The Accelerated Benefits Demonstration and Evaluation Project

Impacts on Health and Employment at Twelve Months

Volume 2: Appendixes

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February 2011

The Accelerated Benefits Demonstration is being funded by the Social Security Administration under a competitive award, Contract No. SS00-06-60075. The project officers are Chris Silanskis and Robert Weathers.

The findings and conclusions presented herein do not necessarily represent the official position or policies of the Social Security Administration.

Dissemination of MDRC publications is supported by the following funders that help finance MDRC's public policy outreach and expanding efforts to communicate the results and implications of our work to policymakers, practitioners, and others: The Ambrose Monell Foundation, The Annie E. Casey Foundation, Carnegie Corporation of New York, The Kresge Foundation, Sandler Foundation, and The Starr Foundation.

In addition, earnings from the MDRC Endowment help sustain our dissemination efforts. Contributors to the MDRC Endowment include Alcoa Foundation, The Ambrose Monell Foundation, Anheuser-Busch Foundation, Bristol-Myers Squibb Foundation, Charles Stewart Mott Foundation, Ford Foundation, The George Gund Foundation, The Grable Foundation, The Lizabeth and Frank Newman Charitable Foundation, The New York Times Company Foundation, Jan Nicholson, Paul H. O'Neill Charitable Foundation, John S. Reed, Sandler Foundation, and The Stupski Family Fund, as well as other individual contributors.

The findings and conclusions in this report do not necessarily represent the official positions or policies of the funders.

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Appendix A

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

The Accelerated Benefits Demonstration

Appendix Table A.1

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

Characteristic	AB Plus Group	AB Group	Control Group	Total	P-Value
Health and functional limitations (%)					
Primary diagnosis					0.208
Mental disorders (excluding retardation)	20.1	24.9	23.3	22.3	
Neoplasms	10.6	7.9	6.3	8.4	
Diseases of the:					
Circulatory system	11.9	10.2	12.0	11.6	
Musculoskeletal system and connective tissue	18.7	18.7	18.2	18.5	
Nervous system and sense organs	15.5	14.8	18.7	16.7	
Other	23.1	23.6	21.5	22.5	
Difficulty with any instrumental activities of daily living (IADLs)	94.3	93.8	94.0	94.1	0.951
Difficulty with any activities of daily living (ADLs)	27.8	30.2	26.2	27.6	0.441
Self-reported general health					
Good, very good, or excellent	18.7	21.4	17.7	18.8	0.734
Fair	34.4	34.5	34.8	34.6	
Poor	47.0	44.1	47.5	46.6	
Obese (Body Mass Index of 30 or higher)	45.8	46.4	43.0	44.8	0.499
Medical coverage and care (%)					
Date of last health insurance coverage					0.657
Less than 6 months ago	36.9	40.1	33.9	36.3	
6 months to less than 1 year ago	25.7	24.8	27.2	26.1	
1 year ago or more	33.6	31.1	33.9	33.2	
Never insured	3.8	4.0	4.9	4.3	
Number of months until Medicare-eligible					0.285
15-17	15.9	18.7	15.1	16.1	
18-24	73.2	68.9	75.6	73.3	
25-28	11.0	12.5	9.3	10.6	
In the past 6 months:					
Any unmet medical need	71.2	71.5	68.1	70.0	0.416
Any unmet prescription need	69.6	69.2	67.6	68.7	0.755
Seen or talked to a doctor	79.7	84.9	80.4	81.0	0.147
Any emergency room visits	38.8	44.6	42.4	41.4	0.195
Spent one night or more in the hospital	32.0	28.6	28.5	29.9	0.344
Any nursing home stays	5.2	7.9	5.7	6.0	0.263

(continued)

Appendix Table A.1 (continued)

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

(continued)

Appendix Table A.1 (continued)

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

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

Appendix B

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Appendix C

The AB Health Plan Benefit Handbook

BENEFIT HANDBOOK

SPONSORED BY THE
SOCIAL SECURITY ADMINISTRATION

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

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

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

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

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

YOUR PROVIDER NETWORK

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

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

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

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

YOUR HEALTHCARE PROVIDERS

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

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

MEMBER SERVICES

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

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

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

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

Services are also available for the hearing-impaired.

SUMMARY OF BENEFITS

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

Hospital and other Facilities Expense Benefits	In-Network Benefits (POMCO/MultiPlan Network)
Inpatient Acute Care General Hospital Services (facility charges)	The Plan pays 100% after $200.00 copayment. ***Pre-certification is required*** (except for emergency admissions).
Inpatient Mental Disorder Care (facility charge)	The Plan pays 100% after $200.00 copayment ***Pre-certification is required.*** Limited to 30 days while you are in the Plan. A benefit might be available for additional days if they are Medically Necessary.
Inpatient Treatment of Chemical Abuse	The Plan pays 100% after $200.00 copayment. ***Pre-certification is required.*** • Limited to 7 days for detoxification while you are in the Plan. • Limited to 30 days of rehabilitation while you are in the Plan.
Hospital Outpatient Care Services	
• **Preadmission Testing (facility charge)**	The Plan pays 100%.
• **Emergency Room (facility charge and physician)**	The Plan pays 100% after $35.00 copayment (waived if admitted to a hospital) for the initial treatment of a traumatic accidental injury or a sudden medical emergency due to serious symptoms which require immediate medical attention.
• **Non-emergency use of ER facility**	Not covered
• **Surgery (facility charge)**	$12.00 copayment per event
• **Radiation Therapy**	$12.00 copayment per event
• **Chemotherapy**	The Plan pays 100%.
• **Dialysis**	The Plan pays 100% in an outpatient setting or Medicare-certified Dialysis Center. Services related to treatment of End Stage Renal Disease are not covered.
• **Rehabilitative Therapies**	$12.00 copayment per event A plan of treatment is required, subject to Utilization Review for physical, respiratory, speech, intravenous, and occupational therapies and cardiac rehabilitation.
• **Diagnostic X-ray , Lab and Machine Tests**	The Plan pays 100%.
• **Hospital Outpatient Clinic Visit**	$12.00 copayment per event
Ambulance	The Plan pays 100% after $35.00 copayment Professional and volunteer ambulance services are covered. ***Pre-certification is required*** for non-emergency air ambulance services.
Ambulatory Surgical Center	$12.00 copayment per event

Hospital and other Facilities Expense Benefits	In-Network Benefits (POMCO/MultiPlan Network)
Skilled Nursing Facility (SNF) and Rehabilitation Facility Care	The Plan pays 100%. • Inpatient - limited to 20 days per Spell of Illness or Injury; ***Pre-certification is required.*** • Outpatient - Subject to Utilization Review for Medical Necessity
Home Health Care Agency Service and Supplies (in lieu of Hospital or SNF confinement)	The Plan pays 100%. Limited to 40 visits while you are in the Plan. ***Pre-certification is required.***
Hospice Care Agency for the terminally ill	The Plan pays 100%. ***Pre-certification is required.***
Urgent Care Facility	$12.00 copayment per event

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

Medical/Surgical Services and Supplies	In-Network Benefits (POMCO/MultiPlan Network)
Mental Health – Outpatient Treatment (includes crisis intervention)	$12.00 copayment per event (A plan of treatment is required, subject to Utilization Review)
Private Duty Nursing Care	The Plan pays 100%. ***Pre-certification is required*** to determine the medical necessity for inpatient and outpatient care.
Rehabilitative Therapies	Physical, Speech, Occupational, Intravenous, and Respiratory Therapies and Cardiac Rehabilitation: $12.00 copayment per event A plan of treatment is required, subject to Utilization Review.
Durable Medical Equipment (including equipment needed for employment)	The Plan pays 100%. ***Pre-certification is required.***
Oxygen	The Plan pays 100%.
Prosthetics	The Plan pays 100%. ***Pre-certification is required.***
Wigs (for hair loss related to chemotherapy/radiation therapy)	The Plan pays 100%
Orthotics	$12.00 copayment per event
Medical/Surgical Supplies for Home Use	The Plan pays 90% for supplies such as ostomy bags, surgical dressings, and catheters. Your copayment is 10%.
Contact Lens/Eyeglasses following intraocular or cataract surgery/corneal disease	The Plan pays 100%. These benefits do not apply to the $200.00 maximum benefit for Vision Care.
Dietary/Nutritional Counseling for conditions other than Diabetes	$12.00 copayment per event ***Pre-certification is required.***
Diabetic Care	• Supplies/Equipment - The Plan pays 100%. • Education - $12.00 copayment per event
Chiropractic Care	$12.00 copayment per event
Nutritional Supplements	$12.00 copayment (for supplements needed for phenylketonuria and related disorders, enteral formulas, and modified food products)
Acupuncture	$12.00 copayment per event
Treatment of Morbid Obesity	Covered (including counseling and surgical treatments). Benefit will be based on type of service.
Biofeedback	$12.00 copayment per event

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

Dental Care	**Benefits**
• Preventive/Diagnostic Services (routine)	The Plan pays 100%.
• Basic Services	The Plan pays 75%.
• Major Services	The Plan pays 50%.
• Maximum Benefit	The Plan will pay $1,000 while you are in the Plan.
For a description of covered dental services, see **Appendix A**.	

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

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

BENEFIT MANAGEMENT PROGRAM
(PRE-CERTIFICATION AND UTILIZATION REVIEW)

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

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

PRE-CERTIFICATION:

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

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

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

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

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

UTILIZATION REVIEW

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

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

SERVICES NOT COVERED

Medical Care Exclusions

The Plan will not pay for the following services:

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

Prescription Drug Program

The Plan will not pay for the following:

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

Dental Care Exclusions

The Plan will not pay for the following:

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

Vision Care Exclusions:

The Plan will not pay for the following:

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

Hearing Care

The Plan will not pay for the following:

- Services that are excluded under the Medical Care Exclusions.

CLAIMS AND APPEALS

CLAIMS SUBMISSION

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

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

POMCO
P.O. Box 6329
Syracuse, NY 13217

1-866-462-1812

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

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

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

APPEALS PROCEDURE

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

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

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

1-866-462-1812

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

THIRD PARTY RECOVERY PROVISION
(Right of Subrogation and Refund)

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

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

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

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

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

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

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

COORDINATION OF BENEFITS

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

CONFIDENTIALITY AND PRIVACY

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

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

APPENDIX A

COVERED DENTAL SERVICES

Preventive and Diagnostic Dental Procedures

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

(1) Routine oral exams. This includes the cleaning and scaling of teeth. Limit of 2 each calendar year.

(2) One bitewing x-ray series every calendar year.

(3) One full mouth x-ray every three years.

(4) Emergency palliative treatment for pain.

(5) Sealants on the occlusal surface of a permanent posterior tooth.

Basic Dental Procedures

(1) Dental x-rays not included in Class A.

(2) Oral surgery.

(3) Periodontics (gum treatments).

(4) Endodontics (root canals).

(5) Extractions. This service includes local anesthesia and routine post-operative care.

(6) Recementing bridges, crowns or inlays.

(7) Fillings, other than gold.

(8) General anesthetics, upon demonstration of Medical Necessity.

(9) Antibiotic drugs.

Major Dental Procedures

(1) Gold restorations, including inlays, onlays and foil fillings. The cost of gold restorations in excess of the cost for amalgam, synthetic porcelain or plastic materials will be included only when the teeth must be restored with gold.

(2) Installation of crowns.

(3) Installing partial, full or removable dentures to replace one or more natural teeth. This service also includes all adjustments following the installation.

(4) Addition of clasp or rest to existing partial removable dentures.

(5) Initial installation of fixed bridgework to replace one or more natural teeth.

(6) Repair of crowns, bridgework and removable dentures.

(7) Rebasing or relining of removable dentures.

(8) Replacing an existing removable partial or full denture or fixed bridgework; adding teeth to an existing removable partial denture; or adding teeth to existing bridgework to replace newly extracted natural teeth. However, this item will apply only if one of these tests is met:

(a) The existing denture or bridgework was installed at least five years prior to its replacement and cannot currently be made serviceable.

(b) The existing denture is of an immediate temporary nature.

APPENDIX B

$0 COPAY PRESCRIPTION DRUG BENEFITS
(Medco)

MAINTENANCE DRUGS ONLY LIST ($0 copay):

Anti-infectives
- Antimycobacterials

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

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

Endocrine Therapy
- Antithyroid Agents
- Thyroid Hormones
- Adrenal Hormones

Diabetes Therapy
- Insulins
- Oral Hypoglycemics

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

Obstetric & Gynecology
- Progestins
- Estrogens

Ophthalmology

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

Respiratory and Allergy Therapy

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

Vitamins & Electrolytes

- Legend Vitamins and Hematinics
- Potassium Replacements

Appendix D

Examples of AB Health Plan Mailings

POMCO GROUP THE EXPERTS IN SELF-INSURANCE

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

Date

Name
Address
City/State

Dear "AB Health Plan" Participant:

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

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

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

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

Thank you!

The Team at POMCO Group

POMCO® GROUP | THE EXPERTS IN SELF-INSURANCE

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

Date

Name
Address
City/State

Dear "AB Health Plan *Plus*" Participant:

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

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

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

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

Thank you!

The Team at POMCO Group

POMCO GROUP | THE EXPERTS IN SELF-INSURANCE

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

Date

Name
Address
City/State

Dear "Name":

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

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

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

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

Thank you!

The Team at POMCO Group

Appendix E

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

The Accelerated Benefits Demonstration

Appendix Table E.1

Incurred Health Claims Through July 2010, by Program Group

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

(continued)

Appendix Table E.1 (continued)

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

SOURCE: Calculations from AB health plan claims records.

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

The Accelerated Benefits Demonstration

Appendix Table E.2

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table E.3

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

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

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

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

Appendix F

Additional Information About AB Plus Training and the Management Information System

AB Plus Management Information System: OneCareStreet

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

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

Training

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

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

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

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

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

Appendix G

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

Week 1, Day 1

Date: _____

Sleep

What time did you go to bed last night? _____

How often did you wake up during the night? (No. of times) _____

Total number of hours slept? _____

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

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

6:00 am	
7:00	
8:00	
9:00	
10:00	
11:00	
12:00pm	
1:00	
2:00	
3:00	
4:00	
5:00	
6:00	
7:00	
8:00	
9:00	

Medications

What medications did you take today? _____

Appendix H

Employment and Benefits Counseling Medicare Transition Packet

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

Dear ,

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

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

For Benefits Counseling:
Benefits Counselor Paragraph

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

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

For Employment Counseling:
Employment Counselor Paragraph

Your Local Vocational Rehabilitation Office:
Local Rehab Office Info

Your Local One Stop Career Center:
Local One Stop Info

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

Sincerely,

Employment Counselor Benefits Counselor

TRANSCEN inc.

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

Help Returning to Work After AB+:

Your Social Security Benefits and Work

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

Work Incentives Planning and Assistance (WIPA) Programs

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

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

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

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

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

Protection and Advocacy for Beneficiaries of Social Security (PABSS)

In every state and U.S. Territory, there is H-5 ıcy that is designated to protect the rights of individuals with disabilities. This Protection and Advocacy System also administers the SSA-funded Protection and Advocacy for Beneficiaries of Social Security (PABSS) program. Each PABSS project can:

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

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

Help Returning to Work After AB+: Job Search Resources

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

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

Understanding Your Options:

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

The Big Three:

*May have a different name in your state or area

	One Stop Career Centers*	**Vocational Rehabilitation***	**Employment Networks (ENs)***
Available to:	Everyone – with or without a disability	People with disabilities (as someone receiving SSDI benefits, you are assumed to be eligible)	People with the "Ticket to Work" from Social Security (see below for how to find out if you have a "Ticket")
Services provided:	Ask for what is available. Almost all One Stops have: • Job postings • Access to special job database with listings • Job search software • Basic courses such as resume writing, job searching, and interview skills You can also ask for "Intensive Service" available for people with disabilities. These can include: • one-on-one job counseling, • funds for training or other items you might need to reach employment	Provides or funds supports needed to obtain employment outcome. These supports can include: • job development, • job coaching, • on-the-job training, • education, • some transportation • new business start up funds, • and more!	Employment Networks (ENs) can offer almost any type of service meant to help you get a job. Different ENs offer different services, so check with the ones serving your area to see what they offer. Here are examples of the services that may be offered by ENs: • Career Consulting; • Resume-writing and practice interviews; • Job Accommodations; • Training for specific employment; • Job Placement; • Job coaching; • Self-employment, business start-up expertise; • Transportation

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

Helpful Medicare Information

Congratulations! Your Medicare Eligibility Date is coming up!

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

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

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

LEARN MORE ABOUT MEDICARE:
Here are a few great resources to get you started learning more about Medicare:

Medicare's 800 Number and Website-
1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048)
http://www.medicare.gov/

Medicare and You - The official government handbook about Medicare coverage.
A geographic-specific version will be mailed to you each fall.
Call Medicare or go to their site to see the most recent version.

State Health Insurance Assistance Program (SHIP) Offices-
SHIP can provide one-on-one counseling to you at no cost to help you choose your Medicare plans. They are funded through the Department of Aging.
Find your local contact by calling 1-800-MEDICARE or look it up online at http://www.medicare.gov/Contacts/static/allstatecontacts.asp

The Medicare Rights Center-
An independent non-profit source for information about Medicare. Their website includes counseling tools, a wealth of information, and web courses on Medicare.
Consumer Hotline: 1-800-333-4114, http://www.medicarerights.org/

DO YOU QUALIFY FOR HELP PAYING FOR MEDICARE?

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

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

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

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

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

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

***** If you have income from working, you may qualify for these benefits even if your income is higher than these limits. Many states figure your income and resources differently, so you may be eligible in your state even if you think you exceed these limits. Limits are slightly higher in Alaska and Hawaii.
+Information taken from Get Help With Your Medicare Costs, Center for Medicare and Medicaid Services, Pub No. 10126

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

Medicare Extra Help: (Help with Part D)
If you qualify for one of the programs above, you automatically qualify for extra help paying the costs of Medicare prescription drug coverage.

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

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

*Amounts are for 2009 and change each year.

Then you may qualify for Extra Help paying your Medicare Drug Plan (Part D) costs.
Due to certain income and resource exclusions you may qualify even if your income or resources are above these levels.

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

Appendix I

Trends in AB Plus Participation Between Random Assignment and July 2010

The Accelerated Benefits Demonstration

Appendix Table I.1

Use of AB Plus Services Through July 2010

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

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

NOTES: [a]This measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

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

The Accelerated Benefits Demonstration

Appendix Table I.2

Intake ActivitiesThrough July 2010

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table I.3

Use of Ongoing Service Coordination Through July 2010

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

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

NOTES: [a]This measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

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

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

The Accelerated Benefits Demonstration

Appendix Table I.4

Use of PGAP Services Through July 2010

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

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

NOTES: [a]This measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

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

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

The Accelerated Benefits Demonstration

Appendix Table I.5

Summary of PGAP Completions Through July 2010

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table I.6

Use of Employment and Benefits Counseling Services Through July 2010

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

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

NOTES: [a]This measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

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

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

The Accelerated Benefits Demonstration

Appendix Table I.7

Use of Medical Case Management Services Through July 2010

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

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

NOTES: [a]This measures direct contact between staff and AB Plus group members. Service use independent of staff is not measured.

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

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

The Accelerated Benefits Demonstration

Appendix Table I.8

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

Characteristic	Used an AB Plus Service (%)	Used Ongoing Service Coordination (%)	Used PGAP (%)	Completed PGAP Module 4 (%)	Used Employment and Benefits Counseling (%)	Used Medical Case Management (%)
Primary diagnosis						
Neoplasms	86.2	56.9 ***	29.2 **	10.8 **	35.4	56.9 *
Not neoplasms	90.8	77.5	44.3	24.0	44.9	44.7
Mental disorders (excluding retardation)	88.6	75.6	41.5	26.0	41.5	52.0
Not mental disorders	90.8	75.2	43.0	21.7	44.5	44.5
Months until Medicare-eligible						
19-24	91.3	77.2	43.9	23.0	45.3	48.0
Other	88.8	72.3	40.9	21.9	41.7	43.0
Self-reported general health status						
Fair or better	89.5	74.4	44.8	24.4	48.5 **	42.9
Poor	91.3	76.3	40.4	20.6	38.7	49.5
Body Mass Index (BMI)						
Obese (BMI of 30 or higher)	91.0	76.7	41.6	22.2	41.9	48.7
Overweight or less	89.7	73.9	43.6	23.0	45.5	43.3
Educational attainment						
High school /GED or higher	91.9 **	78.5 ***	45.4 ***	25.6 ***	47.3 ***	47.9 *
Less than high school/GED	84.7	63.4	32.8	11.5	31.3	38.9
Sample size (total = 611)						

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

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

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

Appendix J

Selected Outcomes for Sample Members with Primary Diagnoses Other Than Neoplasms

The Accelerated Benefits Demonstration

Appendix Table J.1

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

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

(continued)

Appendix Table J.1 (continued)

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

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

The Accelerated Benefits Demonstration

Appendix Table J.2

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table J.3

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

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

(continued)

Appendix Table J.3 (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table J.4

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

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

(continued)

Appendix Table J.4 (continued)

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

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

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Appendix Table J.5

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table J.6

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

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

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

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

Appendix K

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

The Accelerated Benefits Demonstration

Appendix Table K.1

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table K.2

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table K.3

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

Outcome	AB Group	Control Group	Difference (Impact)	P-Value
Self-reported health (%)				
Good, very good, or excellent	32.0	21.9	10.1 ***	0.000
Fair	43.0	41.2	1.8	0.588
Poor	25.0	36.9	-11.9 ***	0.000
Health compared with random assignment (%)				
Improved	36.7	27.5	9.2 ***	0.002
Did not change	53.5	56.4	-2.9	0.388
Worsened	9.9	16.1	-6.2 ***	0.005
SF-36 health survey[a]				
Component summary scores				
Physical	33.6	32.7	0.8	0.201
Mental	38.5	36.6	1.9 **	0.023
Scales				
Physical functioning	30.6	30.5	0.1	0.841
Role physical	34.0	33.0	0.9	0.113
Bodily pain	37.5	35.4	2.1 ***	0.005
General health	33.9	32.2	1.8 ***	0.005
Vitality	39.3	37.7	1.6 **	0.010
Social functioning	33.3	32.0	1.4 *	0.067
Role emotional	36.0	33.7	2.3 ***	0.007
Mental health	36.9	35.9	1.0	0.227
Quality adjusted life years (0 = worst health state; 1 = best)	0.539	0.529	0.010	0.137
Sample size (total = 971)	358	613		
Died since random assignment[p]	4.4	4.5	-0.1	0.955
Sample size (total = 1,386)	400	986		

(continued)

Appendix Table K.3 (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table K.4

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table K.5

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

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table K.6

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

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

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

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

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

Appendix L

Selected Findings for Subgroups

The Accelerated Benefits Demonstration

Appendix Table L.1

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

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

(continued)

Appendix Table L.1 (continued)

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table L.2

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

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

(continued)

Appendix Table L.2 (continued)

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

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

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

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

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

The Accelerated Benefits Demonstration

Appendix Table L.3

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

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

(continued)

Appendix Table L.3 (continued)

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

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

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

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

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

Appendix M

Regression Coefficients for Selected Impact Estimates

The Accelerated Benefits Demonstration

Appendix Table M.1

Regression Coefficients for Selected Impact Estimates

Sample Members Randomly Assigned Through November 6, 2008

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

(continued)

Appendix Table M.1 (continued)

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

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

NOTE: Sample sizes vary because of missing data.

Appendix N

Selected Regression Results Comparing Logistic and Linear Models

The Accelerated Benefits Demonstration

Appendix Table N.1

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

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

(continued)

Appendix Table N.1 (continued)

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

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

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

Sample sizes may vary because of missing data.

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

Accelerated Benefits Demonstration

Appendix Table N.2

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

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

(continued)

Appendix Table N.2 (continued)

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

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

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

Appendix O

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

The Accelerated Benefits Demonstration

Appendix Table O.1

Number of Survey Completions, by Month of Follow-Up

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

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

The Accelerated Benefits Demonstration

Appendix Table O.2

Survey Response Rates, by Research Group

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

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

NOTES: [a]The final sample is calculated by subtracting the ineligible sample from the released sample.

[b]The response rate is calculated by dividing the number of completed interviews by the final sample.

The Accelerated Benefits Demonstration

Appendix Table O.3

Survey Refusal Conversion Rates, by Research Group

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

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

The Accelerated Benefits Demonstration

Appendix Table O.4

Locating Efforts, by Research Group

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

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

The Accelerated Benefits Demonstration

Appendix Table O.5

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

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

(continued)

Appendix Table O.5 (continued)

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

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

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

The Accelerated Benefits Demonstration

Appendix Table O.6

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

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

(continued)

Appendix Table O.6 (continued)

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

(continued)

Appendix Table O.6 (continued)

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

(continued)

Appendix Table O.6 (continued)

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

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

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

The Accelerated Benefits Demonstration

Appendix Table O.7

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

All Sample Members Randomly Assigned Through November 6, 2008

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

(continued)

Appendix Table O.7 (continued)

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

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

The Accelerated Benefits Demonstration

Appendix Table O.8

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

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

(continued)

Appendix Table O.8 (continued)

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

SOURCE: Calculations from AB health plan claims records.

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

The Accelerated Benefits Demonstration

Appendix Table O.9

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

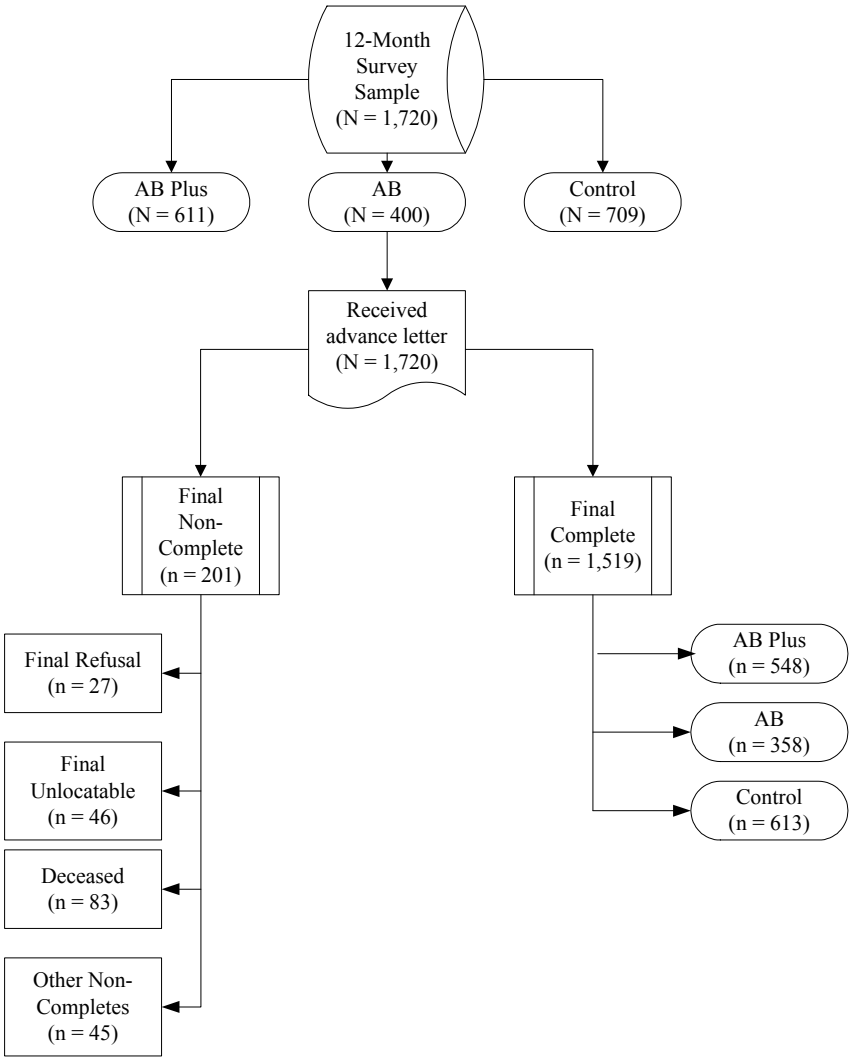
Died (%)	AB Plus Group	AB Group	Control Group	AB Plus-Control Difference (Impact)	AB Plus-Control P-Value	AB-Control Difference (Impact)	AB-Control P-Value	AB Plus-AB Difference (Impact)	AB Plus-AB P-Value
All sample members									
Within 12 months of random assignment	5.2	5.2	3.5	1.8	0.109	1.7	0.203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

SOURCE: Calculations from Social Security Administration administrative data.

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

Figure O.1

Flow and Distribution of 12-Month Survey Sample



Appendix P

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

The Accelerated Benefits Demonstration

Appendix Table P.1

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

All Program Group Members Randomly Assigned Through January 21, 2009

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

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

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