

**MEMORANDUM**

**TO:** Michel Smyth

**FROM:** Karen Needels, Heinrich Hock and Pat Nemeth

**DATE:** 9/11/2012  
UCP-090

**SUBJECT:** Response to the OMB Question about Legislators and Lobbyists as Sources of Data in the OMB Supporting Statement for the Evaluation of the Unemployment Compensation Provisions of the American Recovery and Reinvestment Act of 2009

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During a September 5, 2012, discussion, OMB staff requested additional information about four topics related to the OMB Supporting Statement for the Evaluation of the Unemployment Compensation Provisions of the American Recovery and Reinvestment Act of 2009 (“the UCP study”). The four topics are as follows:

1. Additional information about the policies for which estimates of quasi-experimental impacts will be generated.
2. Comparison between the UCP study and the Rothstein (2011) study.
3. Examples of reports including the use of legislators and lobbyists as sources of data.
4. Information about the use in prior studies of a differential in the incentives provided to respondents based on whether they complete the UCP study’s recipient survey through the Internet or by telephone.

As was agreed during the discussion, the information that was requested is being provided as it becomes available. This memo includes information pertaining to the third topic--about reports that have included the use of legislators and lobbyists as sources of data.<sup>1</sup> Five such examples from Mathematica and its subcontractor, the Urban Institute, follow. The examples include research supported by the federal government, a state government, and private foundations.

1. Rosenbach, Margo, Carol Irvin, Angela Merrill, Shanna Shulman, John Czajka, Christopher Trenholm, Susan Williams, So Sasigant Limpa-Amara, and Anna Katz. “National Evaluation of the State Children’s Health Insurance Program: A Decade of Expanding Coverage and Improving Access.” Final report submitted to the Centers for Medicare & Medicaid Services. Cambridge, MA: Mathematica Policy Research, September 2007. Available at:

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<sup>1</sup> A previous memo, dated September 10th, provided information on the first and second topics. Information on the fourth topic will be provided separately at a later point.

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<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Reports/downloads/Rosenbach9-19-07.pdf>

The Centers for Medicare & Medicaid Services contracted with Mathematica to conduct a national evaluation of the State Children's Health Insurance Program (SCHIP). This program was enacted at a time when the number and rate of uninsured children were growing, especially among those just above the poverty threshold, who were too poor to purchase private health insurance coverage but not poor enough to qualify for Medicaid. In particular, states were given considerable flexibility in designing programs to expand health insurance coverage for low-income children under age 19 who are uninsured. As a component of Mathematica's complex evaluation, one-week site visits were conducted to eight states. Site visit respondents included, among others, the governor's health policy staff, state legislators and staff with health policy responsibilities, leaders of state and local advocacy groups, representatives of health plan and/or provider associations (including the state Primary Care Association and the state chapter of the American Academy of Pediatrics), and managed health care plan administrators. Analysis of the site visit data provided an assessment of program implementation and outcomes through the eyes of stakeholders at the state and local levels. Data from these interviews, as well as focus groups, were used in a study of access to dental care in SCHIP, as well as in a study of the role of SCHIP in providing a usual source of care. In addition, results were used to identify lessons related to selected enrollment and retention initiatives.

2. Lake, Timothy, Margaret Colby, and Stephanie Peterson. "Health Plans' Use of Physician Resource Use and Quality Measures." Final report submitted to the Medicare Payment Advisory Commission. Washington, DC: Mathematica Policy Research, October 2007. Available at:

<http://www.medpac.gov/documents/6355%20MedPAC%20Final%20Report%20with%20Appendices%201-24-08.pdf>

Measures of health services resource use have been developed for health care providers to assess the efficiency of care. The Medicare Payment Advisory Commission, an independent congressional agency, provided a contract to Mathematica in 2007 to provide insights from a study of how private health plans took advantage of resource use measurement. Site visits were conducted to health plans operating in four metropolitan areas around the country. The health plans interviewed represent a mix of national managed care companies, Blue Cross/Blue Shield plans, and local health plans. Semi-structured interviews with multiple staff at each selected plan were conducted; the interviewees typically included a medical director, quality improvement staff, and/or information technology staff. Interviews also were conducted with physician groups, medical associations that lobby at the state and/or local level, and regional health alliances, where appropriate. The purpose of the site visits was to learn about private plans' technical experiences using relevant tools as well as their interactions with and reactions from the physician community as they have applied them.

3. Verdier, James, Margaret Colby, Debra Lipson, Samuel Simon, Christal Stone, Thomas Bell, Vivian Byrd, Mindy Lipson, and Victoria Pérez. "SoonerCare 1115 Waiver Evaluation: Final Report." Submitted to the Oklahoma Health Care Authority. Washington, DC: Mathematica Policy Research, January 2009. Available at:

<http://digitalprairie.ok.gov/cdm/singleitem/collection/stgovpub/id/7865/rec/14>

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The Oklahoma Health Care Authority (OHCA) contracted with Mathematica to conduct a comprehensive evaluation of modifications to the state's Medicaid program (called SoonerCare). Implemented through a Section 1115 waiver, the modifications facilitated use of managed care approaches to serve non-elderly Medicaid enrollees. During in-person visits as well as telephone calls conducted as part of the evaluation, Mathematica completed 57 interviews with stakeholders such as a current and a former state senator, a state representative, leaders of health plans, advocates (including staff from state medical associations, an institute for child advocacy, and an Indian health care resource center), OHCA staff, and other stakeholders. Data collected from these qualitative interviews, as well as from quantitative data, were used to assess the effects of policy and implementation decisions on enrollment trends, member access to care, provider participation, the health of enrolled members, and the financial costs to the state.

4. Lipson, Debra J., and Subuhi Asheer. "State Policymaker Views on the Role of Consumer Advocacy Groups in Health Coverage Policy Development: Summary of Findings." Report submitted to the Robert Wood Johnson Foundation, Consumer Voices for Coverage Program. Washington DC: Mathematica Policy Research, January 2009. Available at:

<http://www.rwjf.org/files/research/48372cvcstatepolicymakerviews9809.pdf>

Mathematica evaluated the Consumer Voices for Coverage (CVC) grant program, sponsored by the Robert Wood Johnson Foundation (RWJF). Through grants in 12 states, the program supported coalitions of consumer groups to advocate for expanded coverage and other health reforms. Foundations have traditionally been somewhat hesitant to fund advocacy, because of concerns they might appear too partisan or grantees might use the funds for lobbying activities prohibited by federal tax rules governing private philanthropy. In addition, the effects of advocacy—and hence, its value—are hard to measure. RWJF wanted to learn how the advocacy networks were structured and how they operated; whether their ability to advocate increased during the initiative; and whether, and to what degree, consumers shaped state policy on health insurance coverage. Mathematica interviewed 32 legislative leaders or their staff, governors' health policy advisors, and executive heads of health agencies.

5. Hahn, Heather, Olivia Golden, and Alexandra Stanczyk. "State Approaches to the TANF Block Grant: Welfare Is Not What You Think It Is." Working Families Paper 20. Washington, DC: The Urban Institute, 2012. Available at:

<http://www.urban.org/UploadedPDF/412635-State-Approaches-to-the-TANF-Block-Grant.pdf>

This study examined Temporary Assistance for Needy Families (TANF) caseloads and policy choices to provide insights about the differences across states and over time in TANF-related choices. Five states (California, Florida, Michigan, Texas, and Washington) were purposively selected for this study—from among a group of 13 that were already part of another study—to represent a diverse range of economic conditions, political contexts, and approaches to TANF. The main source of data for the study was telephone interviews, which averaged about six per state and included between 7 and 16 individuals per state. In addition to interviews with state-level TANF and workforce agency administrators and local office directors, interviews were conducted in a subset of the five states with staff from budget advocacy organizations, a speaker's office at a state general assembly, and/or a legislative budget board. The interviews included discussions of how state TANF goals and specific policies and fiscal choices had

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changed over time, the reasons for the change or stability, the consequences for families and for states, and lessons learned for TANF reauthorization.

cc: Jonathan Simonetta