

Appendix 4

Candidate Metrics by Approach

ACHI is a nonpartisan, independent, health policy center that serves as a catalyst to improve the health of Arkansans.



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This table attributes the metrics that are referenced in Appendix 3 to the corresponding analytical design approach that will be used to address each of the evaluation hypotheses.

Hypotheses	Design Approach		
	Subgroup Comparison	Regression Discontinuity	Statewide Comparison
1—Access			
a. Premium Assistance beneficiaries will have equal or better access to care, including primary care and specialty physician networks and services.		2, 3, 4, 10, 16, 20	1, 2, 3, 4, 10, 16, 20-22, 24-28, 43-48, 37-40, 45-48
b. Premium Assistance beneficiaries will have lower non-emergent use of emergency room services.	22, 41	22, 41	22, 41
c. Premium Assistance beneficiaries will have lower rates of potentially preventable emergency department and hospital admissions.		4, 23	4-8, 23
d. Premium Assistance beneficiaries who are young adults eligible for EPSDT benefits will have at least as satisfactory and appropriate access to these benefits.	18, 43-47		
e. Premium Assistance beneficiaries will have appropriate access to non-emergency transportation.	42	42	42
2—Care/Outcomes			
a. Premium Assistance beneficiaries will have equal or better access to preventive care services. (P – Primary Prevention; S – Secondary Prevention; T – Tertiary Prevention)		P: 2, 3 S: 9, 10 T: 11-13, 18-19	P: 1-3 S: 9-10 T: 11-13, 17-19
b. Premium Assistance beneficiaries will report equal or better experience in the care provided.			24-28, 30-35, 37-40

3—Continuity			
a. Premium Assistance beneficiaries will have fewer gaps in insurance coverage.		49-52	29, 49-52
b. Premium Assistance beneficiaries will maintain continuous access to the same health plans, and will maintain continuous access to providers.		49-52	29, 36(m), 43-44, 49-52
4—Cost Effectiveness			
a. Premium Assistance beneficiaries, including those who become eligible for Exchange Marketplace coverage, will have fewer gaps in plan enrollment, improved continuity of care, and resultant lower administrative costs.		2-4, 9-13, 16, 18-20, 22-23, 41-42, 54, 56-58	1-13, 16-28, 30-35, 37-52, 54, 56-58
b. Premium Assistance will reduce overall premium costs in the Exchange Marketplace and will increase quality of care.		2-4, 9-13, 16, 18-20, 22-23, 41-42, 59-61	1-13, 16-28, 30-35, 37-52, 59-61
c. The cost for covering Premium Assistance beneficiaries will be comparable to what the costs would have been for covering the same expansion group in Arkansas Medicaid fee-for-service in accordance with STC 68 on determining cost effectiveness and other requirements in the evaluation design as approved by CMS.		53-57	53-57

m = modification