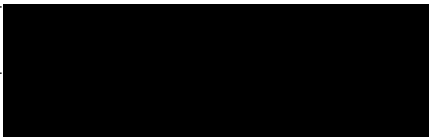


OFFICIAL BID PRICE SHEET

| DESCRIPTION OF SERVICE | ANNUAL PRICE |
|------------------------------|--------------|
| Expanded Medicaid Evaluation | \$ 980,074 |

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

| | | | |
|----------------------|---|---------------|-----------------------|
| Vendor Name: | National Opinion Research Center | Date: | 04/30/2019 |
| Signature: |  | Title: | Senior Vice President |
| Printed Name: | | | |



at the UNIVERSITY of CHICAGO

May 9, 2019

Presented to
Arkansas Department of Human
Services
Attn: Office of Procurement
700 Main Street, Slot W345
Little Rock, AR 72201

Presented by
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Number: 710-19-1020
NORC PD NO. 2019.051

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Budget Justification

Expanded Medicaid Evaluation

This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this offeror as a result of – or in connection with the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government’s right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in all sheets of this submission.

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NORC at the University of Chicago and the University of Arkansas for Medical Science (UAMS) are pleased to present this response to Bid 710-19-1020 from the State of Arkansas Department of Human Services (DHS), Expanded Medicaid Evaluation. This document details the justification for our budget submitted for this bid and describes the evaluation activities and our team's key staff who will perform those activities.

[illegible][illegible]

BUDGET JUSTIFICATION | 3

range of statistical methods including regression discontinuity, pre-post comparisons, and propensity score weighted analyses. We will also include cost-effectiveness analyses comparing the performance of ARWorks to that of other plans in the state, and a provider network analysis, which will evaluate the relative access and availability of providers for ARWorks beneficiaries. Qualitative research will both inform the design of our quantitative analysis as well as address questions that are more contextual in nature (e.g., perceived access to care). Our team will also conduct a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to assess patient experience and satisfaction; a secret shopper survey to investigate care availability and access; and a health care provider survey to explore issues surrounding access and differential payment rates, among other relevant topics.

The Arkansas Works Program Proposed Evaluation for Section 1115 Demonstration Waiver (February 6, 2017) contains a timeline to conduct the evaluation activities (p. 24 of 27). The NORC team will work with the state to determine an updated schedule of deliverables. For the purposes of developing a budget, NORC has made assumptions about the timing of data collection and analysis activities which are shown in the timeline below. The current demonstration period started January 1, 2017 and ends December 31, 2021. This evaluation contract is projected to begin July 1, 2019. [REDACTED]

[illegible]

■ [REDACTED]
 ■ [REDACTED]
 ■ [REDACTED]

DESIGN APPROACHES

The Arkansas Works Program Proposed Evaluation for Section 1115 Demonstration Waiver (February 6, 2017) describes several design approaches. Building on that foundation, below we describe our assumptions about how we will conduct each task, [REDACTED]

QUANTITATIVE ANALYSIS

[REDACTED]:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

The quantitative analyses will be led by [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]. We will work with DHS to best use resources available to address research questions.

Claims-based measures analyzed using the below methods will be focused on access to care, health outcomes, and cost effectiveness, and will include measures such as non-emergent and potentially avoidable ED utilization, hospital admissions, access to preventative services, and continuity of coverage, among others.

Regression discontinuity analysis

NORC will use a regression discontinuity (RD) design to evaluate the impact of the program on two sub-populations; low-income parents and newly eligible individuals who participate in a screening process to

determine if they have exceptional medical needs (and thus warrant retention in the traditional Medicaid program).

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Pre-Post Comparisons

We will conduct longitudinal pre-post analyses for two subgroups: youth ages 17-18 who qualify for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and women with breast or cervical cancer. We anticipate that this task will include the following steps:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Propensity Score Weighted Analysis

To compare individuals in the ARWorks program who did not complete the exceptional health care needs assessment screener prior to or during 2014 to individuals enrolled in traditional Medicaid, NORC will conduct a series of models for each measure, using stabilized inverse probability of treatment weights (SIPTW). We anticipate that this task will include the following steps:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Cost Effectiveness Analysis

For the cost effectiveness analysis, we plan to investigate the cost effectiveness of the program as it relates to mortality as well as two to three other outcomes that NORC is already analyzing as part of the aforementioned quantitative analyses. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

PROVIDER NETWORK ADEQUACY

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

QUALITATIVE DATA COLLECTION & ANALYSIS

[REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Transcription services will be required for both the interviews and the focus groups, as well time for coding and analysis of collected qualitative data. We will develop a codebook and use a qualitative analysis software, such as NVivo. The coding process will include coding tests to establish inter-rater reliability and to refine the codes and their definitions.

SURVEY DATA COLLECTION & ANALYSIS

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

CAHPS Survey

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Secret Shopper Surveys

The secret shopper survey data collection and analysis accounts for 9% of the Year 1 budget. The 2017 Evaluation Design describes a secret shopper survey to understand access differentials to primary care between Medicaid and QHP beneficiaries. NORC will oversee this task and select the sample of providers; CSS will be responsible for data collection. For the secret shopper surveys, we assume the following:

- We will develop scenario-based scripts for mystery shopper calls to assess appointment availability.
- We will contact 150 providers in each of the seven regions, for a total of 1,050 providers.

- We will contact each provider up to state three times, for a total of approximately 3,200 phone calls.
- Each of these calls, including prep time and the time to record the outcome, will take approximately 15-20 minutes.

Each contact with a provider will be recorded in a database that tracks call outcomes (e.g., successful connection with provider, need to call back, etc.) and the two relevant data points:

- 1) Is the provider accepting new Medicaid patients at this time?
- 2) How many days until the first available appointment for a new Medicaid patient?

Provider Survey

[REDACTED]

The 2017 Evaluation Design describes a survey of providers and clinic managers on internal practices that may contribute to differential access. [REDACTED]

We will develop a survey for providers and their clinic managers to understand what internal practices, payment issues, and other factors may contribute to differential access for beneficiaries. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]