

Summative Medicaid Waiver Evaluation Stakeholder Webinar: Responses to Audience Questions

This document provides written response to questions that were asked during the summative Medicaid waiver evaluation stakeholder webinar, held January 11th 2017. The webinar slides are available online, and can be found on the [Office of Health Analytics Evaluation Webpage](#).

The final summative Medicaid waiver evaluation report will be available in 2018. It will also be posted on the Office of Health Analytics Evaluation webpage, where you can find other evaluation reports related to the Oregon Health Authority's health system transformation efforts. Please email us at OHAevaluation.questions@state.or.us with any questions.

Q1. Will there be any enrollment criteria used for outcome measures?

CHSE will attempt to limit excluding specific groups of Medicaid members from the evaluation in order to capture the effect of the waiver on the Medicaid population at large. However, we may exclude some groups from analysis in order to improve the validity and reliability of results. Specifically, we plan to exclude people enrolled in Medicaid for less than 3 months in a 12 month window, since these people have relatively little "exposure" to reforms in the waiver. In addition, we plan to analyze effects on people eligible for Medicare and Medicaid separately from other Medicaid members, since data needed for this analysis will be obtained from a separate source.

In addition to these exclusions, specific outcome measures may have their own exclusion criteria. For example, a measure may count only people with specific diagnoses or people who were enrolled in Medicaid for a specific period of time.

Q2. How will the evaluation measure health status?

CHSE will measure health status using members' ratings of their overall health from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Q3. How will evaluators control for the effect of members' socioeconomic status on outcomes?

Data on Medicaid members' socioeconomic status are not available in claims or other data being used for the evaluation. To control for the effect of socioeconomic status, evaluators will include socioeconomic data on communities where Medicaid members live in statistical models. These include percentage of the population with less than a high school diploma, percentage of the population below the federal poverty line, and median household income. These data will serve as a proxy for member-level socioeconomic data.

Q4. Will the evaluation provide results for subpopulations, such as people experiencing homelessness and veterans?

CHSE will report results for the following subpopulations, which can be identified using Medicaid enrollment and claims data. For this evaluation, we will not report results for people experiencing

homelessness, veterans, and other populations that cannot be identified using enrollment and claims data.

- Race and ethnic groups
- Age groups
- Sex (male, female)
- Language (members in English-speaking and non-English-speaking households)
- Disability status
- Urban, rural, and isolated areas
- Severe and persistent mental illness
- Medicaid expansion members
- High utilizers
- Open Card members
- Children and youth with special health needs

Q5. How will the evaluation handle unknown or missing race and ethnicity data?

Preliminary analysis suggests race and ethnicity data are sometimes missing from Medicaid enrollment data. CHSE will work with OHA to identify the best approach to reporting results when data are missing or may be incorrectly populated. CHSE may omit results for subpopulations when race or ethnicity data are unavailable for a sufficient number of people.

Q6. Describe the comparison groups.

CHSE will compare changes in outcome measures for Oregon Medicaid members and two comparison groups:

- Commercial health plan members in Oregon: Commercial members represent a useful comparison group because they receive care in the same health care systems as Medicaid members and are likely to be exposed to the same in-state trends.
- Medicaid members in Washington State: Washington Medicaid members were affected by more limited health care reforms at the time Oregon launched its Medicaid waiver. As a result, they will help us understand differences between the effects of extensive and more limited health care reforms. Beyond recent health care reforms, Washington’s Medicaid policies and overall demographics are similar to Oregon’s.

Evaluators will use a statistical technique called propensity score weighting to account for observable differences between Oregon Medicaid members and the comparison groups. This technique gives more “weight” to comparison group members who “look like” Oregon Medicaid members in statistical models. CHSE has already used comparison groups and propensity score weighting to evaluate the early effects of Oregon’s Medicaid waiver with support from the National Institutes of Health.