



**The 2015 Ohio Medicaid Assessment Survey
Request for Applications**

Application Due Date: August 7, 2015, 5:00 PM

Application Release Date: July 1, 2015

Request for Proposals Primary Contact:

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***The 2015 Ohio Medicaid Assessment Survey
Request for Applications
Research Regarding the Health of Ohioans, 2015***

1. Summary

On behalf of the Executive Committee of the Ohio Medicaid Assessment Survey (OMAS), the Ohio Colleges of Medicine Government Resource Center (GRC) is requesting proposals from qualified investigators to research select topics using data from the 2015 OMAS. The topics to be investigated are descriptive and modeled assessments of: 1) maternal and infant/child health; 2) the influence of determinants of health upon health status, access to care, and health care utilization; and 3) access to and use of patient-centered medical homes, including analysis of the concept of care consistent with a medical home (a variable for care consistent with a medical home is included in the 2015 OMAS). The primary theme of interest for all three topics is the examination of outcomes associated with the Affordable Care Act (ACA) Medicaid extension in Ohio. Comparative populations must include Ohio's Medicaid and non-Medicaid populations such as the uninsured, the health insurance exchange enrolled, employer-sponsored insured, and the privately insured. For all analyses demographics, access to health care, health services use, self-reported health status, chronic diseases, and risk behaviors should be considered. Project deliverables will include a chart book of findings and a general policy brief. The Ohio Medicaid Assessment Survey is sponsored by the Ohio Department of Medicaid and the Ohio Department of Health and is a research partnership between the State of Ohio health-associated agencies and the Ohio Colleges of Medicine Government Resource Center.

2. Background

The Ohio Medicaid Assessment Survey (OMAS) is a critical component for the Ohio Department of Medicaid's assessment needs and Ohio's state and local health-associated agencies' policy and program assessment activities. The 2015 OMAS is the sixth iteration of the Ohio Medicaid Assessment Survey Series – the most recent survey being conducted in 2012. The 2015 OMAS concentrates on the assessment of access to care, health care utilization, health status, health disparities, and health demographics. An important goal of the 2015 OMAS is to provide trend data that is comparable to the 2012, 2010, 2008 and 2004 surveys to support "change over time" analyses. An additional goal of the 2015 OMAS is to measure the impact of the Affordable Care Act (ACA) reforms for Ohio. Several new questions were added to the 2015 OMAS in the areas of enrollment in ACA-associated health insurance coverage, particularly Medicaid extension, primary care medical homes, special health care needs, and demographics. The 2015 OMAS is a complex designed dual-framed (landline phone and cell phone) cross-sectional survey which includes oversampling of minorities and children. With a sample size of over 42,876, the 2015 OMAS will enable analysis for Ohio's Appalachian, rural, suburban and metropolitan county types, Medicaid Managed Care Regions and counties (analyses for smaller populated counties may be limited). The Ohio Department of



Medicaid, the Ohio Department of Health, the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Developmental Disabilities, and the Ohio Department of Aging form the core partnership and sponsorship of the 2015 OMAS. As such, these agencies and the 2015 OMAS Executive Committee members will interactively participate and contribute in the work process with the selected university research teams on RFA deliverables. The Ohio Colleges of Medicine Government Resource Center (GRC) will administer this RFA process.

3. General Submission Parameters

It is required that applicants to this RFA be associated with at least one of Ohio's universities. Applicants may submit separate RFA responses to one or more the research topics detailed in Appendix II of this document.

4. Eligibility and Program Requirements

Eligible applicants include researchers associated with public and private colleges and universities located in Ohio (special rules apply for private universities; contact the OMAS Senior Project Manager for details at 614-366-0329 or Barry.Jamieson@osumc.edu). Each proposed project must have a designated single Principal Investigator. A person may serve as a Principal Investigator for only one project.

It is required that each proposal use the 2015 OMAS to address the research topic. Proposals addressing potential health disparities in terms of race/ethnicity, age, gender, employment, and socioeconomic status are strongly encouraged. Research proposals that combine 2015 OMAS results with other population-based health or health outcome datasets are strongly encouraged. Research that trends the 2015 OMAS to prior OMAS iterations is also strongly encouraged.

Besides examining topics for the State of Ohio, all research proposed in the RFA response must address the impact each topic has or may have upon Ohio's Medicaid population, the potentially eligible but not Medicaid enrolled population, and comparative groups to Ohio's Medicaid population such as the uninsured, the health insurance exchange enrolled, employer-sponsored insured, and the privately insured – particularly for low income populations. For instance, in examining the overall status of maternal and infant/child health (MCH) in Ohio, it is expected that a comparison of Ohio's Medicaid population be made to Ohio's low-income uninsured and non-Medicaid insured populations.

Each application must include a program budget using the form provided on the OMAS website, www.grc.osu.edu/omas/. Award funding may be used for personnel expenses, software, travel and other direct costs. Funds may not be used for computer hardware. GRC will be awarding up to 3 awards in the amount of \$100,000 each, which includes the allowable F&A rate of 10% TDC (total direct costs). As a Medicaid Technical Assistance and Policy Program (MEDTAPP) sponsored RFA, each institution will be required to cost share their institutional unrecovered F&A (the difference between the recovered 10% TDC and the institutions federally negotiated F&A rate). Each institution must submit a copy of their current F&A rate agreement as part of the response to the RFA.



5. Application Requirements

Final applications are limited to 15 pages, not including budget, bibliographic references, NIH formatted biosketches, and sample articles. The entire application shall be written using 12 point font (Arial or Helvetica), double spaced, with 1 inch margins. The application shall include the following sections:

1. Project Proposal Requirements (no more than 15 pages total):
 - a. Abstract (no more than 500 words)
 - b. Specific Aims (one page maximum)
 - c. Background and Significance (no more than four pages)
 - d. Research Design, including treatment of data sources, study and comparison groups, analytical methods, and limitations (no more than eight pages)
 - e. If applicable, protection of human subjects and confidentiality considerations (i.e., I.R.B.)
2. Itemized budget (use prescribed budget form available on the OMAS website at www.grc.osu.edu/omas/), and budget narrative;
3. Bibliographic references;
4. A one-page description of the roles and responsibilities of key project personnel;
5. Biosketches using the short NIH format (i.e., the “old” format) for all key personnel; and
6. Up to two examples of relevant previous published articles or reports produced by members of the proposed research team. Include any published material that demonstrates your use of the prior OMAS Series data or other complex-designed survey data – inclusion of a policy brief as one of the examples is strongly preferred and no unpublished material will be accepted.

6. Support Documents for Proposal Development

Support documents for the writing of a proposal to this RFA are posted on the GRC website at www.grc.osu.edu/omas/. All support documents posted will be the latest versions available, and updated versions will be posted as available. These documents include:

1. The adult and child field instrument (questionnaire);
2. Methodology Report (to be posted the week of July 6th);
3. Variable codebooks;
4. Variable Crosswalk to Prior Iterations of the OMAS Series; and
5. 2015 OMAS draft dataset (upon written request to Barry Jamieson, the Senior Project Manager, at barry.jamieson@osumc.edu).
6. Budget Form



7. Selection Criteria

- Qualifications of investigators, especially in analysis of complex survey data;
- Experience of investigators in the topic area of study;
- Experience with prior OMAS surveys, including data, objectives, content, variables, structure, and sampling, as well as past performance on funded projects that used OMAS data;
- Demonstrated ability to work cooperatively with the GRC, state agencies or similar entities;
- Strength of the proposed research plan and methodology, including:
 - a) Clear and well-articulated aims;
 - b) Justification for the importance of those aims;
 - c) Appropriateness of the proposed research design to investigate the topic;
 - d) Identification of study and comparison populations;
 - e) Use of data sources (must include 2015 OMAS and may include other comparable data sets);
 - f) Analytical methods, including analysis of complex survey design;
 - g) Analysis of statewide and regional trends in area selected for study;
- Projected policy implications and recommendations, especially those related to health insurance coverage, health status and health care access for Ohio's Medicaid and uninsured populations; and
- The suitability of the proposed budget and budget justification.

8. Timeline

July 1, 2015	release of RFA
July 9, 2015	RFA Webinar
July 17, 2015	question and answer period deadline
August 7, 2015	final applications are due
August 24, 2015	research project awards announced
September 1, 2015	award recipients' webinar to review survey methods
September 1, 2015	final data from 2015 OMAS expected to be available
November 20, 2015	basic descriptive statistical findings due
March 18, 2016	first draft of chart book due
April 29, 2016	second draft of chart book due
May 13, 2016	first draft of policy brief due



May 25, 2016	finalized chart book due
May 31, 2016	finalized policy brief due
June 20, 2016	OMAS Executive Team publishes all reports
June 20-30, 2016	OMAS Final Presentation webinars
June 30, 2016	all work activities reporting and project invoicing to GRC due/project end date

9. Expectations of Award Recipients

Award recipients will be expected to attend a two-hour survey methods webinar on September 1, 2015, with GRC (details forthcoming). This webinar will address topics including required approaches for using weights and imputed variables, variance estimation, trend analysis strategies, small area analysis if applicable, and data analysis. Special emphasis will be given to defining key populations and metrics such as the Medicaid extension enrolled, potentially Medicaid eligible but not enrolled, health exchange enrolled, low income, women of child bearing age, demographic variables, and appropriate use of insurance variables, special health care needs, and access to care. The OMAS Executive Committee members will be available for consultation on study design issues and statistical analysis methods throughout the lifecycle of the project.

Each award recipient will be assigned a review team of one or more individuals appointed by the OMAS Executive Committee. This review team may include State of Ohio agency representatives and other OMAS Executive Committee members. This review team will consult with the principal investigator during the lifecycle of the project regarding revised analytical requests, methods, project progress, and deliverables. The principal investigator will be expected to meet with their assigned review team on at least a monthly basis. Each research team will be expected to accommodate topic specific recommendations from their assigned review team members. The review teams will help direct the scope of the analysis throughout the lifespan of the project, but the principal investigator should anticipate substantial revision requests following the review of the basic descriptive statistics due on November 20, 2015. Similarly, review team members will actively assist with the policy brief and chart book development process and each research team will be expected to address the review team's requests and revisions after they review the drafts of the two written products. The principal investigator will also be required to submit quarterly progress reports to GRC.

Award recipients are required to give a recorded in-person final presentation via webinar in Columbus, to be scheduled between June 20-30, 2016. The GRC will host the webinar in Columbus, and travel expenses for this one-day webinar event for the OMAS Final Presentation should be budgeted for in the application proposal.



10. Project Deliverables

The main products of the award are: 1) An annotated chart book between 40 and 50 pages of content (excluding references and notes) in 12 point text font (an example can be found at the GRC website at www.grc.osu.edu/omas/); 2) a summary policy brief of research findings (approximately four single-spaced pages in length); 3) Attendance in Columbus to give a final presentation via webinar, to be scheduled June 20-30, 2016. and 4) searchable interactive documents of the chart book, policy brief, and presentation to be co-developed with GRC staff. All materials will be electronically posted at www.grc.osu.edu/omas/. Research teams should bear in mind that the primary purpose of these products is to inform Ohio's state agencies and health system-associated stakeholders about the status of health, health care access and health care delivery within Ohio and the policy implications associated with these findings.

The chart book should include:

- Abstract;
- Brief Introduction;
- Literature review;
- Methodology;
- Presentation in chart and graph form of results, including explanatory annotation;
- Policy implications and considerations;
- Summary/Conclusion;
- A bibliographic reference list;
- Appendix of statistical code used to generate analyses, graphs and chart; and
- Other appendices, if necessary.

Please note that all charts, graphs, and tables must be available to the GRC staff in original format – no jpeg or other images will be accepted (to facilitate better web posting). All materials will be in the public domain and will not be copyrighted. Publishing rights of materials shall be maintained by the Ohio Medicaid Assessment Survey and its sponsors. Principal investigators will be responsible for determining report authorship and providing acknowledgements. A standard set of acknowledgements designated by the 2015 OMAS project will be provided for inclusion on all published reports. Individual investigators are free to adapt the results of their research projects for use in separate scholarly publications and presentations.



11. RFA Terms and Conditions

The GRC reserves the right to:

- Reject any or all proposals received in response to this RFA;
- Request clarification from any applicant on any or all aspects of its proposal;
- Cancel and/or reissue this RFA at any time;
- Retain all proposals submitted in response to this RFA; and,
- Invite some, all, or none of the applicants for proposal interviews and further discussion.

12. Provisions

If any provisions in a resultant agreement are held to be invalid, void, or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way. Funding will be adjusted to reflect any changes in the deliverables. The investigators will submit any changes in deliverables to the GRC.

13. Ethical Conduct

Apart from a contact required for any on-going business at The Ohio State University (OSU) or GRC, vendors are specifically prohibited from contacting any individual at, or associated with the OSU/GRC regarding this RFA. Vendor communication shall be limited to the contact named on the cover page of this document. **A vendor's failure to adhere to this prohibition may, at OSU/GRC's sole discretion, disqualify the vendor's proposal.**

14. Cancellation for Lack of Funding

A resultant agreement may be canceled without any further obligation on the part of The Ohio State University in the event that sufficient appropriated funding is unavailable to assure full performance of its terms. The vendor shall be notified in writing of such non-appropriation at the earliest opportunity.

15. Quote

Applicant responses (proposal and proposal budget) must be valid for 120 days.

16. Contract Term

The contract term will commence on the date of award and continue through June 30, 2016. Pricing will remain firm for the initial period.

17. Requirements for Advance Approval

Prior to out-of-state travel or conference attendance by the contractor, the contractor will consult with GRC concerning the nature and cost of each out-of-state travel plan and conference registration for an amount exceeding \$1,000.

18. Data Use and Management

The contractor will become familiar with and fully implement all requirements of HIPAA.



The contractor will be in compliance with Federal, HIPAA and State confidentiality law, for data use, and management including but not limited to access, storage, and transmission, shall be role-based, specific to this agreement.

If determined necessary, the contractor shall enter separately into a Business Associate Agreement with the Ohio Department of Medicaid to receive data funded/authorized under this agreement.

If determined necessary, the contractor shall enter separately into a Data Use Agreement (DUA) with OSU-GRC to receive data funded/authorized under this agreement, in accordance with the Data Use Agreement between ODM and OSU-GRC. The contractor shall not use any information, systems, or records made available for any purpose other than to fulfill the obligations specified herein.

The contractor's possession of information provided may be considered confidential or proprietary under the laws of the State of Ohio or under federal law, and the contractor agrees to promptly notify GRC and the Ohio Department of Medicaid of the receipt of any public records requests for information related to this Agreement in order to seek to have any confidential or proprietary information withheld from the document prior to its release.

All data provided to the contractor may only be used for the specific associated agreement and for no other use in projects not associated with the agreement, and that any contractor's data release, sharing, or transfer beyond its initial approved scope and specifications will be considered as unauthorized.

19. Presentation, Publications and Dissemination

The contractor shall obtain GRC and Department of Medicaid prior approval for release of any results including preliminary and/or final results related to funded projects or funded data under this Agreement. GRC and the Department of Medicaid will review, approve or reject publications, presentations or disseminations resulting from activities of this Agreement.

The GRC and the Department of Medicaid will review and comment within 30 days upon submission of a draft to the Department of Medicaid of peer reviewed academic journal articles. Notwithstanding the proceeding, if the parties disagree concerning whether certain information should be deleted or modified, the parties agree to meet for the purpose of making good faith efforts to discuss and resolve any issues or disagreements.

Time Sensitivity – Any data or publication release may be pending or delayed due to Ohio Department of Medicaid policy/program changes.

The contractor shall obtain GRC and Department of Medicaid prior review and permission to release any products resulting from activities, funded data or projects under this Agreement.



When issuing press releases, requests for proposals, bid solicitations, and other documents or statements describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments shall clearly state:

1. The percentage of total costs of the program or project which will be financed with Federal money;
2. The dollar amount of Federal funds for the program or project; and
3. The percentage and dollar amount of the total costs or the program or project that will be financed by nongovernment sources.

20. Submission Deadline

Application materials must be received by close of business, 5:00 PM, on August 7, 2015. **Only electronic versions of the application in searchable PDF format will be accepted.** Applications must be emailed to Barry Jamieson, Senior Project Manager, at barry.jamieson@osumc.edu. Failure to conform to any of the above-specified requirements may result in disqualification of proposal submission.

Questions regarding the RFA process or requests for the 2015 OMAS dataset must be submitted in writing to Barry Jamieson, the Senior Project Manager, at barry.jamieson@osumc.edu. Answers to all questions received will be posted on the OMAS website (<http://grc.osu.edu/omas/>.) Applicants should check periodically for updates. Questions received after 5:00 PM on July 17, 2015 will not receive responses. An informational webinar will also be held July 9 for interested applicants. Webinar information will be posted on the OMAS website.



Appendix II: OMAS Research Submission Priorities

1. **Assessment of Maternal and Infant/Child Health in Ohio.** Policy makers are interested in the health, health care access, and health behavior profile of infants, children, and women ages 19-44 years (including those who are and are not pregnant) in Ohio. Furthermore, policy makers are interested in how measures of health, health risk factors, and the prevalence of health behaviors in these populations vary by insurance type (particularly Medicaid enrollment including those newly enrolled in Medicaid extension), demographics, geographic regions, and health disparity indicators. This chart book and policy brief must include, but is not limited to, the following measures of health status, health care, and health behaviors: (a) breastfeeding, (b) health care use, (c) health care access, (d) insurance status, (e) medical home status (i.e., health care consistent with a patient-centered medical home), (f) income groupings, (g) chronic conditions – particularly diabetes, (g) substance use (including tobacco, alcohol, and prescription pain reliever used in a manner not advised by a medical professional), and (h) socioeconomic status. Additional research subtopics and process input will be provided by the Ohio Department of Medicaid, the Ohio Department of Health, and the OMAS Executive Committee.

2. **Assessment of Ohio’s Determinants of Health and Health Care System Access for the Medicaid Enrolled and the Potentially Medicaid Eligible but Not Enrolled.** Policy makers are interested in examining determinants that impact the health care status of Ohioans enrolled in Medicaid or those who are potentially eligible for Medicaid but not enrolled. Analyses should concentrate on factors influencing the Medicaid population’s unmet needs, access to care, health risk behaviors, and health statuses (e.g., general health status, dental health status, and mental health status). Analyses should be stratified by gender, race, age, geographic residence, and socioeconomic indicators. Special emphasis should be given to minority populations, women of reproductive age (ages 19-44 years), dual eligible populations (Medicaid and Medicare enrolled), and those with special health care needs. Analyses should compare pre-ACA Medicaid enrolled and eligibles to ACA-associated newly enrolled and potentially eligibles and low income, non-Medicaid populations and the uninsured. Analyses should consider a profile of health disparate population subgroups and health systems that impact disparities in health. Additional research subtopics and process input will be provided by the Ohio Department of Medicaid, the Ohio Department of Health, and the OMAS Executive Committee.

3. **Assessment and Impact of Self-Reported Care Consistent with Patient Centered Medical Home (PCMH).** Policy makers are interested in the profile of Ohioans with and without a medical home and the consequences on health care access, utilization and health status of these groups. This chart book and policy brief will examine the characteristics, determinants, and dynamics of PCMH participation in Ohio and measures relating to access to health services that are consistent with PCMH participation. Analyses should examine varying types of health care services that contribute to the primary care medical home delivery model including, but not limited to, sources of routine and non-routine health care services, whether one has a usual source of care and if so the accessibility and responsiveness of that usual source of care, health insurance status, types of care utilized, hospital use, poverty, and special health care needs. Stressors to PCMH participation such as income, coverage limitations, and access to providers should be emphasized. Estimations of health service provider access by geographic regions is required. Special attention needs to be given to: (a) Ohio’s Medicaid enrolled, Medicaid potentially eligible but not enrolled, (b) adults ages

19-64 years, (c) seniors ages 65 and older, (d) women ages 19-44 who were pregnant within the past 12 months compared to non-pregnant women, (e) children, (f) children with developmental disabilities and/or special health care needs, (g) county clusters classified as Appalachian, rural non-Appalachian, metropolitan, and suburban (a variable with this classification is provided in the data set), and (h) minority populations. A generated variable for care consistent with a PCMH is included in the 2015 OMAS data set and should be utilized as one of the required variables for these analyses. Additional research subtopics and process input will be provided by the Ohio Department of Medicaid, the Ohio Department of Health, the Ohio Department of Mental Health and Addiction Services. and the OMAS Executive Committee.

