

Savings and Outcomes Under Medicare’s Bundled Payments Initiative for Skilled Nursing Facilities

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Supplementary Methods

Cost Standardization Methodology:

Our cost standardization methodology follows published guidance from the Centers for Medicare and Medicaid Services, which can be found at this link:

https://resdac.org/sites/datadocumentation.resdac.org/files/CMS%20Part%20A%20and%20Part%20B%20Price%20%28Payment%29%20Standardization_Basics_1.pdf

Briefly, the goal of cost standardization is to adjust the allowed charge for any particular item or service such that it reflects only the item or service delivered, and thus intensity of resource use, but does not reflect differences based on geography or from special Medicare programs such as those for teaching or safety-net hospitals. As such, it preserves differences that are related to specific health care delivery options, such as differences in the payment for a service rendered in an emergency department versus an urgent care clinic, or by a physician rather than a nurse practitioner. However, it removes differences related to geography, such as adjustments for hospital wage index and geographic practice cost index, which were developed to recognize differential cost of living in various parts of the country. It also removes payment adjustments that are applied to specific facilities or types of facilities, such as graduate medical education, indirect medical education, disproportionate share hospital payments, value-based purchasing payment adjustments, and adjustments related to other payment models or quality reporting programs. In cases where there are differential rates by state for particular goods or services, these are also replaced by a national rate.

CMS provides specific guidelines on how to calculate standardized costs from various scenarios, which can be accessed at the link above.

Frailty Index Methodology:

Our frailty index methodology follows the validated frailty index proposed and tested by Kim et al (Kim DH, Schneeweiss S, Glynn RJ, Lipsitz LA, Rockwood K, Avorn J. Measuring Frailty in Medicare Data: Development and Validation of a Claims-Based Frailty Index. *J Gerontol A Biol Sci Med Sci.* 2018 Jun 14;73(7):980-987). Briefly, the index uses a series of claims-based identifiers, based on codes, to assign points to beneficiaries. It assesses for a wide range of diagnoses (ie codes for degenerative diseases of the central nervous system), equipment (ie a claim for a wheelchair), and services, each of which is assigned a specific coefficient. These coefficients are added together for each beneficiary to arrive at a final frailty index, which then has specified cutoffs for pre-frail, frail, and so forth. Because we only had access to inpatient claims, we could only include claims that appeared in each patient's inpatient records in the year prior to their index SNF admission. To test this modification, we conducted analyses among a 20% sample of patients comparing the frailty index calculated across all files to the index calculated using only inpatient claims and found their correlation to be 0.84. We also calculated payments and outcomes for quintiles of this index calculated using inpatient data

only to validate the calibration for this adaptation of the index, which is shown elsewhere in the supplement.

Model Specifications:

Our model for payment data was as follows, with similar models for other outcomes:

$$\text{Expected Total payments} = \text{Intercept} + \text{Time1} + \text{Time2} + \text{BPCI} + \text{Time1} * \text{BPCI} + \text{Time2} * \text{BPCI} + \text{DRG (1-101)} + \text{CCW (1-27)} + \text{MatchGroup}$$

For each SNF and its matched controls, time zero was set as the initiation of participation and the Time1 variable was an indicator for quarter, which ranged from negative 11 to positive 15. A separate intervention variable, here denoted with Time2, was set at the quarterly level, equal to zero prior to program participation, and 1 to a maximum of 15 thereafter. The significance of the interaction term between the indicator for BPCI participation and the Time2 variable determined whether there had been a greater change in slope in patients at BPCI compared to control SNFs.

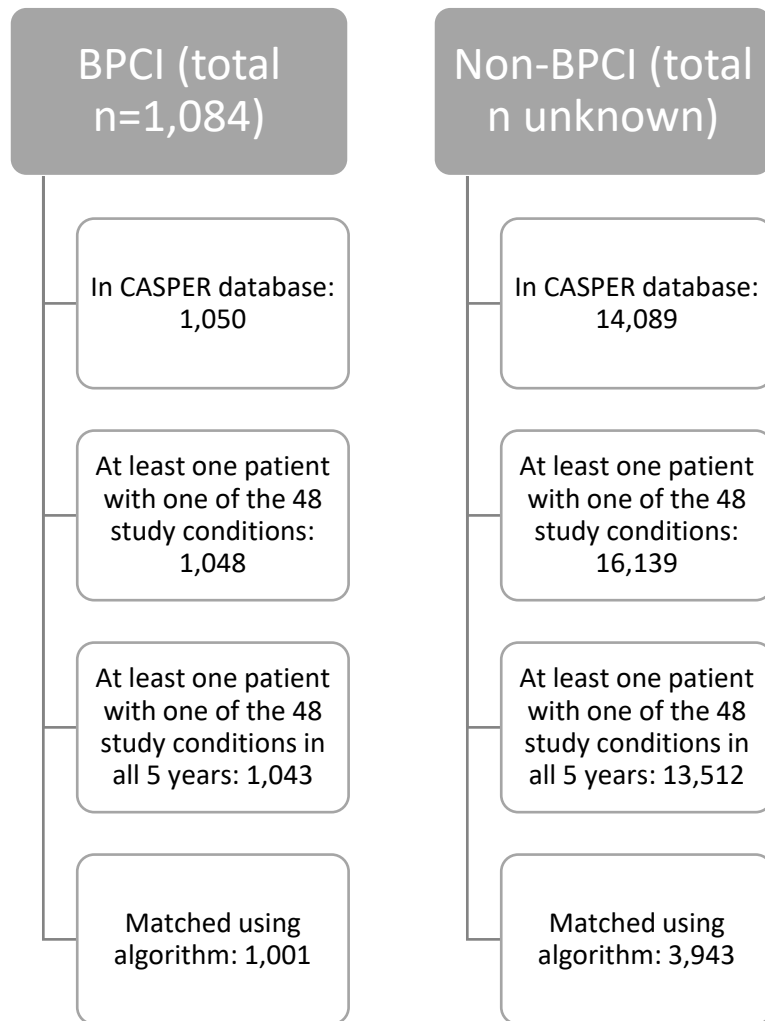
Supplementary Table S1: Enrollment of Skilled Nursing Facilities in BPCI

Starting Date	Timing	SNFs		SNF-condition pairs ^a		Patients		Follow-up (quarters)
		N	%	N	%	N	%	
1/1/2014	Early	51	5.2	1232	13.0	34682	18.8	15
4/1/2014	n/a	0		0		0		
7/1/2014	n/a	0		0		0		
10/1/2014	n/a	0		0		0		
1/1/2015	n/a	0		0		0		
4/1/2015	Late	152	15.2	2530	26.8	52363	28.5	10
7/1/2015	Late	738	73.7	5424	57.4	90002	48.9	9
10/1/2015	Late	59	5.9	269	2.9	6850	3.7	8

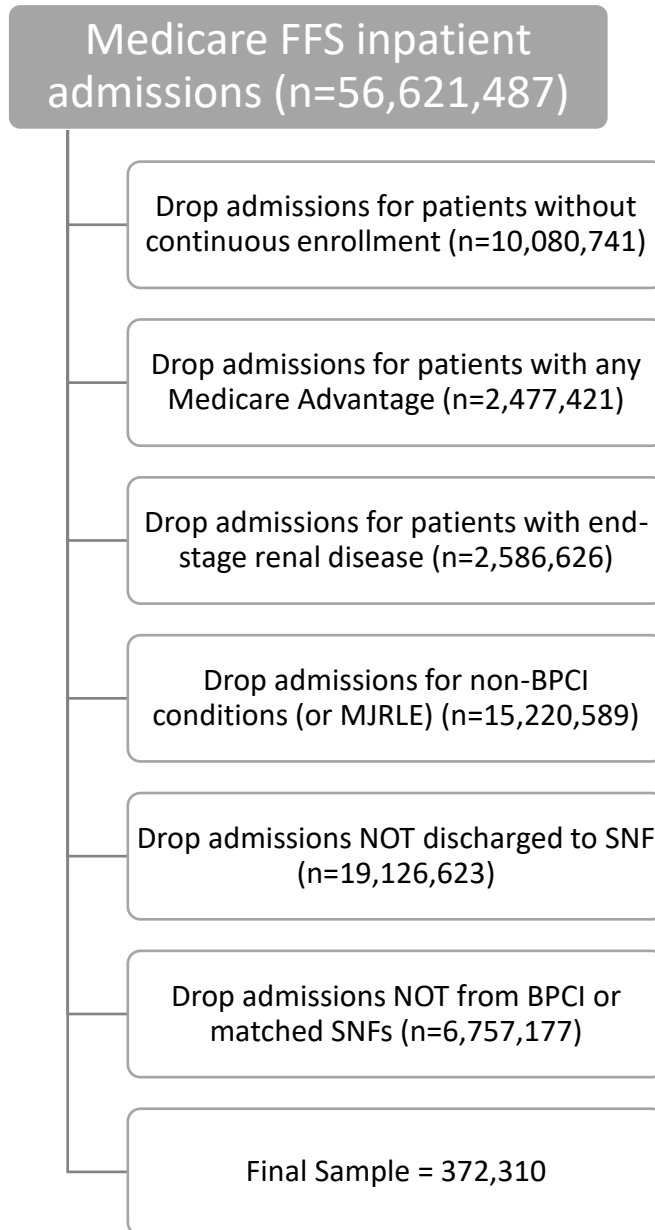
Abbreviations: BPCI, Bundled Payments for Care Improvement; SNF, skilled nursing facility.

^a A SNF-condition pair indicates a unique SNF and one condition for which it joined the program. SNF A joining for sepsis would constitute one SNF-condition pair; that same SNF joining for stroke would constitute another.

Supplementary Figure S1: Flowchart of SNF Inclusion and Exclusion



Supplementary Figure S2: Flowchart of Patient Inclusion and Exclusion



FFS=fee-for-service. BPCI patient-level Model 3-related exclusion criteria that were NOT included in our algorithm were primarily those related to data availability, such as precedence rules for patients who were seen at a BPCI-participating practice. In program guidelines, such patients are assigned to practices and not attributed to BPCI-participating SNFs. Because we did not have access to practice attribution at the patient level, we could not operationalize this exclusion.

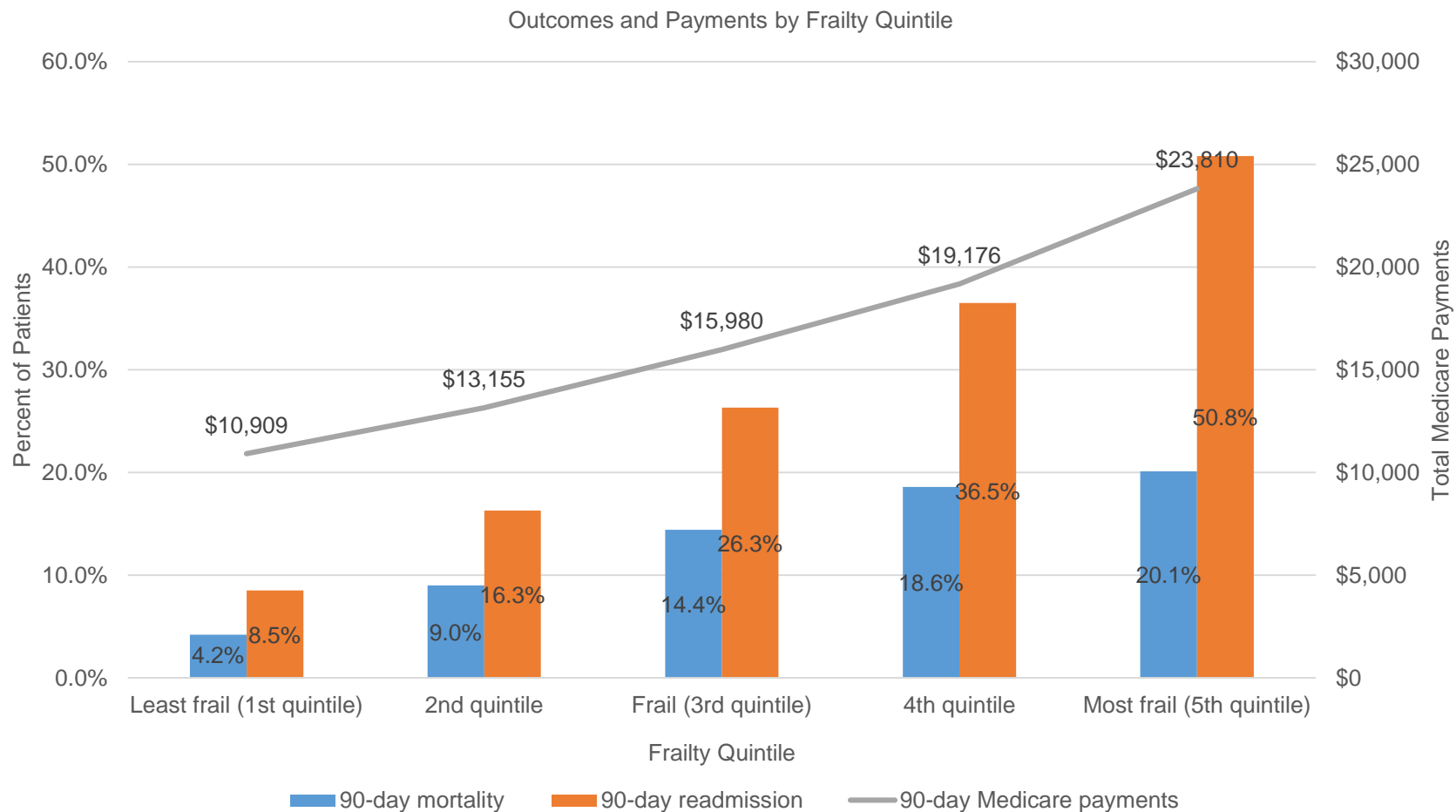
Supplementary Table S2: Conditions Selected by Skilled Nursing Facilities in BPCI

Conditions	N of SNFs
Major joint replacement of the lower extremity	466
Simple pneumonia and respiratory infections	398
Congestive heart failure	343
Chronic obstructive pulmonary disease	322
Sepsis	309
Urinary tract infection	299
Hip & femur procedures except major joint	296
Stroke	287
Medical non-infectious orthopedic	265
Other respiratory	264
Acute myocardial infarction	251
Cardiac arrhythmia	233
Major bowel procedure	231
Nutritional and metabolic disorders	229
Fractures of the femur and hip or pelvis	226
Cellulitis	225
Gastrointestinal hemorrhage	224
Esophagitis	222
Renal failure	219
Lower extremity and humerus procedure	195
Syncope & collapse	194
Revision of the hip or knee	187
Gastrointestinal obstruction	185
Pacemaker	185
Diabetes	184
Medical peripheral vascular disorders	174
Other vascular surgery	173
Red blood cell disorders	163
Transient ischemia	163
Cardiac valve	156
Percutaneous coronary intervention	148
Major joint replacement of the upper extremity	143
Coronary artery bypass graft	139
Amputation	137
Spinal fusion (non-cervical)	119
Other knee procedures	117
Chest pain	107
Major cardiovascular procedure	89

Removal of orthopedic devices	83
Back & neck except spinal fusion	81
Cervical spinal fusion	70
Atherosclerosis	67
Complex non-cervical spinal fusion	58
Cardiac defibrillator	54
Double joint replacement of the lower extremity	52
Pacemaker device replacement or revision	48
Combined anterior posterior spinal fusion	40
AICD generator or lead	12

Abbreviations: AICD=automated implantable cardioverter defibrillator; BPCI, Bundled Payments for Care Improvement; SNF, skilled nursing facility.

Supplementary Figure S3: Outcomes and Total Medicare Payments of Skilled Nursing Facility Patients by Frailty Quintile



Supplementary Table S3: Baseline Skilled Nursing Facility and Market Characteristics, Before Matching

	All BPCI SNFs (n=1,043)	All non-BPCI SNFs (n=13,512)	SMD
Baseline Volume (admissions), mean (SD)	121.3 (111.7)	81.1 (86.6)	0.45
Profit Status: For Profit	901 (86.4%)	9372 (69.4%)	0.38
Profit Status: Non-Profit	118 (11.3%)	3298 (24.4%)	0.31
Profit Status: Government	24 (2.3%)	842 (6.2%)	0.17
Urban	876 (84.0%)	9648 (71.4%)	0.28
Number of Federally Certified Beds, mean (SD)	118.6 (54.2)	108.2 (61.3)	0.17
SNF in chain	903 (86.6%)	7575 (56.1%)	0.63
SNF hospital based	7 (0.7%)	594 (4.4%)	0.19
Region: Northeast	262 (25.1%)	2289 (16.9%)	0.22
Region: Midwest	274 (26.3%)	4450 (32.9%)	0.14
Region: South	343 (32.9%)	4782 (35.4%)	0.05
Region: West	159 (15.2%)	1986 (14.7%)	0.02
Overall Star Rating, mean (SD)	3.29 (1.39)	3.30 (1.39)	0.01
County Characteristics^a			
Population 65+ in county, mean (SD)	107017 (154525)	101743 (208713)	0.03
Median Household Income, \$	53667	51474	0.17
% Medicare Advantage, mean (SD)	28.82 (13.10)	26.03 (14.20)	0.20
SNF beds Per 10,000 in county, mean (SD)	411.3 (190.2)	471 (232.1)	0.26
# Rehabilitation hospitals, mean (SD)	0.55 (1.15)	0.48 (1.07)	0.07
SNF average market share,^b mean (SD)	0.14 (0.21)	0.2 (0.26)	0.21
Market competitiveness (HHI),^c mean (SD)	0.03 (0.03)	0.04 (0.04)	0.10

Abbreviations: BPCI, Bundled Payments for Care Improvement; HHI, Herfindahl-Hirschman index; SMD, standardized mean difference; SNF, skilled nursing facility.

^a All county level characteristics are from 2013, other than the number of rehabilitation hospitals which is from 2012.

^b Markets are defined using counties.

^c HHI is defined as the sum of the squares of each provider's market share, such that a perfectly competitive market has an HHI near zero, and a completely concentrated market has an HHI of one.

Supplementary Table S4: Baseline Skilled Nursing Facility and Market Characteristics, BPCI Wave 1 versus Wave 2

	Wave 1 BPCI SNFs (n=52)	Wave 2 BPCI SNFs (n=949)	SMD
N of BPCI conditions joined, mean (SD)	23.7 (16.4)	8.7 (11.1)	1.32
Baseline Volume (admissions), mean (SD)	165.3 (119.4)	108.9 (92.9)	0.60
Profit Status: For Profit	41 (78.8%)	818 (86.2%)	0.21
Profit Status: Non-Profit	11 (21.2%)	107 (11.3%)	0.31
Profit Status: Government	0 (0.0%)	24 (2.5%)	0.17
Urban	52 (100.0%)	782 (82.4%)	0.47
Number of Federally Certified Beds, mean (SD)	145.7 (55.1)	116.8 (53.5)	0.54
SNF in chain	47 (90.4%)	814 (85.8%)	0.13
SNF hospital based	2 (3.8%)	5 (0.5%)	0.40
Region: Northeast	21 (40.4%)	225 (23.7%)	0.39
Region: Midwest	27 (51.9%)	239 (25.2%)	0.61
Region: South	2 (3.8%)	334 (35.2%)	0.67
Region: West	2 (3.8%)	151 (15.9%)	0.34
Overall Star Rating, mean (SD)	3.46 (1.28)	3.25 (1.41)	0.15
County Characteristics^a			
Population 65+ in county, mean (SD)	221234 (227187)	98654 (146681)	0.81
Median Household Income, \$	55431	53361	0.15
% Medicare Advantage, mean (SD)	27.22 (10.59)	28.97 (13.26)	0.13
SNF beds Per 10,000 in county, mean (SD)	448.2 (108.1)	412.7 (195.7)	0.19
# Rehabilitation hospitals, mean (SD)	0.67 (0.79)	0.53 (1.17)	0.12
SNF average market share,^b mean (SD)	0.05 (0.06)	0.15 (0.22)	0.46
Market competitiveness (HHI),^c mean (SD)	0.03 (0.03)	0.03 (0.03)	0.03

Abbreviations: BPCI, Bundled Payments for Care Improvement; HHI, Herfindahl-Hirschman index; SMD, standardized mean difference; SNF, skilled nursing facility.

^a All county level characteristics are from 2013, other than the number of rehabilitation hospitals which is from 2012.

^b Markets are defined using counties.

^c HHI is defined as the sum of the squares of each provider's market share, such that a perfectly competitive market has an HHI near zero, and a completely concentrated market has an HHI of one.

Supplementary Table S5: Differences in Changes in Quarterly Slopes in Medicare Payments per Episode by Wave and Dementia Subgroup

WAVE 1	BPCI Status	First Quarter	Baseline slope	Intervention slope	Change	Lower CI	Upper CI	p
Total Payments	BPCI	\$33,261	\$20	-\$382	-\$402	-\$707	-\$96	0.010
	Non-BPCI	\$28,662	\$356	-\$332	-\$688	-\$1,052	-\$325	<0.001
	Difference		-\$337	-\$50	\$287	-\$199	\$772	0.247
Initial SNF stay	BPCI	\$15,452	-\$144	-\$197	-\$53	-\$240	\$134	0.580
	Non-BPCI	\$14,187	\$235	-\$177	-\$412	-\$712	-\$111	0.007
	Difference		-\$378	-\$19	\$359	\$4	\$713	0.047
Readmission	BPCI	\$8,699	-\$61	-\$37	\$24	-\$71	\$120	0.615
	Non-BPCI	\$7,486	-\$50	-\$42	\$8	-\$95	\$112	0.873
	Difference		-\$11	\$5	\$16	-\$119	\$151	0.817
Outpatient/Clinician	BPCI	\$5,991	\$191	-\$3	-\$193	-\$230	-\$156	<0.001
	Non-BPCI	\$5,183	\$180	\$2	-\$177	-\$216	-\$138	<0.001
	Difference		\$11	-\$5	-\$16	-\$70	\$37	0.552
WAVE 2								
Total Payments	BPCI	\$27,312	\$119	-\$480	-\$598	-\$688	-\$509	<0.001
	Non-BPCI	\$29,680	\$55	-\$405	-\$460	-\$543	-\$377	<0.001
	Difference		\$64	-\$75	-\$138	-\$260	-\$17	0.026
Initial SNF stay	BPCI	\$13,608	\$9	-\$295	-\$304	-\$366	-\$242	<0.001
	Non-BPCI	\$15,446	\$76	-\$244	-\$320	-\$382	-\$259	<0.001
	Difference		-\$67	-\$51	\$17	-\$71	\$104	0.711
Readmission	BPCI	\$6,993	\$12	-\$48	-\$61	-\$83	-\$38	<0.001
	Non-BPCI	\$7,448	-\$26	-\$41	-\$15	-\$36	\$7	0.185
	Difference		\$38	-\$7	-\$46	-\$77	-\$15	0.004
Outpatient/Clinician	BPCI	\$4,744	\$55	\$2	-\$53	-\$69	-\$37	<0.001
	Non-BPCI	\$4,664	\$51	-\$8	-\$59	-\$74	-\$43	<0.001
	Difference		\$5	\$10	\$5	-\$17	\$27	0.628

DEMENTIA								
Total Payments	BPCI	\$29,022	\$121	-\$363	-\$484	-\$603	-\$366	0.000
	Non-BPCI	\$29,460	\$48	-\$405	-\$453	-\$564	-\$341	0.000
	Difference		\$74	\$42	-\$32	-\$196	\$133	0.706
Initial SNF stay	BPCI	\$14,718	-\$19	-\$237	-\$218	-\$307	-\$129	0.000
	Non-BPCI	\$16,020	\$106	-\$259	-\$365	-\$447	-\$283	0.000
	Difference		-\$125	\$22	\$147	\$24	\$269	0.019
Readmission	BPCI	\$7,241	\$5	-\$18	-\$23	-\$55	\$10	0.167
	Non-BPCI	\$7,278	-\$33	-\$57	-\$24	-\$58	\$10	0.164
	Difference		\$38	\$39	\$1	-\$46	\$48	0.955
Outpatient/Clinician	BPCI	\$4,713	\$62	\$9	-\$53	-\$77	-\$29	<.0001
	Non-BPCI	\$4,489	\$46	\$8	-\$38	-\$57	-\$18	0.000
	Difference	.	\$16	\$1	-\$15	-\$46	\$15	0.328
NO DEMENTIA								
Total Payments	BPCI	\$28,297	\$105	-\$407	-\$512	-\$600	-\$424	0.000
	Non-BPCI	\$29,493	-\$4	-\$426	-\$423	-\$508	-\$337	0.000
	Difference		\$109	\$19	-\$89	-\$212	\$33	0.152
Initial SNF stay	BPCI	\$13,683	\$3	-\$238	-\$241	-\$302	-\$180	0.000
	Non-BPCI	\$14,864	\$24	-\$241	-\$265	-\$333	-\$197	0.000
	Difference		-\$21	\$3	\$24	-\$66	\$114	0.600
Readmission	BPCI	\$7,372	\$18	-\$35	-\$54	-\$79	-\$29	0.000
	Non-BPCI	\$7,529	-\$34	-\$57	-\$23	-\$46	\$0	0.055
	Difference		\$53	\$22	-\$31	-\$66	\$3	0.075
Outpatient/Clinician	BPCI	\$5,088	\$63	\$2	-\$61	-\$79	-\$43	<.0001
	Non-BPCI	\$4,885	\$58	\$3	-\$55	-\$73	-\$38	<.0001
	Difference	.	\$5	-\$1	-\$6	-\$31	\$19	0.653

Abbreviations: BPCI, Bundled Payments for Care Improvement; CI, confidence interval; Q1, quarter one; SNF, skilled nursing facility.

^a Payments are adjusted using patient-level comorbidities from Medicare's chronic conditions warehouse (CCW) data.

Supplementary Table S6: Differences in Changes in Quarterly Slopes in Volume and Case Mix by Wave and Dementia Subgroup

WAVE 1	BPCI Status	First Quarter	Baseline slope	Intervention slope	Change	Lower CI	Upper CI	p
Admissions/quarter	BPCI	34.1	-1.42	-0.65	0.78	-0.30	1.85	0.156
	Non-BPCI	15.2	0.73	0.07	-0.67	-1.62	0.29	0.173
	Difference		-2.16	-0.71	1.44	0.00	2.88	0.050
% Medicaid	BPCI	27.2%	0.0%	0.0%	0.0%	-1.0%	1.0%	0.943
	Non-BPCI	15.5%	-1.0%	0.0%	1.0%	0.0%	2.0%	0.013
	Difference		1.0%	0.0%	-1.0%	-2.0%	0.0%	0.042
% Black	BPCI	26.2%	1.0%	0.0%	-1.0%	-1.0%	0.0%	0.064
	Non-BPCI	9.5%	0.0%	0.0%	1.0%	0.0%	1.0%	0.061
	Difference		1.0%	0.0%	-1.0%	-2.0%	0.0%	0.003
N of comorbidities	BPCI	7.0	-0.09	0.01	0.10	0.03	0.16	0.004
	Non-BPCI	6.9	-0.02	0.01	0.03	-0.03	0.09	0.282
	Difference		-0.06	0.00	0.06	-0.03	0.16	0.165
WAVE 2								
Admissions/quarter	BPCI	10.8	-0.01	0.01	0.02	-0.06	0.1	0.637
	Non-BPCI	5.2	-0.04	0.02	0.06	0.02	0.1	0.004
	Difference		0.03	-0.01	-0.04	-0.13	0.05	0.373
% Medicaid	BPCI	25.1%	0.0%	0.0%	0.0%	0.0%	1.0%	0.002
	Non-BPCI	27.3%	0.0%	0.0%	0.0%	0.0%	1.0%	<0.001
	Difference		0.0%	0.0%	0.0%	0.0%	0.0%	0.538
% Black	BPCI	6.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.816
	Non-BPCI	7.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.285
	Difference		0.0%	0.0%	0.0%	0.0%	0.0%	0.360
N of comorbidities	BPCI	6.2	0.00	0.01	0.01	-0.01	0.03	0.233
	Non-BPCI	6.3	-0.01	0.02	0.03	0.02	0.05	<0.001
	Difference		0.01	-0.01	-0.02	-0.04	0.00	0.057

DEMENTIA								
Admissions/quarter	BPCI	4.8	-0.01	0.02	0.03	-0.03	0.08	0.379
	Non-BPCI	3.1	-0.05	0.00	0.05	0.00	0.10	0.036
	Difference		0.04	0.02	-0.02	-0.10	0.05	0.551
% Medicaid	BPCI	31.8%	-0.2%	0.3%	0.5%	0.2%	0.9%	0.004
	Non-BPCI	30.5%	-0.5%	0.1%	0.6%	0.3%	0.9%	0.000
	Difference		0.2%	0.2%	0.0%	-0.5%	0.4%	0.852
% Black	BPCI	14.6%	0.2%	0.3%	0.1%	-0.1%	0.4%	0.390
	Non-BPCI	10.4%	-0.1%	-0.2%	-0.1%	-0.4%	0.1%	0.276
	Difference		0.3%	0.5%	0.2%	-0.1%	0.6%	0.164
N of comorbidities	BPCI	8.1	0.00	0.02	0.02	0.00	0.04	0.106
	Non-BPCI	8.1	-0.01	0.02	0.03	0.01	0.05	0.004
	Difference		0.01	0.00	-0.01	-0.04	0.02	0.421
NO DEMENTIA								
Admissions/quarter	BPCI	9.6	0.11	-0.08	-0.18	-0.29	-0.08	0.001
	Non-BPCI	4.9	-0.02	-0.04	-0.01	-0.09	0.06	0.736
	Difference		0.13	-0.04	-0.17	-0.31	-0.03	0.017
% Medicaid	BPCI	9.1%	0.1%	0.3%	0.2%	0.0%	0.3%	0.014
	Non-BPCI	7.3%	-0.1%	-0.1%	0.1%	-0.1%	0.2%	0.534
	Difference		0.3%	0.4%	0.1%	-0.1%	0.4%	0.226
% Black	BPCI	23.0%	-0.1%	0.2%	0.3%	0.1%	0.5%	0.005
	Non-BPCI	22.8%	-0.2%	0.1%	0.2%	0.0%	0.5%	0.032
	Difference		0.1%	0.2%	0.1%	-0.3%	0.4%	0.714
N of comorbidities	BPCI	5.7	0.00	-0.01	-0.01	-0.02	0.01	0.237
	Non-BPCI	5.7	0.00	0.00	0.01	-0.01	0.02	0.364
	Difference		0.01	-0.01	-0.02	-0.04	0.01	0.140

Abbreviations: BPCI, Bundled Payments for Care Improvement; CI, confidence interval; Q1, quarter one; SNF, skilled nursing facility.

Supplementary Table S7: Differences in Changes in Quarterly Slopes in Clinical Outcomes by Wave and Dementia Subgroup

	BPCI Status	First Quarter	Baseline slope	Intervention slope	Change	Lower CI	Upper CI	p
WAVE 1								
90-day Readmission	BPCI	44.1%	0.5%	-0.4%	-0.9%	-1.5%	-0.2%	0.011
	Non-BPCI	38.0%	-0.3%	-0.3%	0.0%	-0.7%	0.7%	0.974
	Difference		0.8%	-0.1%	-0.8%	-1.8%	0.1%	0.079
90-day Mortality	BPCI	19.8%	-0.2%	-0.2%	0.0%	-0.7%	0.7%	1.000
	Non-BPCI	21.1%	-0.6%	-0.1%	0.5%	-0.2%	1.2%	0.131
	Difference		0.4%	-0.1%	-0.5%	-1.5%	0.5%	0.285
HDAH	BPCI	34.6	-0.2	0.8	1.0	0.7	1.4	<0.001
	Non-BPCI	39.5	-0.3	0.7	1.0	0.4	1.6	0.002
	Difference		0.1	0.1	0.0	-0.7	0.8	0.929
Initial SNF Days	BPCI	31.8	-0.1	-0.5	-0.3	-0.8	0.1	0.124
	Non-BPCI	29.5	0.1	-0.5	-0.5	-1.4	0.4	0.250
	Difference		-0.2	0.0	0.2	-0.8	1.1	0.742
WAVE 2								
90-day Readmission	BPCI	35.4%	0.3%	-0.5%	-0.8%	-1.0%	-0.6%	<0.001
	Non-BPCI	38.0%	0.2%	-0.6%	-0.8%	-0.9%	-0.6%	<0.001
	Difference		0.1%	0.1%	0.0%	-0.3%	0.2%	0.743
90-day Mortality	BPCI	14.1%	-0.2%	-0.2%	0.0%	-0.2%	0.2%	0.829
	Non-BPCI	14.2%	-0.2%	-0.1%	0.1%	-0.1%	0.3%	0.253
	Difference		0.0%	-0.1%	-0.1%	-0.3%	0.2%	0.544
HDAH	BPCI	44.8	0.0	1.0	1.0	0.8	1.2	<0.001
	Non-BPCI	40.3	0.1	0.9	0.8	0.6	0.9	<0.001
	Difference		-0.1	0.1	0.2	0.0	0.4	0.090
Initial SNF Days	BPCI	25.0	-0.1	-0.5	-0.4	-0.5	-0.3	<0.001
	Non-BPCI	29.1	0.0	-0.5	-0.5	-0.6	-0.3	<0.001
	Difference		-0.1	0.0	0.1	-0.1	0.3	0.481

DEMENTIA								
90-day Readmission	BPCI	36.5%	0.39%	-0.33%	-0.72%	-0.98%	-0.45%	0.000
	Non-BPCI	35.9%	0.10%	-0.52%	-0.62%	-0.90%	-0.35%	0.000
	Difference		0.28%	0.19%	-0.09%	-0.47%	0.29%	0.627
90-day Mortality	BPCI	16.5%	-0.30%	-0.14%	0.16%	-0.11%	0.44%	0.245
	Non-BPCI	16.8%	-0.30%	-0.19%	0.12%	-0.15%	0.39%	0.393
	Difference		0.00%	0.05%	0.05%	-0.34%	0.43%	0.818
HDAH	BPCI	40.9	0.10	0.84	0.74	0.51	0.97	0.000
	Non-BPCI	38.8	0.14	0.94	0.80	0.59	1.01	0.000
	Difference		-0.03	-0.09	-0.06	-0.37	0.25	0.699
Initial SNF days	BPCI	28.0	-0.18	-0.42	-0.24	-0.46	-0.01	0.039
	Non-BPCI	30.8	0.07	-0.60	-0.66	-0.89	-0.43	0.000
	Difference		-0.25	0.18	0.43	0.10	0.75	0.009
NO DEMENTIA								
90-day Readmission	BPCI	37.4%	0.25%	-0.36%	-0.62%	-0.82%	-0.41%	0.000
	Non-BPCI	38.9%	0.08%	-0.49%	-0.57%	-0.77%	-0.37%	0.000
	Difference		0.17%	0.12%	-0.05%	-0.33%	0.24%	0.741
90-day Mortality	BPCI	14.7%	-0.14%	-0.21%	-0.07%	-0.26%	0.13%	0.503
	Non-BPCI	15.1%	-0.23%	-0.12%	0.11%	-0.06%	0.28%	0.209
	Difference		0.08%	-0.09%	-0.18%	-0.44%	0.08%	0.184
HDAH	BPCI	43.5	-0.03	0.83	0.86	0.68	1.04	0.000
	Non-BPCI	40.7	0.19	0.85	0.67	0.51	0.83	0.000
	Difference		-0.21	-0.02	0.19	-0.04	0.43	0.112
Initial SNF days	BPCI	26.1	-0.07	-0.46	-0.39	-0.52	-0.26	0.000
	Non-BPCI	28.6	-0.11	-0.55	-0.44	-0.60	-0.27	0.000
	Difference		0.04	0.08	0.04	-0.16	0.25	0.686

Abbreviations: BPCI, Bundled Payments for Care Improvement; CI, confidence interval; HDAH, healthy days at home; Q1, quarter one; SNF, skilled nursing facility.