
**APPENDIX TO EVALUATION DESIGN GUIDANCE FOR SECTION 1115
ELIGIBILITY & COVERAGE DEMONSTRATIONS: NON-ELIGIBILITY PERIODS**

This appendix to the evaluation design guidance for section 1115 eligibility and coverage demonstrations provides specific guidance for evaluations of non-eligibility periods. The appendix contains suggested policy goals, an example logic model for expected outcomes, hypotheses and research questions, and evaluation approaches (see table). States with other eligibility and coverage policies should consult each relevant appendix to build their demonstration evaluation design, in addition to the generalized evaluation design guidance for section 1115 eligibility and coverage policies.

States with more than one eligibility and coverage policy may not be able to address all recommended research questions in each appendix because it will not be possible to attribute observed effects to individual policies, as opposed to the demonstration as a whole. States should work with their evaluators to determine which research questions are most appropriate and feasible to address for individual demonstration policies.

1. Non-eligibility periods in section 1115 demonstrations

Non-eligibility periods are consequences for noncompliance with other demonstration requirements, such as community engagement, premium payments, timely change in circumstance notifications, and timely redeterminations. States impose non-eligibility periods to emphasize the importance of the required behavior and to familiarize beneficiaries with a consequence that may be present in commercial health insurance plans.

States may also impose benefit suspensions as a consequence for noncompliance with demonstration policies, but suspensions do not disenroll beneficiaries from Medicaid. Although hypotheses and research questions in this appendix are framed in terms of non-eligibility periods, they are still relevant for states that suspend benefits for noncompliance. States should work with their evaluators to modify the hypotheses and research questions to reflect how their demonstration implements and operationalizes consequences for noncompliance that interrupt beneficiaries' access to health care services. Demonstration monitoring data may be an important source for understanding how states implement and operationalize non-eligibility periods, including the number of beneficiaries who experience these consequences over the course of the demonstration period, given grace periods. These timing considerations may influence when it would be appropriate to conduct the more rigorous analyses anticipated in the appendix tables.

2. The goals of the non-eligibility periods

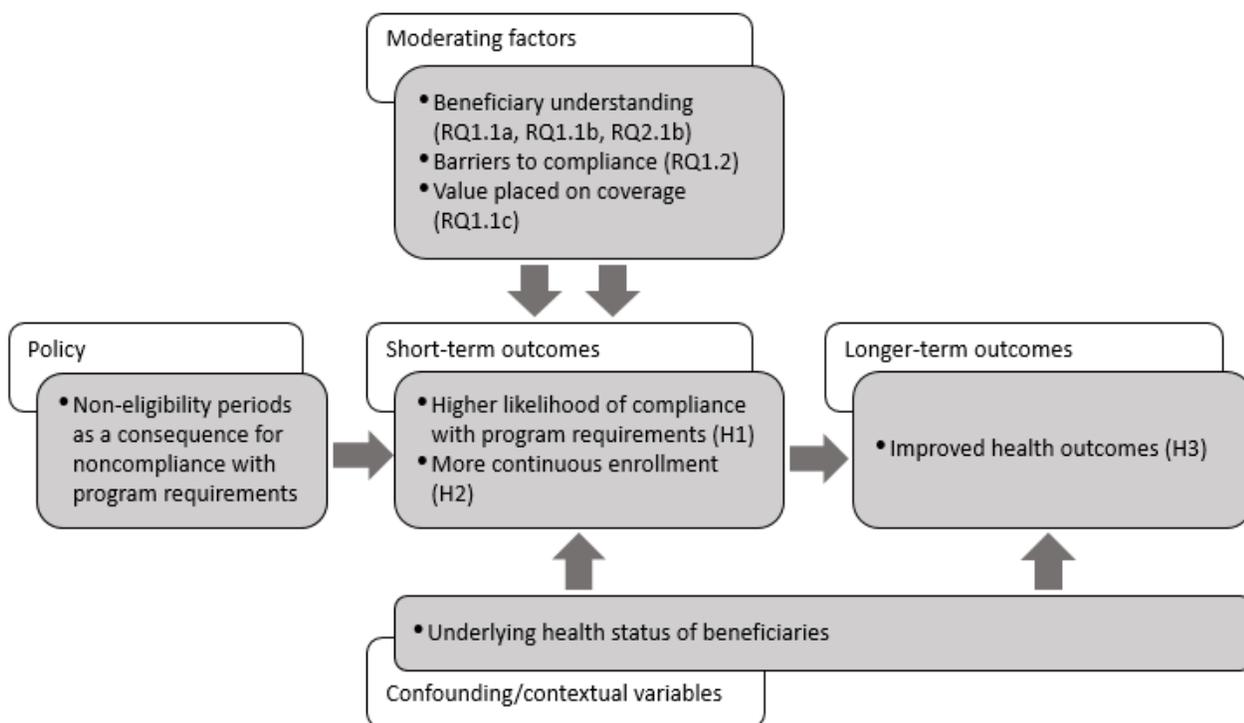
States should articulate their policy goals for non-eligibility periods. For example, the purpose of non-eligibility periods could be to test whether they:

- a. Encourage beneficiaries to comply with requirements of [state-specific demonstration policy],
- b. Lead to increased continuity of enrollment by incentivizing compliance, and
- c. Improve health outcomes by increasing enrollment continuity.

3. Example logic model for non-eligibility periods

The figure below is an example logic model for non-eligibility periods, based on policy goals articulated in demonstration approval letters from the Centers for Medicare & Medicaid Services. Hypothesis and research question numbers in parentheses refer to the hypotheses and research questions listed below the example logic model.

Example logic model for section 1115 non-eligibility periods



4. Hypotheses and research questions for non-eligibility periods

CMS encourages states to include the following hypotheses and research questions. States may also add hypotheses and research questions designed to evaluate unique or state-specific aspects of the non-eligibility periods. Hypotheses 1 - 3 and corresponding research questions are listed in the design table below, along with recommended comparison groups (where applicable), outcome measures, data sources, and analytic approaches.

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?

Subsidiary research question 1.1c: Is compliance with program requirements higher among beneficiaries subject to non-eligibility periods who might be expected to value coverage highly (for example, those with higher risk scores or more chronic conditions), relative to other beneficiaries subject to non-eligibility periods?

Primary research question 1.2: What are common barriers to compliance with program requirements that have non-eligibility period consequences for noncompliance?

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.

Primary research question 2.1: What is the likelihood of enrollment continuity for those subject to non-eligibility periods compared to other Medicaid beneficiaries?

Subsidiary research question 2.1a: Among those disenrolled for noncompliance with demonstration requirements, how many beneficiaries re-enroll and how quickly do they re-enroll once eligible to do so?

Subsidiary research question 2.1b: Do beneficiaries understand pathways to re-enrolling in Medicaid?

Subsidiary research question 2.1c: Where do beneficiaries who are disenrolled for noncompliance plan to access health care if needed?

Subsidiary research question 2.1d: What are the characteristics of beneficiaries who experience non-eligibility periods, including demographic characteristics, length of enrollment before non-eligibility periods, and number of non-eligibility periods experienced?

Hypothesis 3: Through greater continuity of coverage, health outcomes will be better for those subject to non-eligibility periods than for other Medicaid beneficiaries.

Primary research question 3.1: Do beneficiaries who are subject to non-eligibility periods have better health outcomes than other beneficiaries?

Subsidiary research question 3.1a: Is there pent-up demand for care among those re-enrolling after a non-eligibility period?

Subsidiary research question 3.1b: What is the level of unmet care need during non-eligibility periods?

Suggested comparison strategies, measures, data sources, and analytic approaches for evaluations of non-eligibility periods

Note: CMS expects that states will work with their evaluators to choose among and adapt suggested evaluation approaches based on comparison group opportunities and data availability. Suggested approaches to answering primary research questions emphasize experimental and quasi-experimental approaches, like difference-in-differences regression models, because these research questions directly address hypotheses. Subsidiary questions are more exploratory in nature and in some cases descriptive analyses are the only feasible way to address them. Options for evaluating non-eligibility periods depend on whether the associated requirements pre-dated the non-eligibility period policy and can be measured (such as timely renewal) or were introduced concurrently with the non-eligibility period policy (such as community engagement requirements). The table suggests comparison group strategies under both scenarios.

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Hypothesis 1: <i>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.</i>			
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?			
Beneficiaries not subject to non-eligibility periods based on implementation strategy (staged by geographic area, age group, or other beneficiary group) and/or eligibility criteria Beneficiaries in other states who are subject to similar program requirements but not subject to non-eligibility periods	Probability of complying with program requirements (if pre-period data are available on compliance with a requirement that pre-dated the non-eligibility periods, e.g., change-in-circumstance notifications)	State administrative data	Difference-in-differences model of compliance likelihood
Beneficiaries subject to program requirement but exempt from non-eligibility periods based on implementation strategy (staged by geographic area, age group, or other beneficiary group) and/or eligibility criteria Beneficiaries in other states who are subject to similar program requirements but not subject to non-eligibility periods	Probability of complying with program requirements (if pre-period data are not available or if requirement did not exist prior to non-eligibility periods)	State administrative data	Descriptive regression model or regression discontinuity model of compliance likelihood ^a
Subsidiary research question 1.1a: Do beneficiaries subject to non-eligibility periods understand program requirements and how to comply with them?			
n.a.	Reported knowledge of program requirements and how to comply with them	State beneficiary survey or group interviews	Descriptive quantitative and/or qualitative analysis (depending on data source)

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Subsidiary research question 1.1b: Do beneficiaries subject to non-eligibility periods understand the non-eligibility period consequence for noncompliance with program requirements?			
n.a.	Reported knowledge of non-eligibility period consequence for noncompliance with program requirements	State beneficiary survey or group interviews	Descriptive quantitative and/or qualitative analysis (depending on data source)
Subsidiary research question 1.1c: Is compliance with program requirements higher among beneficiaries subject to non-eligibility periods who might be expected to value coverage highly (for example, those with higher risk scores or more chronic conditions), relative to other beneficiaries subject to non-eligibility periods?			
Compare to other beneficiaries subject to non-eligibility periods, by health status	Probability of complying with program requirements	State administrative enrollment and claims/encounter data	Descriptive regression model estimating association of health status (e.g. chronic conditions; risk scores) and/or prior health care use (e.g., any overnight hospital stay, any ER visit) with program compliance among beneficiaries subject to non-eligibility periods
Primary research question 1.2: What are common barriers to compliance with program requirements that have non-eligibility period consequences for noncompliance?			
n.a.	Reported barriers to complying with program requirements	State beneficiary survey or group interviews	Descriptive quantitative and/or qualitative analysis (depending on data source)
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.			
Primary research question 2.1: What is the likelihood of enrollment continuity for those subject to non-eligibility periods compared to other Medicaid beneficiaries?			
Beneficiaries subject to program requirement but not subject to non-eligibility periods based on implementation strategy (staged by geographic area, age group, or other beneficiary group) and/or eligibility criteria Beneficiaries in other states who are subject to similar program requirement but not subject to non-eligibility periods	Number of months with Medicaid coverage (1-12) (if pre-period data are available on compliance with a requirement that pre-dated the non-eligibility periods, e.g., change-in-circumstance notifications)	State administrative enrollment data	Difference-in-differences regression model of duration of Medicaid coverage among beneficiaries starting a new enrollment spell following demonstration implementation

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
<p>Beneficiaries subject to program requirement but not subject to non-eligibility periods based on implementation strategy (staged by geographic area, age group, or other beneficiary group) and/or eligibility criteria</p> <p>Beneficiaries in other states who are subject to similar program requirement but not subject to non-eligibility periods</p>	<p>Probability of new enrollees remaining enrolled in Medicaid for 12 (18, 24) consecutive months from initial enrollment (if pre-period data are available on compliance with a requirement that pre-dated the non-eligibility periods, e.g., change-in-circumstance notifications)</p>	<p>State administrative enrollment data</p>	<p>Difference-in-differences regression model of enrollment continuity among beneficiaries starting a new enrollment spell following demonstration implementation</p>
<p>Beneficiaries subject to program requirement but not subject to non-eligibility periods based on implementation strategy (staged by geographic area, age group, or other beneficiary group) and/or eligibility criteria</p> <p>Beneficiaries in other states who are subject to similar program requirement but not subject to non-eligibility periods</p>	<p>Number of months with Medicaid coverage (1-12) (if pre-period data are not available or if requirement did not exist prior to non-eligibility periods)</p>	<p>State administrative enrollment data</p>	<p>Descriptive regression model, regression discontinuity model, or hazard model of duration of Medicaid coverage among beneficiaries starting a new enrollment spell following demonstration implementation^a</p>
<p>Beneficiaries subject to program requirement but not subject to non-eligibility periods based on implementation strategy (staged by geographic area, age group, or other beneficiary group) and/or eligibility criteria</p> <p>Beneficiaries in other states who are subject to similar program requirement but not subject to non-eligibility periods</p>	<p>Probability of new enrollees remaining enrolled in Medicaid for 12 (18, 24) consecutive months from initial enrollment (if pre-period data are not available or if requirement did not exist prior to non-eligibility periods)</p>	<p>State administrative enrollment data</p>	<p>Descriptive regression model or regression discontinuity model of enrollment continuity among beneficiaries starting a new enrollment spell following demonstration implementation^a</p>
<p>Subsidiary research question 2.1a: Among those disenrolled for noncompliance with demonstration requirements, how many beneficiaries re-enroll and how quickly do they re-enroll once eligible to do so?</p>			
<p>n.a.</p>	<p>Number and proportion re-enrolling within six months after non-eligibility period expiration</p> <p>Among those re-enrolling within six months of their non-eligibility period expiration, number of months after non-eligibility period expiration to reenrollment</p>	<p>State administrative enrollment data</p>	<p>Descriptive quantitative analysis</p>

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Subsidiary research question 2.1b: Do beneficiaries understand pathways to re-enrolling in Medicaid?			
n.a.	Reported knowledge of pathways for re-enrollment in Medicaid after non-eligibility period	State beneficiary survey or group interviews	Descriptive quantitative and/or qualitative analysis (depending on data source)
Subsidiary research question 2.1c: Where do beneficiaries who are disenrolled for noncompliance plan to access health care if needed?			
n.a.	Reported knowledge of options for accessing low-cost health care during non-eligibility periods	State beneficiary survey or group interviews	Descriptive quantitative and/or qualitative analysis (depending on data source)
Subsidiary research question 2.1d: What are the characteristics of beneficiaries who experience non-eligibility periods, including demographic characteristics, length of enrollment before non-eligibility periods, and number of non-eligibility periods experienced?			
Beneficiaries subject to non-eligibility periods who have not experienced a non-eligibility period	Beneficiary characteristics	State administrative enrollment data	Descriptive quantitative analysis
Hypothesis 3: <i>Through greater continuity of coverage, health outcomes will be better for those subject to non-eligibility periods than for other Medicaid beneficiaries not subject to non-eligibility periods.</i>			
Primary research question 3.1: Do beneficiaries who are subject to non-eligibility periods have better health outcomes than other beneficiaries?			
Beneficiaries in other states who are subject to similar program requirement but not subject to non-eligibility periods	Reported excellent or very good health status; healthy days	BRFSS, variables GENHLTH, MENTHLTH, PHYSHLT, POORHLTH	Difference-in-differences regression model of self-reported health status/healthy days among the likely eligible population
Similar beneficiaries subject to requirement but not to non-eligibility periods	Change in physical and mental health status, measured at baseline and at 12, 18, 24 months	State beneficiary survey (longitudinal) linked to state administrative data	Regression model of change in self-reported health status
Subsidiary research question 3.1a: Is there pent-up demand for care among those re-enrolling after a non-eligibility period?			
n.a.	Number of physician visits, ED visits, and hospital days, measured monthly from initial enrollment for beneficiaries subject to non-eligibility periods	State administrative data	Descriptive analysis comparing service use among: <ol style="list-style-type: none"> Beneficiaries subject to non-eligibility periods, within 1 month (2 months) of re-enrollment after non-eligibility period Beneficiaries subject to non-eligibility periods, within 1 month (2 months) of re-enrollment after a gap not related to a non-eligibility period Beneficiaries subject to non-eligibility periods within 1 month (2 months) of initial enrollment, before an enrollment gap

Comparison strategy	Outcome measure(s)	Data sources	Analytic approach
Subsidiary research question 3.1b: What is the level of unmet care need during non-eligibility periods?			
n.a.	Whether beneficiaries experienced unmet medical need due to cost during non-eligibility period	State beneficiary survey or group interviews of those in non-eligibility period, including those who re-enroll and those who do not	Descriptive quantitative or qualitative analysis

Note: The target population is demonstration beneficiaries subject to non-eligibility periods unless otherwise noted in the analytic approach.

^a If no baseline (pre-demonstration) data are available, for example because the program requirement with the non-eligibility period consequence was not implemented before the non-eligibility periods themselves, or 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.

BRFSS = Behavioral Risk Factor Surveillance System; ER = emergency room; n.a. = not applicable.