

Evaluation Services Proposal for Florida Health Choices, Inc.

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Tab A: General information

Identification of research entity (name of individual, company, university, or other contracting entity), and contact information.

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July 5, 2011

Ms. Lauren McCarthy
Florida Health Choices, Inc.
225 South Adams Street, Suite 250
Tallahassee FL 32301

RE: Principal Investigator (PI): Elizabeth Shenkman, Ph.D.
Application Title: HealthChoices Florida Evaluation Service
Period of Support: July 29, 2011 – July 28, 2012
Support Requested: \$68,856

Dear Ms. McCarthy,

This is to confirm that the University of Florida will be pleased to participate in the research project outlined in the grant application being submitted to Florida Health Choices, Inc. A budget in the sum of \$68,856 is enclosed. This amount includes facilities and administration (F&A) costs of 25 percent.

The appropriate programmatic and administrative personnel at the University of Florida involved in this grant application are aware of the agreement policy and are prepared to establish the necessary inter-organizational agreement consistent with that policy upon notification of award. If there are technical questions, please contact the University of Florida's Division of Sponsored Research at ufproposals@ufl.edu.

We look forward to working with you.

Sincerely,

U of Florida Principal Investigator

Elizabeth Shenkman, Ph.D.
Professor and Chair, Health Outcomes and Policy
Director, Institute for Child Health Policy

:sdt

U of Florida Authorized Institutional Official

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The Foundation for the Gator Nation
An Equal Opportunity Institution

Tab B: Introduction

Include a general history about the entity and organizational highlights or awards received.

The University of Florida (UF) is one of the largest comprehensive public universities in the United States, with enrollment exceeding 50,000 students. UF traces its beginnings to a small seminary in 1853 and it opened its doors in its current location in Gainesville in 1906. Since 1985, UF has been a member of the Association of American Universities, the prestigious higher-education organization comprising the top 63 public and private institutions in North America. UF is consistently ranked among the nation's top universities: No. 17 in U.S. News & World Report "Top Public Universities" (August 2010); No. 2 in Kiplinger's "Best Values in Public Colleges" (2010) and No. 3 in the Princeton Review Best Value Public Colleges (2011). UF is home to 16 colleges and more than 150 research centers and institutes. UF has 5,434 faculty members with distinguished records in teaching, research and service, including 52 Eminent Scholar chairs and 35 faculty elections to the National Academy of Sciences, Engineering, the Institute of Medicine, or the American Academy of Arts and Sciences. Awards include a Fields Medal, two Pulitzer Prizes, NASA's top award for research, and Smithsonian Institution's conservation award. UF is a leader in research and discoveries which improve the lives of individuals throughout the state, nation and world. UF received more than \$678 million in research awards in 2009-10. UF has more than \$750 million in new research facilities recently completed or under construction, including the Nanoscale Research Facility, the Emerging Pathogens Institute, the Biomedical Sciences Building and the Clinical and Translational Research Building. UF's Clinical and Translational Science Institute is one of only 60 such centers that the National Institutes of Health is funding nationally to speed the transformation of scientific discoveries into medical advances for patients.

The Institute for Child Health Policy (ICHP) is a free-standing, multidisciplinary academic research and policy unit at the University of Florida. ICHP faculty members maintain joint appointments in the Department of Health Outcomes and Policy in the College of Medicine. The ICHP has a long-standing history as a local, state, national, and international resource for communities, universities, governments, and other organizations seeking guidance about issues of health, health services delivery, quality of care, and the implementation of evidence-based health policy related to children and youth. The ICHP has particular expertise in Medicaid and CHIP health insurance program evaluations in Florida and Texas. The ICHP has conducted numerous evaluations of the impact of changes in legislative policy and administrative processes on enrollment and retention for both states and has published research in this area. These evaluations have included analyses of both administrative data and family satisfaction survey data. Consequently, the ICHP has substantial experience and an extensive infrastructure to conduct the proposed evaluation.

Tab C: Research Team

Provide detailed background and experience of proposed project personnel including any published research by the individual. Teaming arrangements are encouraged.

Experienced evaluators and team leaders

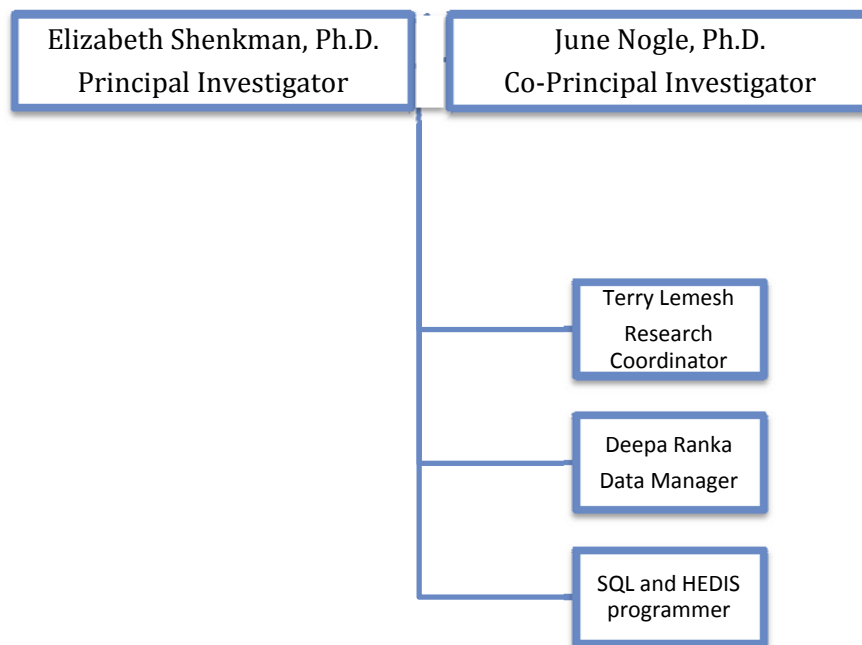
The project team from the University of Florida, Institute for Child Health Policy will be led by Dr. Elizabeth Shenkman. As Principal Investigator, she will provide intellectual leadership and expert guidance for this Florida Health Choices evaluation. Dr. Shenkman is Professor of Health Outcomes and Policy and of Pediatrics in the College of Medicine, the Chair of the Department of Health Outcomes and Policy, and the Director of the Institute for Child Health Policy. Dr. Shenkman is a Co-Investigator for the National Institutes of Health (NIH)-funded Clinical and Translational Science Award (CTSA) and Co-Directs the Community Engagement and Research Program (CERP). Dr. Shenkman's research focuses on addressing health disparities by examining the influence of individual/family, social network, and health care delivery system factors on the quality and outcomes of care for children and adolescents who are racial and ethnic minorities and/or economically disadvantaged. She particularly focuses on children and adolescents enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Her current work addresses the development and testing of interventions to reduce risk behaviors in adolescents and young adults that can predispose them to a range of chronic conditions in adulthood. Dr. Shenkman's key research includes: 1) an Agency for Health Care Research and Quality (AHRQ)-funded study examining adolescent health risk behaviors and the provision of anticipatory guidance from pediatricians and family practitioners for adolescents in CHIP; 2) an AHRQ-funded study examining quality of care for economically disadvantaged children with special health care needs; and 3) a State of Florida-funded pilot study to improve health risk assessments and health promotion among children and adolescents who are racial/ethnic minorities and enrolled in Medicaid or CHIP. Dr. Shenkman is an Elected Member of the Society for Pediatric Research and the American Pediatric Association and her work has appeared in journals such as *Health Services Research*, *American Journal of Public Health*, *Pediatrics*, and *Pediatric Blood and Cancer*.

Dr. June Nogle will be the Co-Principal Investigator on the project, collaborating with Dr. Shenkman on the project vision and direction as well as managing daily operations, coordinating the activities of the other team members, and leading report-writing activities. Dr. Nogle is an Associate Research Professor in the Department of Health Outcomes and Policy and an Assistant Director of the Institute for Child Health Policy at the University of Florida. Her areas of expertise are in program evaluation, quantitative

analysis, and demography. She has collaborated with Dr. Shenkman (PI) for the last eight years on the Florida KidCare Evaluation. “KidCare” is an umbrella program encompassing the state and federally funded health insurance programs that enroll 1.9 million children in Florida. Dr. Nogle’s program evaluation work involves manipulating and mining large administrative and survey databases as well as writing reports and interacting with agency representatives. In addition to her evaluations of children’s programs, Dr. Nogle is also involved with several projects for adults. She currently mentors an Assistant Professor in the University of Florida, College of Nursing on the management and analysis of survey data collected from nurses employed in Florida. She is also a member of a multi-entity team that conducted an educational intervention for diabetic employees of a major employer in Orlando. Her analysis of lab results and health claims data are a crucial element of the forthcoming final project report (Dr. James Crawford, PI). For 2007-2010, she was also the Interim Associate Director of the University of Florida Clinical and Translational Research Informatics Program. In that role, she mentored teams of software engineers and IT systems engineers on biomedical informatics issues and coordinated security activities for the data center.

Figure 1 summarizes the composition of the project team. In addition to Drs. Shenkman and Nogle, the team will be comprised of three additional staff members from the Institute for Child Health Policy. Terry Lemesh will provide general research coordination for the project, including assisting with compliance and HIPAA issues, report-writing, and meeting administration. Deepa Ranka leads ICHP’s datawarehousing and programming group. She will coordinate the receipt and analysis of enrollment and claims/encounter data from the health plans providing coverage to enrollees in Florida Health Choices. A member of Ms. Ranka’s team (to be named later) will develop the enrollment and claims/encounter data warehouse and will calculate HEDIS® quality of care measures using NCQA-certified software.

Figure 1. Organizational structure of the project team



List of publications-Elizabeth Shenkman, Ph.D.

1. **Shenkman, E.,** & Stechmiller, J.K. (1985) Fat embolism syndrome: Pathophysiology and current treatment. Focus on Critical Care. 626-35.
2. **Shenkman, E.** (1985) Factors contributing to attrition rates in a pulmonary rehabilitation program. Heart and Lung. 1:53-59.
3. **Shenkman, E.,** & Stechmiller, J.K. (1985) Frequency of dressing changes over central lines using a transparent occlusive dressing. Heart and Lung. 3:305-306.
4. Stechmiller JK, Seymour S, & **Shenkman E.** (1986) Graduate education in adult critical care--Is there a need in Florida? Florida Times.
5. **Shenkman E.** (1986, January) Social support and the burn victim. Vital Signs.
6. **Shenkman E.** (1987) Living will: Implications for ICU nurses. Heart and Lung. 17:501.
7. **Shenkman E,** & Stechmiller JK. (1987) Patient and family perception of functioning after discharge from a burn unit. Heart and Lung. 16:490-496.
8. Stechmiller JK, & **Shenkman E.** (1987) Pulmonary aspiration in tube-fed patients. Heart and Lung.
9. **Shenkman E,** & Kaspro M. (1987) Effect of backrest position on cardiac output determinations. Heart and Lung.

10. **Shenkman E, et al** (1988) Service or unit standards. *Nursing Clinics of North America*.
11. Nackashi J, **Shenkman E**, Reiss J, Siderits P. (1993) The continuum of care program. *Clinical Pediatric*. 32:601-605.
12. **Shenkman E**, Pendergast J, Reiss J, Walther E, Bucciarelli R, Freedman S. (1996) The school enrollment-based health insurance program: Impact on health care use of low-income children. *American Journal of Public Health*. 1996; 86:1791-1793.
13. Reiss J, Cameon R, Matthews D, **Shenkman E**. (1996) Enhancing the role public health nurses play in serving children with special health care needs: An interactive video conference on Public Lay 99-457 Part H. *Public Health Nursing*, 13: 345-352.
14. **Shenkman E**, Pendergast J, Wegener DH, Hartzel T, Naff R, Freedman S, Bucciarelli R. (1997) Children's Health Care Use in the Healthy Kids Program. *Pediatrics*. 100:947-953.
15. **Shenkman E**, Bucciarelli R, Wegener DH, Naff R, Freedman S. (1999) Crowd Out: Evidence From the Florida Healthy Kids Program. *Pediatrics*. 104:507-513.
16. **Shenkman E**, Vogel B, Brooks R, Wegener D, Naff R. (2002) Race and Ethnicity and the Identification of Special Needs Children. *Health Care Financing Review*. 23(2):1-17.
17. Youngblade L, Col J, **Shenkman E**. (2002) Health Care Use and Charges for Adolescents in a Title XXI Program. *Journal of Adolescent Health Care*. 30(4):262-273.
18. **Shenkman E**, Vogel B, Boyett J, Naff R. (2002) Enrollment and Disenrollment in a Title XXI Program. *Health Care Financing Review*. 23(3):47-63.
19. Dick A, Allison A, Haber S, Brach C, **Shenkman E**. (2002) The Consequences of State Policies for SCHIP Disenrollment. *Health Care Financing Review*. 23(3):65-88.
20. Youngblade LM, and **Shenkman E**. (2003) Congruence Between Parents' and Adolescents' Reports of Special Health Care Needs in a Title XXI Program. *J Pediatr Psychol*. Sep;28(6):393-401.
21. Stein RE, **Shenkman E**, Wegener DH, Silver EJ. (2003) Health of children in title XXI: should we worry? *Pediatrics*. Aug;112(2):e112-8.
22. **Shenkman E**, Wu S, Nackashi J, Sherman J. (2003) Managed Care Organizational Characteristics and the Quality of Care for Children with Special Health Care Needs. *Health Services Research*. 38:1599-1624.
23. **Shenkman E**, Youngblade L, and Nackashi J. (2003) Adolescents' Preventive Care Experiences Before Entry Into the State Children's Health Insurance Program (SCHIP). *Pediatrics*, 112: e533 - 541.
24. Szilagyi PG, **Shenkman E**, Brach C. et al. (2003) **Children** With Special Health Care Needs Enrolled in the State Children's Health Insurance Program (SCHIP): Patient Characteristics and Health Care Needs. *Pediatrics*, 112: e508 - 520.

25. Dick AW, Brach C, Allison A, **Shenkman E**, Shone LP, Szilagyi PG, Klein JD, Lewit EM. (2004) SCHIP's Impact in Three States: How Do the Most Vulnerable Children Fare? *Health Affairs* 23(5):63-75.
26. **Shenkman E**, L. Tian, J. Nackashi, D. Schatz. (2005) Managed Care Organizational Characteristics and Outpatient Specialty Use Among Children with Chronic Illness. *Pediatrics* 115(6):1-8.
27. Youngblade, L.M., Curry, L., Vogel, W.B., Novak, M.A., & **Shenkman, E.A.** (2006) Effects Of Community Characteristics on Adolescents' Risky Behavior and Health-Care Utilization and Expenditures. *Journal of Adolescent Health*. 38(5):486-494.
28. Sappington D, Aydede S, Dick AW, Vogel WB, **E Shenkman** (2006) The Effects of Reinsurance in Financing Children's Health Care. *Inquiry* 43(1):23-33.
29. Klein JD, **Shenkman E**, Brach C, Shone LP, Col J, Schaffer VA, Dick AW, VanLandeghem K, Szilagyi PG. (2006) Prior Health Care Experiences of Adolescents who Enroll in SCHIP. *J Health Care Poor Underserved* 17(4):789-807.
30. **Shenkman E**, Knapp C. Sappington D, Aydede S, Vogel B, Schatz D. (2007) Persistence of High Health Care Expenditures Among Children in Medicaid. *Medical Care Research and Review* 64(3):304-330.
31. Reed A, Herndon JB, Ersoz N, Fujikawa T, Schain D, Lipori P, Hemming A, Li Q, **Shenkman E**, Vogel B. (2007) Effect of prophylaxis on fungal infection and costs for high-risk liver transplant recipients. *Liver Transpl. Dec*;13(12):1743-50.
32. Quast, T, Sappington D, **Shenkman E.** (2008) Does the Form of Physician Compensation Affect the Quality of Care in Medicaid MCOs? *Health Economics Apr*;17(4):545-50.
33. Herndon, JB, Vogel B, Bucciarelli R, **Shenkman E.** (2008) The Effect of Premium Changes on SCHIP Enrollment Duration. *Health Services Research. Apr*;43(2):458-77.
34. Herndon, JB, Vogel B, Bucciarelli R, **Shenkman E.** (2008) The Effect of Renewal Policy Changes on SCHIP Disenrollment. *Health Services Research. 43(6)*:2086-2105.
35. Knapp, C., Madden, V., Curtis, C., Sloyer, P., Huang, I.-C. Thompson, L. & **Shenkman, E. A.** (2008) Florida's Partners in Care: Together for Kids Pediatric Palliative Care Model. *Journal of Palliative Medicine.* 11(9):1212-1219.
36. Huang, I.-C., **Shenkman, E. A.**, Leite, W., Knapp, C., et al. (2009) Measurement Invariance Was Not Found in Adolescents' Quality of Life Rated by Parents and Adolescents. *Journal of Clinical Epidemiology* , 62(3): 337-346.
37. Knapp, C., **Shenkman, E. A.**, Marcu, M., Madden, V., & Terza, J. (2009) Pediatric Palliative Care: Describing Hospice Users and Identifying Factors Attributed to Differences in Hospice Expenditures. *Journal of Palliative Medicine*, 12(3): 223-229.
38. Knapp, C., Thompson, L., Vogel, B., Madden, V., & **Shenkman, E. A.** (2009) Developing a Pediatric Palliative Care Program: Addressing the Lack of Baseline Expenditure Information. *American Journal of Hospice and Palliative Medicine*, 26(1): 40-46.

39. Knapp CA, Madden V, Wang H, Kassing K, Curtis C, Sloyer P, **Shenkman EA**. (2009) Paediatric nurses' knowledge of palliative care in Florida: a quantitative study. *Int J Palliat Nurs*. Sep;15(9):432-9.
40. Knapp CA, Madden VL, Wang H, Kassing K, Curtis CM, Sloyer PJ, **Shenkman EA**. (2009) Effect of a pediatric palliative care program on nurses' referral preferences. *J Palliat Med*. Dec;12(12):1131-6.
41. Knapp C, Madden V, Marston J, Midson R, Murphy A, **Shenkman E**. (2009) Innovative pediatric palliative care programs in four countries. *J Palliat Care*. Summer;25(2):132-6.
42. Knapp C, Madden V, Wang H, Curtis C, Sloyer P, **Shenkman E** (2009) Music therapy in an integrated pediatric palliative care program. *Am J Hosp Palliat Care*. 2009 Dec-2010 Jan;26(6):449-55. Epub 2009 Aug 7.
43. Huang, IC, **Shenkman, EA**, Leite, W, Knapp, CA, Thomspson, LA, Revicki, D. (2009) Measurement Invariance Was Not Found in Adolescents' Quality of Life Rated by Parents and Adolescents. *Journal of Clinical Epidemiology*, 62(3):337-346.
44. Thompson LA, Knapp CA, Saliba H, Giunta N, **Shenkman E**, Nackashi J. (2009) The Impact of Insurance on Satisfaction and Family-Centered Care for Children with Special Health Care. *Pediatrics*. Dec;124 Suppl 4:S420-7.
45. Knapp C, Madde V, Marcu M, Sloyer P, **Shenkman E** (2010) Parents' Experiences in Choosing a Health Plan for Their Children with Special Health Care Needs. *Matern Child Health J*. Mar 8.
46. Knapp C, Madden V, Curtis C, Sloyer P, **Shenkman E** (2010) Family support in pediatric palliative care: how are families impacted by their children's illnesses? *J Palliat Med*. Apr;13(4):421-6.
47. Knapp C, Madden V, Curtis C, Sloyer P, **Shenkman E** (2010) Assessing non-response bias in pediatric palliative care research. *Palliat Med*. Apr;24(3):340-7.
48. Thompson LA, Knapp CA, Feeg V, Madden VL, **Shenkman EA**. (2010) Pediatricians' management practices for chronic pain. *J Palliat Med*. Feb;13(2):171-8.
49. Huang IC, **Shenkman EA**, Madden VL, Vadaparampil S, Quinn G, Knapp CA. (2010) Measuring quality of life in pediatric palliative care: challenges and potential solutions. *Palliat Med*. Mar;24(2):175-82. Epub 2009 Dec 10.
50. Knapp, C., V. Madden, C. Curtis, P. Sloyer, and **E. Shenkman**. (2010) Family Support in Pediatric Palliative Care: How Are Families Impacted by Their Children's Illnesses?" *Journal of Palliative Medicine*, Epub ahead of print. PMID 20144024.
51. Knapp C, Madden V, Marcu M, Wang H, Curtis C, Sloyer P, **Shenkman E**. (2010) Information seeking behaviors of parents whose children have life-threatening illness. *Pediatr Blood Cancer* 56:805-811.
52. Huang IC, Wen PS, Revicki DA, Shenkman EA. Quality of life measurement for children with life-threatening conditions: Limitations and a new framework. *Child Ind Res*. 2011(1):145-160.

53. I-Chan Huang, Pey-Shan Wen, Dennis A. Revicki, **Elizabeth A. Shenkman**. Quality of life measurement for children with life-threatening conditions: limitations and a new framework. *Child Indicators Research* (Accepted for publication).
54. Staras S, Susan Vadaparampil; Laura Haderxhanaj, **Shenkman E**. Disparities in human papillomavirus vaccine series initiation among adolescent girls enrolled in Florida Medicaid programs, 2006-2008," *In Press Journal of Adolescent Health*.
55. Huang IC, Kenzik KM, Shearer PD, Sanjeev TY, Nackashi JA, Revicki DA, **Shenkman EA**. Quality of life information and trust in physicians among families of children with life-limiting conditions. *In Press Achieves of Childhood Diseases*.
56. Staras S, Kairella JA, Hou W, Sappenfield WH, Thompson DR, Ranka D, **Shenkman EA**. Association between perinatal medical expenses and a waiver to increase Florida Healthy Start services within Florida Medicaid Programs: 1998-2006. *In press Maternal Child Health Journal*.
57. Huang IC, Leite WL, Revicki DA, Shearer PD, Seid M, **Shenkman EA**. Differential item functioning in quality of life measures between children with and without special health care needs *In Press Value in Health*.
58. Huang IC, Kenzik KM, Nogle JM, Sanjeev TY, Nackashi JA, Revicki DA, **Shenkman EA**. No pediatric quality of life instruments are superior to each other: a comparison of four quality of life instruments in Medicaid population. *In Press Quality of Life Research*.
59. Herndon J.B., Mattke S., Cuellar A., Hong S.Y., **Shenkman EA**. Anti-Inflammatory Medication Adherence and Health Care Utilization and Expenditures among Medicaid and Children's Health Insurance Program Enrollees with Asthma. *In press PharmacoEconomics*.

List of publications-June Nogle, Ph.D.

1. Kritz, M.M. and **J.M. Nogle**, Nativity concentration and internal migration among the foreign-born. *Demography*, 1994. 31(3): p. 509-24.
2. **Nogle, J.M.**, Internal migration for recent immigrants to Canada. *Int Migr Rev*, 1994. 28(1): p. 31-48.
3. **Nogle, J.M.**, The systems approach to international migration: an application of network analysis methods. *Int Migr*, 1994. 32(2): p. 329-42.
4. **Nogle, J.M.**, Internal migration patterns for U.S. foreign-born, 1985-1990. *Int J Popul Geogr*, 1997. 3(1): p. 1-13.
5. Smith, S.K., **J. Nogle**, and S. Cody, A regression approach to estimating the average number of persons per household. *Demography*, 2002. 39(4): p. 697-712.
6. **Nogle, J.**, E. Shenkman, N. Ross, P. Sloyer, and C. Bono, Variations in health experiences by provider type for pediatric enrollees in Florida's KidCare SCHIP program. *Pediatric Research*, 2004. 55(4): p. 229a-229a.

7. Smith, S.K. and **J.M. Nogle**, An Evaluation of Hispanic Population Estimates*. Social Science Quarterly, 2004. 85(3): p. 731-745.
8. **Nogle, J.**, C. Barnes, and E. Henrikson, Development of a food sensation and genotyping informatics system for the University of Florida Center for Smell and Taste (UFCST). AMIA Annu Symp Proc, 2008: p. 1071.

Technical publications by the project team

1. **Nogle, JM, Shenkman, EA** (2004) Florida KidCare Program Evaluation Report, 2003, Gainesville, FL, University of Florida, Institute for Child Health Policy.
2. **Nogle, JM, Shenkman, EA** (2005) Florida KidCare Program Evaluation Report, 2004, Gainesville, FL, University of Florida, Institute for Child Health Policy.
3. **Nogle, JM, Shenkman, EA** (2006) Florida KidCare Program Evaluation Report, 2005, Gainesville, FL, University of Florida, Institute for Child Health Policy.
4. **Nogle, JM, Shenkman, EA** (2007) Florida KidCare Program Evaluation Report, 2006, Gainesville, FL, University of Florida, Institute for Child Health Policy.
5. **Nogle, JM, Shenkman, EA** (2008) Florida KidCare Program Evaluation Report, 2007, Gainesville, FL, University of Florida, Institute for Child Health Policy.
6. **Nogle, JM, Shenkman, EA** (2009) Florida KidCare Program Evaluation Report, 2008, Gainesville, FL, University of Florida, Institute for Child Health Policy.
7. **Nogle, JM, Shenkman, EA** (2010) Florida KidCare Program Evaluation Report, 2009, Gainesville, FL, University of Florida, Institute for Child Health Policy.
8. **Nogle, JM, Shenkman, EA** (2011) Florida KidCare Program Evaluation Report, 2010, Gainesville, FL, University of Florida, Institute for Child Health Policy.

Tab D: Related Experience: Research

Describe related research project experience. Include current and past research initiatives conducted by the entity, any cooperative or teaming arrangements on which the entity served, and duration of each project named.

Dr. Shenkman has extensive experience with related research projects in Florida and in Texas. Dr. Shenkman has been the Principal Investigator for the Florida KidCare Evaluation since its inception in 1999. This project is the most similar to the evaluation requested by Florida Health Choices. Dr. Nogle joined Dr. Shenkman's KidCare Evaluation team in 2003, so they have worked together for the last eight years on this complex, multi-faceted project. Florida KidCare covers 1.9 million children enrolled in Medicaid, and the Title 21 components of MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN). The KidCare team uses a variety of sources to conduct their evaluation, including data from KidCare application and enrollment files, a telephone survey conducted with

families involved with the KidCare program, and health care data. In the last evaluation, 2,438 interviews were conducted with KidCare families. The survey was designed to measure parents' assessment of experiences with the program and health care providers and services. Analysis of health care (claims and encounter) data provided objective information on children's health care use in ambulatory, emergency room (ER), and in-patient environments and their filled prescriptions.

The most recent (Year 12) KidCare Evaluation report addressed the following evaluation topics:

1. A description of the program structure, eligibility, and financing;
2. Evaluation approaches used and data collected for this evaluation period;
3. Applications processed and their outcomes;
4. Enrollment trends, including retention and coverage renewal;
5. Enrollee and family characteristics, including presence of special health care needs among program participants, Body Mass Index, enrollee demographics, and household demographics;
6. Family experiences with KidCare, including the application and enrollment process, satisfaction with the program, access to care, and experiences with dental care;
7. Quality of care (HEDIS®) measures, and;
8. Conclusions and recommendations.

Copies of the Year 12 KidCare evaluation report are available online at

<http://ahca.myflorida.com/medicaid/medikids/PDF/KidCareEvaluationYear12.pdf>

Dr. Shenkman is the Principal Investigator for two other ongoing major evaluation projects. Her first project *Evaluating Health Care Quality in Texas Medicaid and CHIP* is funded by the Texas Health and Human Services Commission for 03/1/07-08/31/12. This study is designed to evaluate the quality of care, illness burden and health care expenditures for women and children enrolled in the managed care component of the Texas Medicaid Program or in the State Children's Health Insurance Program. Her second study *Evaluating Quality of Care in Children's Medical Services* is funded by the Florida Department of Health for 07/01/09-06/30/12. This study is designed to evaluate satisfaction with, access to, quality of, and cost effectiveness of specific program and services available to the Children's Medical Services enrollees and their families.

Dr. Shenkman was the Principal Investigator on two other completed major evaluation projects. Her *Evaluation of Health Related Quality of Life and Health Care Expenditures in the Partners in Care Program* was funded by the Agency for Health Care Administration for

10/25/06-6/30/2010. This study is designed to assess the impact of an integrated curative and palliative care program on the health related quality of life and health care expenditures for children with life-limiting conditions including those with childhood cancer. Her *Florida Healthy Kids Corporation Evaluation* was funded by the Florida Healthy Kids Corporation for 09/01/06-08/31/08. This study updated the Florida health Insurance Study to determine the number of uninsured children in Florida. Dr. Shenkman is currently the Co-Principal Investigator (Dr. Jill Herndon, Principal Investigator, 09/01/08-08/31/11) of an ongoing program evaluation for Florida Health Kids Corporation that followed the earlier FHKC study.

In addition to her collaborations with Dr. Shenkman, Dr. Nogle is also collaborating with Dr. James Crawford (PI) on an evaluation of an educational intervention for diabetic employees of a major employer in Orlando. Dr. Nogle led the data management and analysis efforts of this multi-entity team composed of faculty and staff from the University of Florida, Florida Health Care Coalition's project manager and medical director, diabetes educators from Florida Hospital, and staff from Cognoscenti Health and CIGNA. This study monitored health indicators during and after an intervention to assist employees with better control of their diabetes. Dr. Nogle's analysis of lab and health claims data will be a major component of the forthcoming final project report. The intervention was conducted April 2008-March 2009 and the participants were followed for a year after the intervention.

Tab E: Related Experience: Solicitation of Funding

Cite specific examples of successful, competitive, funding solicitations.

Current funded research projects-Elizabeth Shenkman, Ph.D.

1. Principal Investigator. Quality and Outcomes of Care for Children With Severe Special Health Care Needs in Prepaid Health Care Systems. Funded: Florida Department of Health and Maternal and Child Health Bureau. (7/1/2006-6/30/2012). \$575,000.
2. Principal Investigator. Quality of Care for Children in Public Insurance Programs. Funded: Agency for Health Care Administration. (7/1/06-6/30/12). \$1,500,000.
4. Principal Investigator. Evaluation of the Quality of Care for Enrollees in Texas Medicaid and CHIP. Texas Health and Human Services Commission (2008-2013). Funded \$12,000,000. #529-03-074.
5. Co-Investigator, Director. Community Engagement and Research Program. (Nelson, PI) Clinical and Translational Science Award. UL1RR029890 NIH/NICRR.

6. Co-Investigator. NIH/NIAMS U01 PROMIS Pediatric Project. Site co-Investigator for Asthma Study among children in Medicaid and CHIP. U01 AR052181 Prime and PI: Darren DeWalt in UNC-Chapel Hill. 2010-2013.
7. Co-Investigator. State of Florida UF-FSU Community Research Collaborative Program in Pediatrics, Internal Medicine, Family Medicine. (Nelson, PI) F10C27. 2010-2011. \$300,000.
8. Co-Investigator. NIH/NIDCR. Reimbursing Medical Providers for Early Childhood Caries Preventive Services. RDE021701A PI: Herndon, 2011-2013, \$100,000.
9. Co-Investigator, UF-FSU Collaborative Research Network: Promoting Health Risk Assessment in Primary Care. (Nelson, PI of Parent Award and Shenkman PI of Administrative Supplement) Clinical and Translational Science Award. UL1RR029890 NIH/NICRR May 2011 through March 2012, \$432,000.

Completed funded research projects-Elizabeth Shenkman, Ph.D.

1. Co-Principal Investigator. Pulmonary Aspiration in Tube Fed Patients. (1986). Biolife Corporation. \$1,700.
2. Principal Investigator. Effects of Positioning on Cardiac Output Determinations in Post-Coronary Artery Bypass Patients. (1987). American Heart Association. \$2,125.
3. Co-Principal Investigator: Pediatric Accident Prevention Program (1988). HRS, state of Florida. Funded. \$26,000.
4. Co-Principal Investigator: Pediatric Accident Prevention Program (1988). HRS, state of Florida. Funded. \$26,000.
5. Co-Principal Investigator: Geriatric Accident Prevention Program (1989). Submitted to HRS, state of Florida. Funded. \$53,000.
6. Project Coordinator: Rehabilitative Needs of Children with Special Health Care Needs (1992). Principal Investigator: Arlan Rosenbloom. Funded. Robert Wood Johnson Foundation. \$150,000.
7. Co-Principal Investigator: The Immokalee Companeros Project: A Project of State and National Significance (1993). Funded. Department of Health and Human Services. \$60,000.
8. Co-Principal Investigator: Health and Allied Health Assessment Project. Funded. Florida Developmental Disabilities Council (1994). 97,000.
9. Co-Principal Investigator: Children with Special Health Care Needs Within Managed Care: The Development of Empirically-Based Models. Funded. Department of Health and Human Services, Maternal and Child Health Bureau (1994 - 1998). \$600,000.
10. Co-Principal Investigator: Long-Term Care Needs for Children. Funded. Office of Technology Assessment (1994). \$15,000.

11. Principal Investigator: Managed Care: Implications for Families' Out-of-Pocket Expenses When Caring for Children With Special Health Care Needs. Funded. Department of Health and Human Services, Assistant Secretary of Planning and Evaluation, Office of Health Policy (1995-1996). \$150,000.
12. Principal Investigator: The Florida Healthy Kids Evaluation (1994- Present). Funded. Healthy Kids Corporation. \$180,000 per year.
13. Principal Investigator: Evaluation of the American Academy of Pediatrics Medical Home Project. Funded. American Academy of Pediatrics (1995-1998). \$50,000.
14. Principal Investigator: Contractual Arrangements with Physicians: Implications for Pediatric Health Care. Submitted to the Robert Wood Johnson Foundation, (1996-1998). \$568,000, Funded.
15. Principal Investigator: Evaluation of the American Academy of Pediatrics Medical Home Project Training. Funded. American Academy of Pediatrics (1998 - 1999). \$30,000.
16. Principal Investigator: Adolescent Risk Adjustment: A comparison of five methods. Submitted to the Federal Maternal and Child Health Bureau, Research Division (1998-2000). \$302,724, Funded.
17. Principal Investigator: Quality of Care for Children With Special Health Care Needs in Managed Care. U01. Submitted to the Agency for Health Care Policy and Research (1998-2002). Funded \$1,261,397.00.
18. Principal Investigator: Identifying and Tracking Children With Special Needs in Managed Care. Submitted to the Federal Maternal and Child Health Bureau, Division for Children with Special Health Care Needs. Funded \$624,000 for 1998-2002.
19. Principal Investigator: Survey Development for the Florida Health Insurance Survey. Funded: Agency for Health Care Administration. Funded. 8/1/98-7/31/99. \$45,000.
20. Co-Principal Investigator: The Florida KidCare Evaluation. Funded: The Agency for Health Care Administration. 12/1/98 through 12/31/99. \$300,000.
21. Principal Investigator: Technical Assistance on Evaluation for the Covering Kids Initiative. Funded: The Robert Wood Johnson Foundation, July, 1999-September, 1999. \$75,000.
22. Principal Investigator: Access to Care for Low-Income Adolescents. U01. Submitted to the Agency for Health Care Policy and Research (1999-2003). Funded \$941,000.
23. Principal Investigator. Claims and Encounter Analysis Texas Title XXI Program. Texas Health and Human Services Commission (2000-2003). Funded \$450,000.
24. Principal Investigator. Medicaid Supplemental Studies. Funded, \$56,000. The Agency for Health Care Administration, 2000.
25. Principal Investigator. Outreach to Women Leaving Welfare to Work: An Analysis of Strategies. Funded: The Florida Department of Health. 12/1/00-6/30/00. \$100,000.

26. Principal Investigator: The Florida KidCare Evaluation. Funded: The Agency for Health Care Administration. 7/1/00 through 6/30/03. \$900,000.
27. Principal Investigator. Financing Health Care for Children With Special Health Care Needs. Funded: Department of Health and Human Services, Maternal and Child Health Bureau. 6/1/01-5/31/07. \$1,450,000. U93MC00179
28. Principal Investigator. Evaluation of a Prepaid Health Plan for Children with Severe Special Health Care Needs. Funded: Florida Department of Health. 2002. \$140,000.
29. Co-Principal Investigator. Outreach to and Identification of Children With Special Health Care Needs. Maternal and Child Health Bureau. Funded 2002-2006. \$1,100,000.
30. Principal Investigator. Evaluation of the Quality of Care for Enrollees in Texas Medicaid and CHIP. The Texas Health and Human Services Commission (2002-2005). Funded \$6,000,000.
31. Principal Investigator. Evaluation of an Integrated Palliative Care Program for Children. Submitted to the Agency for Health Care Administration and the Department of Health (2003-2009). Funded \$575,000.
32. Principal Investigator: The Florida KidCare Evaluation. Funded: The Agency for Health Care Administration. (2004-2006). \$900,000.
33. Co-Principal Investigator: Disenrollment From SCHIP. U01. Submitted to the Agency for Health Care Policy and Research. Extension of project through March 2005 in collaboration with Research Triangle Institute, Funded: \$120,000. Susan Haber, PhD; RTI, Principal Investigator.
34. Principal Investigator. Evaluation of the Quality of Care for Enrollees in Texas Medicaid and CHIP. Texas Health and Human Services Commission (2005-2007). Funded \$5,241,779. #529-03-074.
35. Principal Investigator. Quality of care in an Integrated Care System. Funded: Florida Department of Health and Maternal and Child Health Bureau. (7/1/2003-6/30/2006). \$475,000.
36. Co-Principal Investigator: Health Plan Exit in the Medicaid Market and Pediatric Continuity of Care. R40MC07843. (Aydede, PI). HRSA/MCHB Research Division. 02/01/07-01/31/2008. \$100,000.
37. Co-Investigator. Biostatistics, Outcomes, and Data Management Core. Claude Pepper Center, 1 P30 AG028740-01 (Pahor - PI), 07/01/2006 -06/30/2011, NIH/NIA, \$1,200,000.

Current funded research projects-June Nogle, Ph.D.

1. Co-Investigator. The Florida KidCare Evaluation, Years 8-13, State of Florida, Agency for Health Care Administration, AHCA #MED051, E.A. Shenkman, P.I., 2006 – 2012.

2. Co-Investigator/Mentor. Hospital patient outcomes associated with internationally educated nurses. NIH #K01 NR 011174-01A1, D. Neff, PI, 2009-2011.
3. Co-Principal Investigator. Data management and analysis core for the Planning Grant for a Phase 3 Trial of Dichloroacetate in PDH. NIH #R34 HD 065991, P. Stacpoole PI of parent grant, J. Shuster PI of core), 2010-2011.

Completed funded research projects-June Nogle, Ph.D.

1. Principal Investigator. Internal Migration Patterns of the Foreign-born, 1985-1990, US Department of Justice, US Immigration and Naturalization Service (INS #COW-5-P-1264), \$10,473, 1995.
2. Principal Investigator. Immigration Study for Florida and Dade County, University of Miami (UM #669087), \$26,320, 1998 – 1999.
3. Co-Principal Investigator. Development of Hispanic Population Estimates, 1996-1999, University of Miami (UM #662672, S.K. Smith, P.I.), \$15,750, 1999 – 2000.
4. Principal Investigator. Census 2000 Full Count Review, US Department of Commerce, US Census Bureau (CB #43-YA-BC-027458), \$25,190, 2000 – 2001.
5. Co-Investigator. Evaluation of the Children's Medical Service Network Wait List, Fall 2003, State of Florida, Department of Health (DOH #D02842, E.A. Shenkman, P.I.), \$21,645, 2003.
6. Co-Investigator. Assessment of Satisfaction for Families of Pediatric MediPass and Medicaid HMO Enrollees, SFY2002-2003, State of Florida, Agency for Health Care Administration and the Florida Center for Medicaid and the Uninsured (AHCA #M0416, E.A. Shenkman, P.I.), \$65,878, 2003 – 2004.
7. Co-Investigator. The Florida KidCare Evaluation, Year 5, State of Florida, Agency for Health Care Administration (AHCA #M0421, E.A. Shenkman, P.I.), \$300,000, 2003 – 2004.
8. Co-Investigator. Assessment of Satisfaction for Families of Pediatric MediPass and Medicaid HMO Enrollees, SFY2003-2004, State of Florida, Agency for Health Care Administration and the Florida Center for Medicaid and the Uninsured (AHCA #M0508, E.A. Shenkman, P.I.), \$75,000, 2004 – 2005.
9. Co-Investigator. The Florida KidCare Evaluation, Year 6, State of Florida, Agency for Health Care Administration (AHCA #M0515, E.A. Shenkman, P.I.), \$300,000, 2004 – 2005.
10. Co-Investigator. Assessment of Satisfaction for Families of Pediatric MediPass and Medicaid HMO Enrollees, SFY2004-2005, State of Florida, Agency for Health Care Administration and the Florida Center for Medicaid and the Uninsured (AHCA #MED014, E.A. Shenkman, P.I.), \$85,630, 2005 – 2006.
11. Co-Investigator. The Florida KidCare Evaluation, Year 7, State of Florida, Agency for Health Care Administration (AHCA #MED013, E.A. Shenkman, P.I.), \$300,000, 2005 – 2006.
12. Co-Investigator. Biostatistics, Outcomes, and Data Management Core. Claude Pepper Center (NIH/NIA 1 P30 AG028740-01, M. Pahor PI), 2007-2010.

Tab F: Descriptive Approach

In a narrative fashion, describe an approach to evaluation of this program including suggested analyses and opportunities for longitudinal or comparative studies. Please limit this section to a maximum of four pages.

Evaluation objective

The Institute for Child Health Policy proposes to conduct an evaluation of Florida Health Choices, Inc. that focuses on clients' experiences with the application and enrollment process, access to care, and quality of care. Given that Florida Health Choices is beginning to enroll people in health insurance coverage during summer, 2011, ICHP proposes a two-phase evaluation. The first, initial phase will be conducted during the first year of enrollment in Florida Health Choices, approximately August 1st, 2011-July 31st, 2012. The first evaluation phase will focus on finalizing details of the multi-year evaluation plan and analyzing application and enrollment trends. The second evaluation phase will begin in the second year of enrollments in Florida Health Choices. After Florida Health Choices establishes a base of enrollees, data will be collected and analyses will be conducted on clients' access to care and quality of care. Details for each of the evaluation phases are provided below.

Evaluation plan for Phase 1

During the first year of the evaluation, there will be four specific goals for the ICHP project team:

1. Finalize the multi-year evaluation plan
2. Develop the data system for applications and enrollments
3. Build the warehouse for claims and encounter data
4. Analyze and report on the application and enrollment data

Before any detailed work can begin on the proposed evaluation, the multi-year evaluation plan will need to be finalized by both ICHP and Florida Health Choices, Inc. During August and September, the project team anticipates meeting with Florida Health Choices leadership twice to present an initial plan (August) and a revised plan (September). Input from Florida Health Choices leaders and stakeholders during the planning phase will be crucial to the overall success of this evaluation. Modifications to the revised plan will be integrated and the project team anticipates having a multi-year evaluation plan to guide our efforts finalized by early October, 2011.

By the time the evaluation plan is finalized, the initial “quick start” enrollment phase of Florida Health Choices will be well underway and the CES (third-party administrator) database will be populated with enrollee information. In fall, 2011, the ICHP project team will develop the process to receive application and enrollment data by contacting CES to learn about the details of their database system that manages the application process, eligibility determination, and enrollment tracking. ICHP database programmers will request documentation of the database structure, field definitions, and automated trigger processes. Before any actual data is transmitted, ICHP will work with CES to decide upon a method of secure data transmission that is acceptable to both entities. ICHP has access to several secure, HIPAA compliant transmission systems supported by the UF Academic Health Center and ICHP would prefer to utilize one of these systems, but ICHP is open to feedback from CES on their system preferences. Regardless of the selected transmission method, ICHP will request that CES encrypt all databases and files before transmission.

Depending upon the structure and format of the CES database system, the ICHP project team will request a duplicated snapshot of the entire CES system or an extract of tables from the CES system. If needed, the ICHP team will convert and load data from the CES system into MS SQL Server, which is the preferred enterprise database package for the UF Academic Health Center due to its ability to track user access and transaction modifications as required by HIPAA. ICHP anticipates having a fully functional copy of the CES database system in place by late 2011 or early 2012. A schedule for the secure transmission of regular updates (preferably monthly) from CES will be negotiated based on feedback from both CES and Florida Health Choices.

In fall, 2011, the ICHP project team will also begin the process of building the warehouse for health care claims and encounter data by contacting the insurance vendors providing coverage through Florida Health Choices. ICHP will provide the insurance vendors with specifications of our preferred file layout and content for health claims and encounter records. It is important that the vendors provide health care data in a format that is consistent with other ICHP data systems to minimize the programming effort required to manage and analyze the health care data. Unlike the Florida Health Choices administrative data that only comes from one source (CES), ICHP is prepared to accept and warehouse health claims data from dozens of vendors, but with the caveat that the data files need to be consistent with predetermined specifications. The ICHP programming team will work with each insurance vendor to securely transmit encrypted data files through a HIPAA compliant transfer system. When new health care data files arrive at ICHP, the programming team will conduct a quality assurance review of each file to ensure that fields are fully populated with in-range values. If files do not meet the QA standards specified in the original documentation from ICHP, the ICHP data manager will request that the

insurance vendor resubmit the data. If there is a recurring problem with the data integrity of health care data submissions, the program team will involve Florida Health Choices in discussions with the insurance vendor on possible steps to address shortcomings in the data. ICHP anticipates beginning to integrate health care data on Florida Health Choices clients into our data warehouse in spring, 2012.

After the ICHP programmers populate the application and enrollment database, the researchers will conduct analyses of the applicant and client populations in terms of demographics, geography (county or Metropolitan Statistical Area), industry and occupation (if available). Tests for statistical significance will provide information on whether any sub-group has a significantly different rate of approval or denial for coverage. Detail on the disposition of applications and the application processing times will be calculated. Also, a longitudinal analysis of enrollment spells will be conducted to determine whether there are any significant differences in average length of enrollment for Florida Health Choices clients by demographic, geographic, industrial, occupational, or program characteristics. The ICHP project team anticipates conducting its first analysis of application and enrollment data in spring, 2012. The team will submit a first draft of its analysis to Florida Health Choices, Inc. by June 1st, 2012. Feedback on the draft will be collected and revisions will be made to the analysis. A revised final report will be submitted to Florida Health Choices by July 31st, 2012.

Evaluation plan for Phase 2

During the second phase of evaluation, there will be three specific goals for the ICHP project team:

1. Update the database systems for application and enrollment data as well as health care data
2. Refine and update the analysis of applications and enrollment
3. Analyze and report on HEDIS® quality of care measures

The ICHP project team anticipates that the data intake and processing procedures established in Phase 1 will continue into Phase 2. Regular updates to the data warehouses will be required in Phase 2 to support both updated and new analyses. ICHP's programming team will continue to review data submissions for integrity and completeness. ICHP will resolve any data integrity issues with the vendors and with Florida Health Choices, if necessary.

Further analyses of application and enrollment patterns will be conducted during the second phase of this evaluation. Feedback on the Phase 1 report will guide revisions to the analysis in Phase 2. Feedback from Florida Health Choices during the initial stages of Phase 1 will determine the frequency of the reporting cycle in Phase 2 and submission deadlines.

In the second phase of this evaluation, ICHP will produce a report on quality of care measures for Florida Health Choices enrollees. The report will follow the Institute of Medicine (IOM) conceptual framework for assessing health care quality by addressing: 1) access to care and 2) the effectiveness of care.¹ Access to and timeliness of care refers to a person being able to receive needed care without undue delays. Effectiveness of care refers to providing care that is based on the use of systematically acquired evidence as to its benefit in producing better outcomes than the alternatives, which include doing nothing. The report will present rates for the Healthcare Effectiveness Data and Information Set (HEDIS®) measures using National Committee for Quality Assurance (NCQA) specifications (updated to 2012, when available)² and NCQA-certified software. Results will be provided for all HEDIS® measures that rely exclusively on health claims and encounter data; no HEDIS® measures will be collected or reported that rely on “hybrid” methods or medical record reviews due to the cost of such methods.

Data visualization techniques will be used to create a report that presents a large quantity of data in a user-friendly manner. Wherever possible, the report will provide comparisons to NCQA national averages for commercial insurance programs.³ Rates will not be shown for specific measures when there are less than 30 enrollees in the denominator. The report will also contain cautionary notes about interpreting the rates for HEDIS® measures that require several years of data, such as breast or cervical cancer screening measures. In addition to the HEDIS® measures, a summary of the Clinical Risk Group (CRG) or Chronic Disability Payment System (CDPS) profile of the enrollee population will be provided. The health status profile is essential to understanding the illness burden among Florida Health Choices enrollees and it places the health care expenditures and health care use patterns in context.

The ICHP project team anticipates conducting its first HEDIS® analysis in late 2012. The team will submit a first draft of its analysis to Florida Health Choices, Inc in January, 2013, with feedback and revisions resulting in a final report submission in spring, 2013.

¹ The Institute of Medicine. *Crossing the Quality Chasm*. Washington, DC: National Academy Press; 2001.

² National Commission on Quality Assurance. *HEDIS® Technical Specifications Volume II, 2010*. Washington, DC: National Commission on Quality Assurance; 2009.

³ The information that NCQA compiles for commercial insurance programs can be viewed at www.ncqa.org.

Tab G: Statement of Support

Provide evidence of capability and willingness to store program data in a secure environment with minimal or no compensation from the corporation.

The computing environment at the Institute for Child Health Policy is composed of a secure, powerful, and reliable system for collecting, storing, analyzing and modeling large sets of data. Currently, ICHP securely warehouses terabytes of health care data in diverse multi-level database structures containing millions of records from varied entities around the country. All systems are housed in a modern data center at the UF Academic Health Center with physical security, conditioned continuous power, redundant cooling systems, and high speed network connectivity. The data center servers require authenticated access for all services, including file, database, and processing activities. These servers are protected from unauthorized access by physical means, network filters, patch management, and regular security audits. The data stored at the center is securely backed up nightly to tape backup systems and automatically transferred off-site to systems co-located at the NWRDC secure data center in Tallahassee, Florida. ICHP has fulltime professional IT and programming staff dedicated to maintaining the highest quality computing environment, while working closely with the University of Florida Academic Health Center and Office of Information Technology to ensure compliance with all applicable university and federal policies and standards.

All ICHP computer systems are connected through the UF Academic Health Center data network. High-speed access to the Internet is via the University of Florida's campus network and its redundant connections to the Internet, Internet2 and Florida LambdaRail. The networking infrastructure in the 1329 Building is gigabit wired Ethernet and secure 802.11g wireless networking that uses the 802.11x authentication standards and WPA2-Enterprise encryption.

As part of ICHP's computing environment, the research team has direct access to desktop and server-run up-to-date versions of comprehensive packages for statistical analyses, including SAS, STATA, MPlus, and other, as well as advanced software for specialized applications such as meta-analyses, statistical power estimation, econometric modeling, and time-series analyses.

Tab H: References

Provide a list of references and contact information for current and past projects. Include both public and private sector client references.

Florida KidCare Evaluation

Bruce Congleton, Contract Manager
Agency for Health Care Administration
Medicaid Quality Management Bureau
Room 3230, Bldg. 3, Mail stop #48
Tallahassee, FL 32308
(850) 412-4678
Bruce.Congleton@ahca.myflorida.com

Florida Healthy Kids Corporation Evaluation

Jennifer Kiser Lloyd, Chief External Affairs Officer
661 E Jefferson St # 200
Tallahassee, FL 32301-2788
(850) 701-6160
lloydj@healthykids.org

Evaluation of an Employer-Supported Diabetes Intervention

Karlene Ranghell, Project Manager
Florida Health Care Coalition
4401 Vineland Road, #A-10
Orlando, FL 32811-7361
(407) 425-9500
Karlene@flhcc.com

Tab I: Contract Amendments

Utilize the strike and underline functions to identify any proposed amendments to the Corporation's standard service agreement.

~~1-4 "Liquidated Damages" mean the amounts stipulated in this Contract or any Attachments, and agreed to by the Parties as a reasonable estimation of the losses if the ENTITY breaches the terms of the Contract or fails to perform its obligations fully, correctly and on time, as determined in the sole discretion of FHC. The Parties agree that the actual damages in such situations are uncertain and difficult to ascertain. The Parties' mutual intent in establishing the liquidated damages as set forth in this Contract is to make a good faith effort and estimation of damages, not to penalize ENTITY.~~

3-5 In the event FHC disagrees with or questions any amount due under an invoice, FHC agrees to pay the amount not in disagreement in accordance with the terms of this Contract, and communicate such disagreement to ENTITY in writing within thirty (30) calendar days of the invoice date. ~~Any claim not made within that period shall be deemed waived.~~

4-4 Indemnification

ENTITY shall indemnify, defend and hold FHC, its officers, directors, agents and employees harmless from all claims, losses, suits, judgments or damages, including court costs and attorney's fees, arising out of:

- A. ~~negligence, intentional torts or breach of contract by ENTITY;~~
- B. ~~any claims or losses attributable to the acts of any subcontractor, person or entity performing or furnishing services, materials, or supplies on behalf of ENTITY in connection with the performance of this Contract whether or not known to FHC; or~~
- C. ~~any failure of ENTITY, its officers, employees or subcontractors to observe the requirements of applicable Florida or federal law, regardless of whether FHC knew or should have known of such failure.~~

Responsibility. Each party to this Agreement agrees to be fully responsible for its acts of negligence, or its agents' acts of negligence when acting within the scope of employment or agency, and agrees to be liable for any damage resulting from said negligence. Nothing herein is intended to serve as a waiver of sovereign immunity by the University of Florida Board of Trustees, School, and/or the Florida Board of Education. Nothing herein shall be construed as consent by a state agency, public body corporate, or political subdivision of the State of Florida to be sued in any matter arising out of any contract by a party or parties whose legal signature is not indicated on this Agreement.

4-5 Insurance

ENTITY shall not commit any work in connection with the Contract until it has obtained all types and levels of insurance required ~~and approved by FHC.~~

5-4 Attorney Fees

In the event of any legal action, dispute, litigation or other proceeding with relation to this Contract, each party shall pay its own fees, including attorneys' fees, and costs relating to any material proceedings. ~~FHC shall be entitled to recover from ENTITY its attorney fees and costs incurred, whether or not suit is filed, and if filed, at both trial and appellate levels.~~ Legal actions are defined to include administrative proceedings.

ENTITY understands that FHC is subject to the Florida Public Records Act, Section 119.07, F.S. and therefore all such information may be considered a public record and open to inspection. Thus, unless otherwise confidential or exempted by law, ENTITY shall allow public access to all documents, papers, letters, electronic correspondence or other material subject to the provisions of Chapter 119, F.S. and made or received by ENTITY in conjunction with this Contract. However, ENTITY agrees to advise FHC prior to the release of any such information. Notwithstanding, under Section 1004.22, Florida Statutes, the ENTITY shall release the title and short description of the Study, the name of the researcher, and the amount and source of funding provided for the Study, without prior consent of a sponsor.

5-18 Transition Plan and Process

Upon the expiration or termination of this Contract for any reason, should FHC choose to use another vendor, ENTITY shall ensure a smooth transition. ENTITY shall provide a transition plan to FHC within [number of days (___)] business days of notice of the expiration or termination of this Contract. Acceptance of the transition plan shall be determined in the sole discretion of FHC. ~~Failure for the ENTITY to provide a timely transition plan acceptable to FHC shall be cause to hold the ENTITY in default and for failure to perform; and in such event liquidated damages in the amount of [____ DOLLARS (\$____.00)] per day may be charged against the ENTITY.~~ FHC also may withhold payment to ENTITY for nonperformance or unsatisfactory performance of the terms of this Contract.

Tab J: Other Services

Describe any additional services the entity may offer and which may be of benefit to the Corporation and its program.

ICHP may offer Florida Health Choices two additional services. First, ICHP could conduct surveys and analyze results on client satisfaction with care and health plan service. Second, ICHP could collect qualitative data from clients and employers regarding their experience with the Florida Health Choices program.

ICHP has extensive experience conducting client satisfaction surveys and presenting results to a variety of audiences. Other ICHP evaluation projects that conduct client surveys have a multi-step process to ensure the integrity and comparability of the data collected. Initially, the project team and the agency identify the research questions to be answered by the survey. The ICHP project team begins its internal development of the survey questionnaire by relying as much as possible on validated instruments from the Agency for Healthcare Research and Quality. As the survey instrument is being refined, ICHP also develops the specification for the survey universe (i.e., enrollment length required for eligibility to complete the survey, identification of any geographic or other restriction for the survey) and the database programming to extract a random sample of clients for the survey sampling frame. When the survey instrument is jointly finalized by ICHP and the agency, ICHP will coordinate the fielding of the survey with a survey vendor. To ensure that the highest level of data quality is attained, ICHP staff members clandestinely monitor interviews being conducted at a variety of days and times throughout the fieldwork process. In addition, preliminary datasets are reviewed weekly or bi-weekly for data completeness and to identify any emerging trends in responses that need to be brought to the agency's attention.

ICHP works with several survey vendors for data collection, including the University of Florida Survey Research Center (UFSRC). Over the last decade, UFSRC has conducted tens of thousands of interviews with health care clients for multiple evaluation projects. The UFSRC's CATI survey lab has 95 stations, making it among the largest university-based survey units in the country. The University of Florida Survey Research Center employs a full-time director, two full-time project managers, a full-time field director, a full-time Java programmer, 13 part- and full-time supervisors, and between 100 and 300 telephone interviewers at any time (depending on workload), including bilingual Spanish speakers. Telephone interviewers receive comprehensive instruction including confidentiality of respondent information and answers, interviewing technique, the proper disposal of cases, and the use of survey center software. Ongoing quantity and quality controls provide regular feedback to interviewers. For example, UFSRC's state of the art VOIP telephone

system uses Asterisk open source technology, which allows them to record 100% of the phone calls. This feature enhances the monitoring system so the evaluation staff can listen for correct survey implementation, rapport with respondents and proper coding of call dispositions.

After data collection is complete, ICHP evaluation teams analyze the survey data using state-of-the-art statistical packages including SAS, SPSS, Stata, and Tableau, which allow the researchers to provide the agency with as much or little detail as desired. The final analysis plan will be developed jointly by ICHP and the agency, based on agency feedback about their information and planning needs. Whenever possible, ICHP evaluation reports will provide detailed results of client satisfaction and health care experiences by a variety of demographic and programmatic categories such as gender, race/ethnicity, geographic location, and program or plan of enrollment. ICHP reports can be descriptive, graphical, or highly statistical. Results are compared with national benchmarks for commercial plans whenever possible. The needs of each evaluation determine the final focus and form of written reports. ICHP researchers regularly present results of their evaluations in public settings to audiences with a variety of expertise, including medical directors, health plan administrators, legislators, and health care advocates.

The second service that ICHP could provide is the collection and analysis of qualitative data from enrollees and employers on their experience with the Florida Health Choices program. ICHP has regularly conducted focus groups and detailed key-informant interviews to collect data that is less structured than the standard survey interview. ICHP could develop a component of its evaluation for Florida Health Choices that collects feedback about the application and enrollment process from enrollees or potential enrollees. Specifically, which aspects of the application process were easy to negotiate and which aspects were barriers to enrollment? Another set of focus groups could be conducted with participating employers to assess their satisfaction with the Florida Health Choices marketplace. The exact scope and content of the focus groups would be developed jointly by ICHP and Florida Health Choices after the program's startup and the information needs of the agency become clearly defined. The report for this potential service would assist Florida Health Choices in improving the usability of its marketplace.

Internal Budget **YEAR 1, Project Start-up--Planning and data warehousing only**
PI: Shenkman/Nogle
Title: Evaluation Services
Agency: Florida Health Choices, Inc.
Dates: 8/1/11-12/31/12
Proposal# 00082491 Project# 00095825

Personnel Name	Role	Year 1	Base with 3% inflation	TOTAL
Elizabeth Shenkman	PI	2.00% 0.24	\$241,020 Salary Fringe Rate Fringe 26.90% Total Sal	\$ 4,820 \$ 1,297 \$ 6,117
June Nogle	Co-PI	10.00% 1.20	\$103,157 Salary Fringe Rate Fringe 26.90% Total Sal	\$ 10,316 \$ 2,775 \$ 13,091
Terry Lemesh	Research Coordinator	5.00% 0.60	\$59,740 Salary Fringe Rate Fringe 30.00% Total Sal	\$ 2,987 \$ 896 \$ 3,883
Deepa Ranka	Data Manager	3.00% 0.36	\$103,700 Salary Fringe Rate Fringe 30.00% Total Sal	\$ 3,111 \$ 933 \$ 4,044
TBN	HEDIS & SQL Programmer	25.00% 3.00	\$65,500 Salary Fringe Rate Fringe 30.00% Total Sal	\$ 16,375 \$ 4,913 \$ 21,288
		-	Fringe Rate Salary Fringe Fringe Total Sal	\$ - \$ - \$ -
Total FTE		45.0%	Salary	\$ 37,609
			Fringe	\$ 10,814
			Total	\$ 48,423
Personnel (12 month equivalent)				Total \$ 48,423
Personnel (August-December, 5 month total only)				Total \$ 20,176

Other Expenses		
IT support (\$2420 per year faculty FTE and \$1210 per year per staff FTE)	\$	690
Other Expenses (12 month equivalent)	Sub Other Expenses	\$ 690
Other Expenses (August-December, 5 month total only)	Total	\$ 287

TOTAL DIRECT COSTS	\$ 20,464
Base for Indirect Calculation	\$ 20,464
Indirect Cost (25%) (UF is reviewing the request to reduce the IDC rate to 10%)	\$ 5,116
TOTAL PROJECT COST with 25% IDC	\$ 25,580
TOTAL PROJECT COST if 10% IDC rate request is approved	\$ 22,510

Ad Hoc Expenses	
Ad hoc reporting-Programming, data management, and computer time \$80.00 per hour plus IDC rate	
Ad hoc reporting-Literature searches, chart and graph preparation, general assistance \$25 per hour plus IDC rate	
Ad hoc reporting-Study design, methods, statistical analyses, and report preparation \$125.00 per hour plus IDC rate	
Surveys-Actual cost per completed survey as charged by survey vendor, plus IDC rate	
Surveys-Actual cost of printing and mailing for surveys or advance letters, as charged by printing vendor, plus IDC rate	
Travel to meet with Florida Health Choices, UF will bill Healthy Choices for expenses incurred, plus IDC rate	
Data storage for health claims/encounter and enrollment data at \$5 per gig per year, plus IDC rate	
Database consulting (depending upon format of enrollment database) at \$75 per hour, plus IDC rate	