



Monitoring and Evaluation for Eligibility and Coverage Demonstrations



*Community Engagement
Evaluation Guidance
Rollout*

March 19, 2019

12:30 PM – 2:00 PM EST

Agenda

- I. Welcome and Introductions
- II. Overview of Monitoring and Evaluation for Eligibility and Coverage Demonstrations
- III. CMS Approach to Evaluation Design Guidance
- IV. Orientation to Evaluation Design Guidance
- V. Evaluation Design Guidance for Community Engagement (CE)
- VI. Evaluation Design Guidance for Other Policies
- VII. Questions, Next Steps, and Final Remarks

Welcome and Introductions

Speakers

- Teresa DeCaro, Deputy Director, State Demonstrations Group, CMS
- Danielle Daly, Technical Director, Division of Demonstration Monitoring and Evaluation, State Demonstrations Group, CMS
- Paula Kazi, Analyst, Division of Demonstration Monitoring and Evaluation, State Demonstrations Group, CMS

Implementation and Monitoring Webinar Recap

This is the second of two webinars on monitoring and evaluation for eligibility and coverage demonstrations. On March 14, CMS outlined:

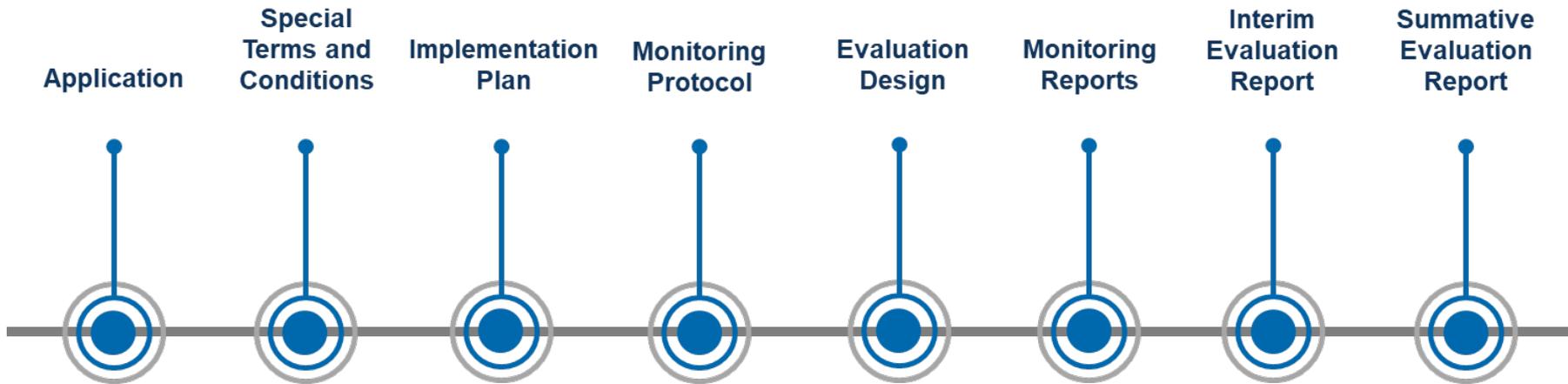
- CE implementation plan, monitoring protocol, and monitoring report templates
- Customization of implementation and monitoring materials
- Resources available to support states in developing implementation plans and monitoring protocols

Template	Description
Implementation Plan	<ul style="list-style-type: none"> ▪ Documents state approach to implementation ▪ Informs monitoring and evaluation activities for the demonstration
Monitoring Protocol	<ul style="list-style-type: none"> ▪ Describes what state will report on a quarterly basis, developed collaboratively between CMS and the state
Monitoring Report	<ul style="list-style-type: none"> ▪ Documents qualitative summaries on metrics trends and implementation updates ▪ Provides standardized quarterly and annual monitoring metrics for CE demonstrations

Integrated Approach to Monitoring and Evaluation

- All section 1115 demonstrations are policy experiments that must be carefully implemented, monitored, and evaluated (CFR 432.420, 432.424, 432.428)
- With robust and more standardized reporting, states can make course corrections as needed, and learning within and across states can be accelerated
- CMS has developed monitoring and evaluation resources for CE and other eligibility and coverage policies to provide clear guidance to states
- Value of monitoring data for evaluation:
 - Provides context for evaluations and suggests refinements of analyses (like control variables)
 - Can inform interpretation of evaluation results
 - Can be used as the data source for research questions about demonstration processes

Monitoring and Evaluation Process



CMS Approach to Evaluation Design Guidance

Approach to Evaluation Design Guidance

- Evaluation guidance contains general instructions for rigorous designs and specific design recommendations for eligibility and coverage policies in a set of appendices:
 - Community Engagement
 - Premiums
 - Non-eligibility periods
 - Retroactive eligibility waivers
 - Overall demonstration costs and sustainability
- Appendices include hypotheses based on CMS and state policy expectations
- Design recommendations focus on addressing hypotheses – goal is to test whether policy objectives are realized
- States should expect to use multiple appendices – those that pertain to your demonstration design

Example: CE Policy Goals Reflected in Hypotheses

- CE evaluations seek to test whether requiring CE activities as a condition of eligibility:
 1. Leads to increased or sustained employment
 2. Improves beneficiaries' socio-economic status
 3. Promotes beneficiary independence
 4. Improves health outcomes
- States may have state-specific goals they can add as hypotheses
- States should also analyze CE costs to inform sustainability assessment – including changes to administrative costs, service expenditures, and provider uncompensated care

Development of Evaluation Design Guidance

- CMS, supported by its contractor Mathematica, developed evaluation design guidance for CE and other eligibility and coverage policies that builds on the high-level guidance in Attachment A to STCs
- Recommended evaluation approaches are based on best practices in policy evaluation
- Guidance revised in response to feedback from evaluators for states with eligibility and coverage demonstrations (19 evaluators, working with 6 states)

Recommended Use of Guidance

- Guidance will support states' consideration of rigorous evaluation approaches and requests for needed evaluation funding
- States can add unique or state-specific demonstration elements to recommended approaches for evaluating each policy type
- States that have not yet submitted evaluation plans should use the guidance as a foundation
- States that have already submitted evaluation design plans should consider whether they can add elements of guidance
 - CMS will work with these states to consider alignment with guidance

Recommended Timeframe for Engaging Evaluators and Planning Implementation

- CMS encourages states to begin the process of engaging an evaluator as soon as possible, even before demonstration approval
- States also should consider designing implementation to enable rigorous evaluation – requires early evaluator input
 - For example, coordinating implementation and evaluation allows greater comparison group options
 - Random assignment
 - Implementation staged by age group or other characteristics
- Guidance can support evaluator procurement and reduce time and resources needed to gain CMS approval of evaluation design plans

Orientation to Evaluation Design Guidance

Guidance Layout

Master Narrative

- Discusses options for comparison groups, data sources, methods
- Follows outline in STCs Attachment A, which outlines required contents of evaluation plans

Policy-Specific Appendices

- Contain hypotheses, research questions, and recommended methods in the form of design tables
- Primary research questions address hypotheses
- Subsidiary research questions help states understand observed policy effects in more depth and detail

Comparison Strategies and Analytic Methods

- Options for identifying comparison groups:
 - In-state
 - Out-of-state
 - Both (recommended)
- Recommended methods to allow for causal inference (i.e., attributing an observed outcome to the demonstration):
 - Randomization
 - Regression discontinuity (requires a threshold)
 - Difference-in-differences (requires baseline data)
- Descriptive analyses, including descriptive regressions, are necessary in some cases, but do not allow for causal inference

Data Sources

- CMS recommends use of both qualitative and quantitative data, depending on the best way to address specific research questions
- Potential data sources include:
 - Individual and group interviews with beneficiaries and/or key informants
 - Beneficiary surveys that follow beneficiaries over time, including those who have separated from Medicaid
 - National surveys
 - Medicaid administrative data
 - Administrative data for non-Medicaid programs (e.g., SNAP, TANF)

Importance of Design Tables

- Design tables in each policy-specific appendix are organized by hypotheses, and then by primary and subsidiary research questions
- For each research question, design tables provide the following possible elements – these must work together:
 - Comparison group
 - Outcome measure
 - Data source
 - Analytic approach
- Some subsidiary research questions are exploratory or descriptive in nature and recommended approaches do not have comparison groups

Using Appendices to Customize Evaluation Design

- States should work with evaluators to customize design tables based on comparison group options and data availability
- States should select at least one recommended approach for each research question or propose different approaches based on data availability and comparison group opportunities
- States with more than one policy should work with evaluators to determine the best way to assess individual policies, as opposed to the demonstration as a whole

Questions?

Evaluation Design Guidance for CE

CE Hypotheses Reflect Policy Goals

Hypothesis 1:

Medicaid beneficiaries subject to CE requirements will **have higher employment levels**, including work in subsidized, unsubsidized, or self-employed settings, than Medicaid beneficiaries not subject to the requirements.

Hypothesis 2:

CE requirements will **increase the average income** of Medicaid beneficiaries subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.

Hypothesis 3:

CE requirements will increase the likelihood that Medicaid beneficiaries **transition to commercial health insurance** after separating from Medicaid, compared to Medicaid beneficiaries not subject to the requirements.

Hypothesis 4:

CE requirements will **improve the health outcomes** of current and former Medicaid beneficiaries subject to the requirements, compared to Medicaid beneficiaries not subject to the requirements.

CE Research Questions Address Hypotheses

- **Hypothesis 1:** Medicaid beneficiaries subject to CE requirements will have higher employment levels, including work in subsidized, unsubsidized, or self-employed settings, than Medicaid beneficiaries not subject to the requirements.
 - **Primary research question 1.1:** Are beneficiaries subject to community engagement requirements more likely than other similar Medicaid beneficiaries not subject to these requirements to be employed (including new and sustained employment)?
 - **Subsidiary research question 1.1a:** Do beneficiaries who initially participate in qualifying activities other than employment gain employment within some defined time period (i.e., is there evidence of job-readiness progression?)
 - **Subsidiary research question 1.1b:** Is employment among individuals subject to community engagement requirements sustained over time, for example for a year or more, including after separating from Medicaid?

CE Evaluation Design Example: RQ 1.1

Design table in guidance makes multiple suggestions:

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Hypothesis 1: <i>Medicaid beneficiaries subject to community engagement requirements will have higher employment levels, including work in subsidized, unsubsidized, or self-employed settings, than Medicaid beneficiaries not subject to the requirements.</i>			
Primary research question 1.1: Are beneficiaries subject to community engagement requirements more likely than other similar Medicaid beneficiaries not subject to these requirements to be employed (including new and sustained employment)?			
Beneficiaries randomized to a control group that is not subject to community engagement requirements	Probability of being employed	State beneficiary survey	Regression model of employment based on randomized controlled trial
	Probability of being employed at least 20 hours per week	State workforce or tax data	
	Number of hours worked per week		
Beneficiaries not subject to requirements based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Probability of being employed	State beneficiary survey (if survey is fielded at baseline and after implementation or if initial post-implementation survey asks retrospective questions)	Difference-in-differences or regression discontinuity model of employment ^a
	Probability of being employed at least 20 hours per week		
	Number of hours worked per week	State workforce or tax data	
1. Similar adults in other states that do not have a community engagement demonstration	Probability of being employed	IPUMS ACS, variables EMPSTAT and HRSWORK1	Difference-in-differences regression model of employment among the likely eligible population
	Probability of being employed at least 20 hours per week		
	Number of hours worked per week		
2. Likely eligible adults in demonstration state not subject to requirements based on implementation strategy (staged by geographic area, age group, or other group if staged rollout takes at least one year), and/or eligibility criteria that can be proxied with survey data (i.e., different income, age, or caretaker status groups)	Probability of being employed	IPUMS ACS, variables EMPSTAT and HRSWORK1	Difference-in-differences regression model of employment among the likely eligible population
	Probability of being employed at least 20 hours per week		
	Number of hours worked per week		

IPUMS ACS = Integrated Public Use Microdata Series, American Community Survey version

^a If no baseline (pre-demonstration) data are available, for example because demonstration implementation coincides with a coverage expansion to the population of interest, a difference-in-differences model is not possible. However, if the state stages (rolls out) implementation based a continuous beneficiary characteristic such as age or income, or varies policy according to a continuous beneficiary characteristic, a regression discontinuity design may be used.

CE Evaluation Design Example: RQ 1.1

- What are comparison group and data options for this state? Suppose:
 - There is some obstacle to random assignment and a randomized controlled trial is not feasible
 - But the state will stagger implementation by age groups, one year apart: 19-29 and 30-45
 - In this case, state could use a state-based survey to examine differences at the 29-30 and 45-50 thresholds using a regression discontinuity design
 - No pre-implementation observations are needed,
 - Although many observations are needed at the age thresholds
 - Could also use national survey data (which has pre-implementation data) to conduct difference-in-differences analysis, using in-state and other-state comparisons

CE Evaluation Design Example: RQ 1.1

State therefore customizes design table in its evaluation plan to look like this:

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Hypothesis 1: <i>Medicaid beneficiaries subject to community engagement requirements will have higher employment levels, including work in subsidized, unsubsidized, or self-employed settings, than Medicaid beneficiaries not subject to the requirements.</i>			
Primary research question 1.1: Are beneficiaries subject to community engagement requirements more likely than other similar Medicaid beneficiaries not subject to these requirements to be employed (including new and sustained employment)?			
Beneficiaries above age threshold for two age groups, implemented one year apart: 19-29 and 30-49	Probability of being employed Probability of being employed at least 20 hours per week Number of hours worked per week	State beneficiary survey	Regression discontinuity design
1. Similar adults in other states that do not have a community engagement demonstration 2. Likely eligible adults in demonstration state not subject to requirements based on implementation strategy (staged by age group)	Probability of being employed Probability of being employed at least 20 hours per week Number of hours worked per week	IPUMS ACS, variables EMPSTAT and HRWORK1	Difference-in-differences regression model of employment among the likely eligible population

IPUMS ACS = Integrated Public Use Microdata Series, American Community Survey version

Research Questions Related to CE Implementation

- In addition to hypotheses and related research questions that focus on expected policy outcomes, states should specify a set of research questions about implementation of the CE requirement
 - These questions provide context for evaluation results and aid interpretation
- For example:
 - **Primary research question 6:** What are common barriers to compliance with CE requirements?
 - **Primary research question 8:** Do beneficiaries subject to CE requirements understand the requirements, including how to satisfy them and the consequences of noncompliance?

Evaluation Design Guidance for Other Policies

Premiums or Account Payments Hypotheses

Hypothesis 1:

Beneficiaries who are required to make premium payments, including beneficiary account contributions, will **gain familiarity** with a common feature of commercial health insurance.

Hypothesis 2:

Medicaid beneficiaries who are required to make monthly beneficiary account payments and who have incentives to manage the account balance will exhibit **more efficient use of health care services** than other Medicaid beneficiaries not asked to make beneficiary account payments. (Applicable to states with beneficiary accounts only.)

Hypothesis 3:

Premium requirements, including beneficiary account contributions, will **reduce the likelihood of enrollment** and enrollment continuity.

Premiums Research Questions Address Hypotheses

- **Hypothesis 1:** Beneficiaries who are required to make premium payments, including beneficiary account contributions, will gain familiarity with a common feature of commercial health insurance.
 - **Primary research question 1.1:** Do beneficiaries with premium or beneficiary account payment requirements understand their payment obligations?

Non-Eligibility Periods Hypotheses

Hypothesis 1:

Medicaid beneficiaries subject to non-eligibility periods for noncompliance with program requirements will have **higher rates of compliance** with those requirements than other beneficiaries not facing non-eligibility periods.

Hypothesis 2:

Among beneficiaries who enroll in Medicaid, those subject to non-eligibility periods will have **more continuous enrollment** than those not subject to non-eligibility periods.

Hypothesis 3:

Through greater continuity of coverage, **health outcomes will be better** for those subject to non-eligibility periods than for other Medicaid beneficiaries.

Non-Eligibility Periods Research Questions Address Hypotheses

- **Hypothesis 1:** Medicaid beneficiaries subject to non-eligibility periods for noncompliance with program requirements will have higher rates of compliance with those requirements than other beneficiaries not facing non-eligibility periods.
 - **Primary research question 1.1:** Are beneficiaries subject to non-eligibility periods for noncompliance with program requirements more likely to comply with those requirements than other Medicaid beneficiaries not subject to non-eligibility periods?
 - **Subsidiary research question 1.1a:** Do beneficiaries subject to non-eligibility periods understand program requirements and how to comply with them?
 - **Subsidiary research question 1.1b:** Do beneficiaries subject to non-eligibility periods understand the non-eligibility period consequence for noncompliance with program requirements?

Retroactive Eligibility Waivers Hypotheses

Hypothesis 1:

Eliminating or reducing retroactive eligibility will **increase the likelihood of enrollment** and enrollment continuity.

Hypothesis 2:

Eliminating or reducing retroactive eligibility will **increase enrollment of eligible people when they are healthy** relative to those eligible people who have the option of retroactive eligibility.

Hypothesis 3:

Through greater continuity of coverage, **health outcomes will be better** for those subject to retroactive eligibility waivers compared to other Medicaid beneficiaries.

Hypothesis 4:

Elimination or reduction of retroactive coverage eligibility **will not have adverse financial impacts** on consumers.

Retroactive Eligibility Waivers Research Questions

Address Hypotheses

- **Hypothesis 1:** Eliminating or reducing retroactive eligibility will increase the likelihood of enrollment and enrollment continuity.
 - **Primary research question 1.1:** Do eligible people subject to retroactive eligibility waivers enroll in Medicaid at the same rates as other eligible people who have access to retroactive eligibility?
 - **Subsidiary research question 1.1a:** Are there changes in the rate of presumptive eligibility determinations after the elimination or reduction of retroactive eligibility?
 - **Primary research question 1.2:** What is the likelihood of enrollment continuity for those subject to a retroactive eligibility waiver compared to other Medicaid beneficiaries who have access to retroactive eligibility?

Retroactive Eligibility Waiver Example: RQ 1.2

Like CE guidance, design table in guidance for retroactive eligibility waivers makes multiple suggestions:

Primary research question 1.2: What is the likelihood of enrollment continuity for those subject to a retroactive eligibility waiver compared to other Medicaid beneficiaries who have access to retroactive eligibility?			
Similar beneficiaries not subject to retroactive eligibility waiver based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Probability of completing the renewal process	State administrative enrollment data	Difference-in-differences regression model or regression discontinuity model of completed renewals among beneficiaries who are due for renewal ^a
Similar beneficiaries not subject to retroactive eligibility waiver based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Probability of remaining enrolled in Medicaid for 12-, 18-, 24-consecutive months	State administrative enrollment data	Difference-in-differences regression model or regression discontinuity model of enrollment continuity among beneficiaries starting a new spell of enrollment in Medicaid (enrollment by those without a recent spell of Medicaid coverage) ^a
Similar beneficiaries not subject to retroactive eligibility waiver based on implementation strategy (staged by geographic area, age group, or other beneficiary characteristic) and/or eligibility criteria	Number of months with Medicaid coverage (1-12)	State administrative enrollment data	Difference-in-differences regression model (or regression discontinuity or hazard model, if no pre-period data are available) of duration of Medicaid coverage ^a

^a If no baseline (pre-demonstration) data are available, for example because demonstration implementation coincides with a coverage expansion to the population of interest, a difference-in-differences model is not possible. However, if the state stages (rolls out) implementation based a continuous beneficiary characteristic such as age or income, or varies policy according to a continuous beneficiary characteristic, a regression discontinuity design may be used.

Retroactive Eligibility Waiver Example: RQ 1.2

- What are comparison group and data options for this state? Suppose:
 - Entire new adult group is subject to retro waiver
 - Administrative data is available before and after implementation of waiver
 - In-state comparisons are imperfect, because other eligibility groups are different in their observable characteristics
 - However, still worth comparing to other non-disabled adults, e.g., section 1931 adults
 - For differences-in-differences analysis, similarity of pre-period trends more important than similarity in observable characteristics

Retroactive Eligibility Waiver Example: RQ 1.2

State therefore customizes design table in its evaluation plan to look like this:

Primary research question 1.2: What is the likelihood of enrollment continuity for those subject to a retroactive eligibility waiver compared to other Medicaid beneficiaries who have access to retroactive eligibility?			
Section 1931 parents and caretaker relatives	Probability of completing the renewal process	State administrative enrollment data	Difference-in-differences regression model of completed renewals among beneficiaries who are due for renewal
Section 1931 parents and caretaker relatives	Probability of remaining enrolled in Medicaid for 12-, 18-, 24-consecutive months	State administrative enrollment data	Difference-in-differences regression model of enrollment continuity among beneficiaries starting a new spell of enrollment in Medicaid (enrollment by those without a recent spell of Medicaid coverage)
Section 1931 parents and caretaker relatives	Number of months with Medicaid coverage (1-12)	State administrative enrollment data	Difference-in-differences regression model of duration of Medicaid coverage

Demonstration Cost Impacts and Sustainability

Appendix

- Sustainability is an objective of Medicaid, and eligibility and coverage policies are being tested to assess whether they support that objective
- To assess sustainability, states must make judgments about:
 - The most relevant time horizon for policy and budgetary context
 - Acceptable levels of demonstration costs overall and per beneficiary
 - Acceptable levels of demonstration costs given non-cost outcomes
- Guidance provides research questions on costs and objective ways to measure costs - there are no cost hypotheses
- States should assess answers to cost questions together with other evaluation results (i.e., results of hypothesis tests for all demonstration policies) and state-selected measures of sustainability

Questions?

Next Steps

- CMS will work with states with approved CE demonstrations to meet the timelines in their Special Terms and Conditions (STCs) for evaluation design
 - On a case by case basis, adjustments will be made to the timeline if needed
- CMS will work with each state to reach an approved evaluation design
- CMS recommends that states with pending or approved CE demonstrations discuss evaluation designs with CMS, if they have not already done so

TA to Support Developing Evaluation Designs

CMS will support states in using these materials and developing designs. States are strongly encouraged to seek TA if you have questions:

1. Contact your Project Officer, who can connect states with appropriate CMS staff
2. Submit general questions to the Technical Assistance mailbox: 1115MonitoringAndEvaluation@cms.hhs.gov
3. Consult additional guidance documents available on Medicaid.gov: <https://www.medicaid.gov/medicaid/section-1115-demo/evaluation-reports/index.html>

Final Remarks

- Thank you again for participating in the CE Evaluation Rollout webinar!
- We value your time and questions, and encourage you to email the Monitoring and Evaluation inbox at:
1115MonitoringAndEvaluation@cms.hhs.gov