal of Public Health Management and Practice, Vol. 20, No. 5, 2014, pp. E12–E20.
- Wang, Rui, Stephen W. Lagakos, James H. Ware, David J. Hunter, and Jeffrey M. Drazen, "Statistics in Medicine—Reporting of Subgroup Analyses in Clinical Trials," New England Journal of Medicine, Vol. 357, No. 21, 2007, pp. 2189–2194.
- Weech-Maldonado, Robert, Adam Carle, Beverly Weidmer, Margarita Hurtado, Quyen Ngo-Metzger, and Ron D. Hays, "The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence (CC) Item Set," Medical Care, Vol. 50, No. 9, Suppl. 2, 2012, pp. S22–S31.
- Weick, Karl E., and Robert E. Quinn, "Organizational Change and Development," Annual Review of Psychology, Vol. 50, 1999, pp. 361–386.
- Weidmer, Beverly A., Cindy Brach, and Ron D. Hays, "Development and Evaluation of CAHPS Survey Items Assessing How Well Healthcare Providers Address Health Literacy," Medical Care, Vol. 50, No. 9, Suppl. 2, 2012, pp. S3–S11.
- Weiner, Bryan J., Hakke Amick, and Shoou-Yih Daniel Lee, "Conceptualization and Measurement of Organizational Readiness for Change: A Review of the Literature In Health Services Research and Other Fields," Medical Care Research and Review, Vol. 65, No. 4, 2008, pp. 379–436.
- Weissman, Sharon, Wayne A. Duffus, Medha Iyer, Hrishikesh Chakraborty, Ashok Varma Samantapudi, and Helmut Albrecht, "Rural-Urban Differences in HIV Viral Loads nd Progression to AIDS Among New HIV Cases," Southern Medical Journal, Vol. 108, No. 3, 2015, pp. 180–188.
- Wise, Christopher G., Jeffrey A. Alexander, Lee A. Green, Genna R. Cohen, and Christina R. Koster, "Journey Toward a Patient-Centered Medical Home: Readiness for Change in Primary Care Practices," Milbank Quarterly, Vol. 89, No. 3, 2011, pp. 399–424.
- Wise, Christopher G., Vinita Bahl, Rita Mitchell, Brady T. West, and Thomas Carli,"Population-Based Medical and Disease Management: An Evaluation of Cost and Quality," Disease Management, Vol. 9, No. 1, 2006, pp. 45–55.
- Word, David L., Charles D. Coleman, Robert Nunziata, and Robert Kominski, "Demographic Aspects of Surnames from Census 2000," U.S. Department of Commerce, Census Bureau, 2008. As of August 16, 2016: https://www2.census.gov/topics/genealogy/2000surnames/surnames.pdf

- "Work Plan for the Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration: Web Portal and Practice Feedback Reports," Prepared by RTI International, July 30, 2012.
- Wright, Brad, Andrew J. Potter, and Amal Trivedi, "Federally Qualified Health Center Use Among Dual Eligibles: Rates of Hospitalizations and Emergency Department Visits," Health Affairs, Vol. 34, No. 7, 2015, pp. 1147–1155. As of November 1, 2015: http://content.healthaffairs.org/content/34/7/1147.full.pdf
- Yin, Robert K., Case Study Research: Design and Methods, 5th ed., Thousand Oaks, Calif.: Sage Publications, 2013.
- Zickafoose, Joseph S., Sarah J. Clark, Joseph W. Sakshaug, Lena M. Chen, and John M. Hollingsworth, "Readiness of Primary Care Practices for Medical Home Certification," Pediatrics, Vol. 131, No. 3, 2013, pp. 473–482.