

### ■ eAppendix. Medicare Health Support Design and Eligibility

Medicare Health Support (MHS) participants were Medicare fee-for-service beneficiaries with diabetes, heart failure, or both, with Hierarchical Condition Category (HCC) scores  $>1.35$ . Approximately 30,000 participants were randomly assigned by the Centers for Medicare & Medicaid Services to each MHS organization at a 2:1 ratio of the intervention to standard-care control groups. Randomization was performed with respect to 3 variables: a claims-based diagnosis of heart failure, HCC risk score category, and dual Medicare/Medicaid eligibility.<sup>16</sup> The HCC risk score is used in the Medicare program to adjust managed care payments. A beneficiary with an HCC score of 1.35 is predicted to have Medicare payments next year that are 35% greater than estimated payments for the average Medicare fee-for-service beneficiary. HCC risk score categories used for the purpose of randomization were low risk,  $\geq 1.35$  and  $< 2.00$ ; medium risk,  $\geq 2.00$  and  $< 3.10$ ; and high risk,  $\geq 3.10$ . Participants commonly had comorbid conditions in addition to the qualifying condition, which contributed to the risk score variable used in randomization. This study used data from participants enrolled in 1 of 2 MHS pilots in which we delivered the end-of-life program (N = 46,722) and the corresponding controls (N = 23,354). The start dates for the final 12 months of each pilot considered in this analysis were MHS organization 1, January 15, 2007, and MHS organization 2, August 1, 2007.