



Evaluation of 1115 Waiver

Marisa Domino, PhD
Cecil G. Sheps Center and
Gillings School of Global Public Health

1115 Waiver Evaluation requirements

- As Demonstrations, 1115 waivers carry with them the requirement for monitoring and evaluation
- Evaluations are intended to provide generalizable knowledge about what is and isn't working, and why, to encourage evidence-based policy making
- Required components include:
 - Hypotheses on each “large component” of the waiver
 - Research questions
 - Data sources
 - Comparison strategies
- CMS guidance indicates: *“The principal focus of the evaluation of a section 1115 demonstration should be **obtaining and analyzing data on the process** (e.g., whether the demonstration is being implemented as intended), **outcomes** (e.g., whether the demonstration is having the intended effects on the target population), and **impacts** of the demonstration (e.g., whether the outcomes observed in the targeted population differ from outcomes in similar populations not affected by the demonstration).”*

1115 Waiver Evaluation requirements

- CMS expects evaluation designs to be rigorous, incorporate baseline and comparison group assessments, as well as statistical significance testing
- Waivers that include a substance use disorder (SUD) component, have additional structure
 - Additional goals, milestones and performance metrics

Waiver Evaluation Status

- A waiver evaluation design was submitted to CMS in April 2019
- CMS has sent comments and a revised draft evaluation was submitted in August 2019, pending final approach
- Pilots evaluation timeframe was a few months earlier and has been approved
- Remaining slides are *tentative*, pending CMS final approval.



Evaluation Design in a nutshell

- The evaluation will use a mixed-methods approach to testing the evaluation hypotheses.
- The quantitative analyses will use a difference-in-differences approach to the extent possible.
- The quantitative approach will be informed through qualitative analyses by triangulating results from provider interviews and surveys and discussing preliminary results with providers and other stakeholders.



Three Goals of the 1115 Waiver

- Measurably improve health outcomes via a new delivery system
- Maximize high-value care to ensure sustainability of the Medicaid program, and
- Reduce Substance Use Disorder (SUD)



Goal #1: Measurably Improve Health

Goal 1 Hypotheses

- **Hypothesis 1.1:** The implementation of Medicaid managed care will increase access to health care and improve the quality of care and health outcomes.
- **Hypothesis 1.2:** The implementation of Medicaid managed care will increase the rate of use of behavioral health services at the appropriate level of care and improve the quality of behavioral health care received.
- **Hypothesis 1.3:** The implementation of Medicaid managed care will increase the use of medication-assisted treatment (MAT) and other opioid treatment services and decrease the long-term use of opioids.



Goal #1: Measurably Improve Health

- **Hypothesis 1.4:** Implementation of Advanced Medical Homes (AMHs) and Health Homes (HHs) will increase the delivery of care management services and will improve quality of care and health outcomes.
- **Hypothesis 1.5:** The implementation of Medicaid managed care will reduce disparities (increase equity) in the quality of care received across rurality, age, race/ethnicity and disability status.

Goal 1
Hypotheses



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Goal #2: Maximize High-Value Care to Ensure the Sustainability of the Program

Goal 2 Hypotheses

- **Hypothesis 2.1:** The implementation of Medicaid managed care will decrease the use of emergency departments for non-urgent use and hospital admissions for ambulatory sensitive conditions.
- **Hypothesis 2.2:** The implementation of Medicaid managed care will increase the number of enrollees receiving care management, overall and during transitions in care.
- **Hypothesis 2.3:** The implementation of Medicaid managed care will reduce Medicaid program expenditures.
- **Hypothesis 2.4:** The implementation of Medicaid managed care will increase provider satisfaction and participation in the Medicaid program.



Goal 3: Reduce Substance Use Disorder

Goal 3 Hypotheses

- **Hypothesis 3.1:** Expanding coverage of SUD services to include residential services furnished in IMDs as part of a comprehensive strategy for treating SUD will result in improved care quality and outcomes for patients with SUD.
- **Hypothesis 3.2:** Expanding coverage of SUD services to include residential services furnished in institutions for mental diseases (IMDs) as part of a comprehensive strategy for treating SUD will increase the use of MAT and other appropriate opioid treatment services and decrease the long-term use of prescription opioids.



Goal 3: Reduce Substance Use Disorder

- **Hypothesis 3.3:** Expanding coverage of SUD services will result in no changes in total Medicaid and out-of-pocket costs for people with SUD diagnoses, increases in Medicaid costs on SUD IMD services, increases in SUD pharmacy, outpatient, and rehabilitative costs, and decreases in acute care crisis-oriented, inpatient, ED, long-term care and other SUD costs.