2018 Ohio Medicaid Group VIII Assessment Methodology

August 2018

Table of Contents

Appendixes

List Figures

I.   Introduction

The 2018 Ohio Medicaid Group VIII Assessment (Group VIII Assessment) study examined how the 2014 Medicaid expansion in Ohio impacts the Patient Protection and Affordable Care Act (ACA) associated Medicaid expansion enrollees with respect to access and utilization of health care, physical and mental health status, financial distress/hardship, and employment – the ACA health reform expansion legislation was passed by the 111th United States Congress and signed into law in March 2010. The 2018 Group VIII Assessment is a follow-up to the 2016 Ohio Medicaid Group VIII Assessment Statutory Report.

The phrase "Group VIII" refers to the section of the Social Security Act that set requirements for Medicaid expansion eligibility and allowed most Ohioans aged 19 through 64 with incomes at or below 138% of the federal poverty level (FPL) to become eligible for Medicaid. Prior to January 1, 2014, Medicaid eligibility for adults was limited to those with certain qualifying characteristics such as parenthood or disability, and the income limitation for most Medicaid eligibility groups was less than or equal to 90% of the FPL.

The 2018 Ohio Medicaid Group VIII Assessment Methodology Report describes the data collection activities that were used to generate information for the 2018 Ohio Medicaid Group VIII Assessment. Data collection was preceded by interviews with the Ohio Department of Medicaid (ODM), a literature review, and discussions within the research team concerning how best to conceptualize measuring the Ohio Medicaid expansion benefit. Once the conceptualization was set, background analyses using Ohio Medicaid administrative data and the Ohio Medicaid Assessment Survey were performed to refine topic selection. For question selection for the telephone survey, the research team primarily used pretested and reviewed questions, response options, and measures. Data collection started with the Group VIII Survey fielding in January 2018 and ended with biometric screenings in April 2018.

The 2018 Group VIII study population consisted of those individuals ever enrolled in the Group VIII program. The *ever-enrolled* population included all individuals who participated in the Group VIII program for at least 30 days since the program began in 2014. This population was utilized to assess the scope, breadth, and broad contours of the Group VIII program, particularly enrollment patterns and other claims-based analyses. The ever-enrolled population was further subdivided into three mutually exclusive groups:

- *Continuous Group VIII*. Continuously enrolled persons were those who had uninterrupted coverage in Group VIII since the onset of enrollment.

- *Unenrolled Group VIII*. Unenrolled persons were prior Group VIII enrollees who were no longer enrolled in Medicaid as of November 2017.

- *Churn Group VIII*. Churn enrollees were those who were enrolled, unenrolled, and reenrolled in Group VIII over the 12 months prior to November 2017.

Non-Group VIII Medicaid enrollees were persons who were eligible and continuously enrolled under pre-expansion eligibility criteria.

The Ohio Medicaid Group VIII Assessment used the following five activities to collect data:

- A detailed telephone survey of 5,867 Group VIII and Non-Group VIII Medicaid enrollees (including 1,710 Continuous Group VIII, 2,054 Unenrolled Group VIII, 1,153 Churn Group VIII, and 950 Non-Group VIII Medicaid), including questions about access to care, health system utilization, physical and mental health, financial hardship, and employment (cooperation rate of 24.0%).

- A biometric screening of 313 respondents in the Continuous Group VIII and Unenrolled Group VIII groups who completed the telephone survey. The biometric screenings allowed for the systematic collection of comprehensive and verifiable health-related data (screening participation rate of 57.4%).

- An analysis of Medicaid administrative data for all Group VIII and Non-Group VIII enrollees eligible for the Group VIII Assessment. The review of administrative data was used to calculate measures of health care utilization and enrollment patterns.

- Qualitative Interviews of 27 Group VIII enrollees who participated in the telephone survey. These focus groups were designed to obtain more in-depth and personalized information about survey responses.

The number of participants in each of the study phases was based on the evaluation goals for the study. Data from the Group VIII Survey were weighted to represent the total populations of Group VIII and Non-Group VIII Medicaid enrollees who were eligible for the study. The biometric screening data were not weighted to represent the population because their coverage was limited to six counties and the sample size was small. Data from the Group VIII Survey and the biometric screening were linked into a single master file.

Analyses of all Group VIII Assessment data were performed by a research team with membership from ODM, the Ohio Colleges of Medicine Government Resource Center (GRC), The Ohio State University (OSU) College of Public Health, Ohio University, and RTI International. Project oversight was administered by the Ohio Group VIII Executive Committee with representation the ODM, GRC, OSU, Ohio University, and RTI International. Additional study design assistance was provided by the State Health Access Data Assistance Center (SHADAC) and by the National Center for Health Statistics (NCHS).

Many statistics, charts, and tables not included in the 2018 Ohio Medicaid Group VIII Assessment are included in the 2018 Ohio Medicaid Group VIII Assessment Methodology report, both within the body of the Methodology Report as examples and in Appendices at the end of this Methodology Report.

For additional information concerning the 2018 Ohio Medicaid Group VIII Assessment and the 2018 Ohio Medicaid Group VIII Assessment Methodology report, contact ODM at Melissa.Ayers@medicaid.ohio.gov. For additional information from the web, see http://medicaid.ohio.gov.

II.   Sampling Design

1.   Target and Sampling Populations

The *target population* consisted of Group VIII enrollees and Non-Group VIII Medicaid enrollees.

A Group VIII enrolled person was defined as a person enrolled under ACA-associated Medicaid expansion and eligible for this study. Eligibility was determined by being in one of several Medicaid enrollment aid categories associated with Group VIII. Individuals became eligible for Group VIII under one of two major criteria:

1.   monthly family income ≤ 138% of the federal poverty level (FPL) and no child in the family; or

2.   family income > 90% to 138% of FPL and a Medicaid enrolled child in the family (parents with income equal to or less than 90% FPL with a child enrolled in Medicaid were eligible under pre-expansion eligibility criteria).

As described in the prior section, the Group VIII population consisted of those individuals ever enrolled ("ever enrolled") and was further subdivided into three mutually exclusive groups, Continuous Group VIII, Unenrolled Group VIII, and Churn Group VIII. A Non-Group VIII Medicaid comparison group was also included in order to provide a reference for some analyses.

The *sampling population* consisted of a subset of individuals in the *ever-enrolled* population who did not have any exclusions plus a comparison group of individuals enrolled under Non-Group VIII eligibility criteria. Membership in the sampling population was more restrictive than the ever-enrolled universe because the telephone survey was designed to assess the drivers and implications of enrollment, unenrollment and reenrollment over time. Many Medicaid enrollees have special circumstances, such as being institutionalized, having outside insurance, or having only a very short span of eligibility, which made respondents difficult to contact or key metrics of interest difficult to measure.

The exclusion criteria that were implemented in the 2018 Group VIII study to develop the sampling population included *categorical*, *contingent* and *temporal, enrollment trajectory,* and *demographic* exclusions.

Categorical exclusions: Categorical exclusions are factors that automatically removed an individual from the study. These exclusions were applied to all four study subpopulations (Continuous Group VIII, Unenrolled Group VIII, Churn Group VIII, and Non-Group VIII Medicaid). Categorical exclusions included program codes indicating that an individual belonged to a fundamentally different population than the general Group VIII population (e.g., the Medicaid program for the Aged, Blind, and Disabled Persons (ABD)), had significantly reduced Medicaid coverage, or had utilization patterns that were not accurately reflected in Medicaid claims (e.g., outside insurance, also known as Third Party Liability). If individuals had a period of enrollment 2014-2017 that contained a categorical exclusion, they were excluded from the telephone survey sample frame. Categorical exclusions were: dual eligibility, institutional living situation, nursing home, family waiver, TPL, and Medicaid ABD and Medicaid for pregnant women.

Contingent exclusions: Because many Group VIII enrollees transitioned into other Medicaid programs over time and vice versa, the research team needed to determine whether individuals' "mixed" enrollment histories would count as Group VIII enrollees, Non-Group VIII enrollees, or be excluded from the telephone survey. Because there was an insufficient number of individuals in the Churn Group VIII group (i.e., individuals who had a gap in enrollment) who only ever enrolled in Group VIII, individuals with non-Group VIII program codes were counted as Group VIII, provided that their initial program at the onset was Group VIII.

- If an individual initially enrolled in Medicaid under the Group VIII program and later transitioned to another Medicaid program – an individual who initially gained access to Medicaid through the Group VIII program – then that individual was still deemed for the purposes of the 2018 study to be in the Group VIII population. The lookback period for determining initial enrollment was 2013-2017, so it is possible that some Group VIII enrollees had other Medicaid as late as 2012 prior to obtaining Group VIII coverage in 2014 or thereafter.

- If an individual was continuously eligible through Non-Group VIII eligible programs for at least one year, never participated in the Group VIII program and never had a categorical exclusion, he/she was eligible for the Non-Group VIII Medicaid comparison group in the 2018 study.

- Individuals whose initial enrollment was in a Non-Group VIII eligible program and who later transitioned to the Group VIII program were excluded because they occupied an indeterminate position between the Group VIII and Non-Group VIII Medicaid groups.

Temporal exclusions: Individuals may receive retroactive coverage for a period in which they were eligible but not enrolled. Periods in which individuals were eligible but not enrolled – retroactive and backdated coverage - were counted as periods of noncoverage to determine whether an individual was in Continuous Group VIII, Churn Group VII, or Unenrolled Group VIII for the purposes of the telephone survey. Having a period of retroactive or backdated coverage did not necessarily cause an individual to be excluded from the study population. For example:

- An individual who enrolled in Medicaid through the Group VIII program in January 2015, received 3 months of retroactive coverage back through October 2014, and maintained enrollment in Medicaid without a categorical exclusion through October 2017 would be counted as being in the "Continuous Group VII."

- An individual who enrolled in Medicaid in August 2015 through the Group VIII program, unenrolled in May 2017, reenrolled in Medicaid in July 2017 with retroactive coverage going back to May 2017, maintained coverage thereafter and had no categorical exclusions during this entire period would be counted as being in the "Churn Group VIII" population.

Enrollment Trajectory Exclusions: Once all the categorical and contingent exclusions were applied to individuals and temporal exclusions applied to certain eligibility-months, enrollment trajectory exclusions were created to exclude Group VIII enrollees who did not neatly fall into the one of the three subpopulations.

To be counted as Continuous Group VIII, an enrollee needed to be:

1. Enrolled for at least 1 year

2. Unenrolled for less than 30 days in the year prior to November 30, 2017

3. Enrolled as of November 2017.

To be counted as Unenrolled Group VIII, an enrollee needed to be/have been:

1. Enrolled for at least 1 year

2. Unenrolled within 12 months prior to November 30, 2017

3. Unenrolled for at least 6 months and not enrolled as of November 30, 2017

To be counted as Churn Group VIII, an enrollee needed to be/have been:

1. Enrolled for at least 1 year

2. Unenrolled for at least 30 days in the last year prior to November 30, 2017

3. Enrolled as of November 30, 2017

Demographic Exclusions: The final exclusion criterion was limiting the survey sampling frame to individuals who were currently aged 19 through 64 years. This resulted in a small (approximately 1,800) number of dropped cases, most commonly because age was indeterminate.

2. Sample Design

The Group VIII Assessment had two quantitative data components, which built on each other:

- Telephone survey
- Biometric screening

The telephone survey was administered to random samples of Continuous Group VIII, Unenrolled Group VIII, Churn Group VIII, and Non-Group VIII Medicaid enrollees. The survey was representative of the Ohio Medicaid population as defined by the study criteria. A random sample of telephone survey respondents from the Continuous Group VIII and Unenrolled Group VIII were then asked to complete the biometric screening. Due to operational constraints and logistics, a subset of Ohio counties that represented metropolitan, suburban and rural county types was selected for the biometric screening component, rather than including all 88 counties. The counties from which biometric screening participants were selected were Athens, Clark, Licking, Montgomery, Franklin, and Scioto.

Telephone Survey
Sampling Frame

The sampling frame used to select eligible study members was the December 2017 Medicaid Eligibility and Enrollment File. The Enrollment File contained the following information about each Medicaid enrollee:

- First and Last Name
- Medicaid ID
- Phone number
- Street address
- City
- State

- Zip code
- County of residence
- Plan number
- Group VIII/Non-Group VIII status
- Gender
- Age category (19–44, 45–64 years)

Persons enrolled in December 2017 who met the Group VIII Assessment eligibility criteria were included in the sampling frame. Based on these exclusion criteria, ***Figure 1*** presents the number of enrollees in the 2018 Group VIII (G-VIII) study sampling population by enrollment type.

Figure 1. Sampling Population for 2018 G-VIII Study by Enrollment Type Categories

Enrollment Type	Population
Continuous Group VIII	366,267
Unenrolled Group VIII	41,562
Churn Group VIII	8,646
Non-Group VIII Medicaid	216,754

In total, 416,475 Group VIII enrollees and 216,754 Non-Group VIII Medicaid enrollees were eligible for the study.

Design

The telephone survey employed a stratified random sample design among eligible enrollees. Individuals were stratified by the following criteria:

- Gender (2 levels)

- Medicaid enrollment type (4 levels: Continuous Group VIII, Unenrolled Group VIII, Churn Group VIII or Non-Group VIII Medicaid)

- Age category (2 levels: 19–44 years or 45–64 years of age)

- County type [9 levels: biometric screening counties (6), non-biometric metro (1), non-biometric suburban (1), and non-biometric rural counties (1)]

Only the Continuous Group VIII and Unenrolled Group VIII populations were stratified by the 9-level County type to allow for sampling of biometric screening respondents in the six biometric counties. Churn Group VIII and Non-Group VIII Medicaid were stratified by a 3-level county type variable (metro, suburban, and rural). This resulted in 96 strata: 36 for Continuous Group VIII, 36 for Unenrolled Group VIII, 12 for Churn Group VIII, and 12 for Non-Group VIII Medicaid.

In general, stratification can be used for three purposes: (1) oversample a minority population or geographic region, (2) explicitly allocate to a population to ensure representation, and (3) create homogeneous groups for analysis, which improves precision. For the Group VIII Assessment, stratification was used to achieve all three benefits.

Sample Allocation

The Group VIII assessment targeted 6,000 completed interviews across the four enrollment types. The targeted number of completed interviews was allocated based on the analytic goals of the study.

The 2018 G-VIII telephone survey consisted of two major sections: (1) core modules and (2) enrollment type specific modules. The core modules were given to all respondents. The enrollment type specific modules were given only to those respondents who were assigned an enrollment type in the sampling population AND self-reported that they were in that enrollment type. For example, respondents in the unenrolled stratum who self-reported they had Medicaid in the past 12 months were not routed to the unenrolled specific module. Similarly, persons who were in the churn stratum but indicated they had either not had Medicaid coverage for the past 12 months or had coverage for all of the past 12 months were not routed to the churn-specific module.

RTI conducted a small pilot study of the telephone instrument to assess the study instrument (see Section III.4). The pilot results found that 50% of unenrolled stratum respondents self-reported they had Medicaid within the past 12 months and 70% of churn stratum respondents indicated they had continuous Medicaid coverage over the past 12 months. Based on these results, the target sample size by enrollment type was set to optimize the number of respondents in the enrollment specific modules. **Figure 2** presents the target number of interviews by enrollment type.

Figure 2. Respondent Target Sample Size by Enrollment Type Categories

Enrollment Type	Target Interviews
Group VIII Continuous	1,750
Unenrolled Group VIII	2,000
Group VIII Churn	1,250
Non-Group VIII	1,000
Total	6,000

In order to achieve the biometric screening goals, within the enrollment types for which biometric screenings were conducted, an oversampling factor in the six biometric screening counties was applied. The oversampling factor was 1.50 in the Group VIII continuous population and 1.20 in the Group VIII unenrolled population. These oversampling factors created design effects of 1.04 and 1.01, respectively, for the two enrollment types.

Starting sample size and selection of sample. Because the response rate for the telephone survey was not known, rather than approximating it, a replicate design was used to release sample. In a replicate design, a larger than needed sample is drawn and randomly split into smaller samples (i.e., replicates). Replicates were produced within each stratum. For the telephone survey, a lower bound response rate of 20% was assumed to determine the starting sample size. **Figure 3** presents the starting sample size by stratification characteristics. Persons on the frame were selected within each stratum and divided into replicates. Replicates were produced within each stratum and consisted of 10 sampled persons. Replicates were released until the marginal number of respondents was achieved. In some cases, because strata are based on the joint distribution of the stratification characteristics, achieving the target sample size in one marginal category for one characteristic (e.g., geography) required exceeding the target in another marginal characteristics (e.g., gender or age). **Figure 3** indicates the amount of sample in each marginal stratum that was released to achieve the desired number of respondents.[1] As seen in **Figure 3,** the Group VIII unenrolled exceeded its target sample size while the respondent sample size for Group VIII continuous, Group VIII churn, and pre-expansion fell slightly short of their targets. At the marginal stratum level, more interviews were completed among females and older persons (45- to 64-year-olds) in order to meet the geographic targets.

---

[1] As an evaluation study, the desired (targeted) number of respondents was based on the resources available for the study.

Figure 3. Number of Respondents, Targeted Sample Size, and Released Sample Size for Telephone Survey by Medicaid Enrollment Type Categories, Stratified by Respondent Characteristics

		G-VIII Continuous			G-VIII Unenrolled			G-VIII Churn			Non-Group VIII Medicaid		
		Released Sample	Target	Complete	Released Sample	Target	Complete	Released Sample	Target	Complete	Released Sample	Target	Complete
Total		11,438	1,750	1,710	23,021	2,000	2,054	8,642	1,250	1,153	6,080	1,000	950
County Type													
	Metro	6,360	1,025	887	13,075	1,189	1,125	4,637	671	641	3,620	621	524
	Suburban	1,809	218	292	3,168	239	277	982	142	138	680	96	110
	Rural	3,269	507	531	6,778	572	652	3,023	437	374	1,780	283	316
Gender													
	Male	5,529	821	718	12,386	1,068	864	3,886	562	408	2,320	337	320
	Female	5,909	929	992	10,635	932	1,190	4,756	688	745	3,760	663	630
Age (years)													
	19–44	7,160	1,069	811	15,556	1,341	1,087	5,976	864	678	4,500	668	539
	45–64	4,278	681	899	7,465	659	967	2,666	386	475	1,580	332	411

Ohio Medicaid Group VIII Assessment Methodology   The Ohio Department of Medicaid

Because of the sensitive information contained in each sample record, the sample was selected and housed within an enhanced security network (ESN). No information containing personal identifying information (PII) about a selected person was removed from the ESN. Any sample-related information removed from the ESN was stripped of any PII prior to being taken out.

Biometric Screening
Sample Coverage and Allocation

The biometric screening was only administered to telephone respondents in the Group VIII continuous and Group VIII unenrolled stratum. Furthermore, the biometric screening was only administered to telephone respondents in six counties: Athens, Clark, Franklin, Licking, Montgomery, and Scioto. The restrictions on the biometric eligibility were due to cost constraints and the desire to maximize the respondents in the two groups where the greatest difference in biometric screening results was likely – to enable an outcome range for comparative purposes.

Sample allocation. The goal was to complete 330 biometric screenings total. For analytic purposes, these were allocated in a balanced manner – i.e., a target of approximately 165 screenings in each of the Group VIII continuous and Group VIII unenrolled populations. Across the six counties, the targeted number of screenings was proportionally allocated based on the population of each enrollment type. ***Figure 4*** presents the allocation across the six counties by enrollment type.

Figure 4. Biometric Screening Respondent Allocation by Selected County

County	Group VIII Continuous	Group VIII Unenrolled	Total
Athens	6	5	11
Clark	15	14	29
Franklin	14	13	27
Licking	41	44	85
Montgomery	80	78	158
Scioto	11	9	20
Total	167	163	330

Sample Selection

Within each biometric county, all telephone survey respondents were asked to participate in the biometric screening process. The participation rate for individuals was assumed to be 65%.[1]

Based on this design, ***Figure 5*** presents the anticipated and actual number of respondents to the biometric screening by Medicaid enrollment type and stratified by respondent characteristics. The Figure shows that, for most counties, the actual completed screening counts were similar to the targeted number of screenings. In total, 313 screenings were conducted: 146 screenings among Group VIII continuous enrollees and 167 screenings among unenrolled persons.

---

[1] This was the experienced show up rate in the 2016 Group VIII Assessment

Figure 5. Respondent Counts for the Telephone Survey and Biometric Screening by Medicaid Enrollment Type Categories, Stratified by County Type

Enrollment Type and Region		Telephone		Biometric		
		Target	Complete	Scheduled	Target	Complete
G-VIII Continuous	Athens (Rural)	18	15	5	6	3
G-VIII Continuous	Clark (Suburban)	42	50	26	15	14
G-VIII Continuous	Licking (Suburban)	39	38	11	14	9
G-VIII Continuous	Montgomery (Metro)	117	134	61	41	33
G-VIII Continuous	Franklin (Metro)	227	217	122	80	80
G-VIII Continuous	Scioto (Rural)	32	38	18	11	7
G-VIII Continuous	Metro	681	536	--	--	--
G-VIII Continuous	Suburban	137	204	--	--	--
G-VIII Continuous	Rural	457	478	--	--	--
G-VIII Unenrolled	Athens (Rural)	18	30	12	5	8
G-VIII Unenrolled	Clark (Suburban)	45	56	19	14	12
G-VIII Unenrolled	Licking (Suburban)	43	62	10	13	7
G-VIII Unenrolled	Montgomery (Metro)	148	209	92	44	46
G-VIII Unenrolled	Franklin (Metro)	261	307	153	78	88
G-VIII Unenrolled	Scioto (Rural)	31	45	16	9	6
G-VIII Unenrolled	Metro	780	609	--	--	--
G-VIII Unenrolled	Suburban	151	159	--	--	--
G-VIII Unenrolled	Rural	523	577	--	--	--
G-VIII Churn	Metro	671	641	--	--	--
G-VIII Churn	Suburban	142	138	--	--	--
G-VIII Churn	Rural	437	374	--	--	--
Non-Group VIII	Metro	621	524	--	--	--
Non-Group VIII	Suburban	96	110	--	--	--
Non-Group VIII	Rural	283	316	--	--	--
Total		6,000	5,867	545	330	313

3.   Sample Results

Figure 6 shows the distribution of the telephone survey respondents by Medicaid enrollment, demographic characteristics, and county type compared to the study population.

Figure 7 presents the distribution of telephone survey and biometric participants by Medicaid enrollment county type.

Figure 6. Distribution of Total Study Population, Telephone Respondents, Biometric Screening Assessment Participants, by Medicaid Enrollment Type Categories, Stratified by Population Characteristics

| | Enrollment Type | | | | | | | | | | | | | | | | | | | |
| | G-VIII Continuous | | | | | | G-VIII Unenrolled | | | | | | G-VIII Churn | | | | Non-Group VIII Medicaid | | | |
	Popula-tion	%	Com-plete	%	Biometric	%	Popula-tion	%	Com-plete	%	Biometric	%	Popula-tion	%	Com-plete	%	Popula-tion	%	Com-plete	%
Total	366,267	100.0	1,710	100.0	146	100.0	41,562	100.0	2,054	100.0	167	100.0	8,646	100.0	1,153	100.0	216,754	100.0	950	100.0
County Type																				
Metro	208,209	56.8	887	51.9	113	77.4	24,023	57.8	1,125	54.8	134	80.2	4,639	53.7	641	55.6	134,629	62.1	520	54.7
Suburban	43,641	11.9	292	17.1	23	15.8	12,744	30.7	277	13.5	19	11.4	983	11.4	138	12.0	20,703	9.6	108	11.4
Rural	114,417	31.2	531	31.1	10	6.8	4,795	11.5	652	31.7	14	8.4	3,024	35.0	374	32.4	61,422	28.3	313	32.9
Gender																				
Male	171,646	46.9	718	42.0	62	42.5	22,204	53.4	864	42.1	75	44.9	3,888	45.0	408	35.4	73,076	33.7	320	33.7
Female	194,621	53.1	992	58.0	84	57.5	19,358	46.6	1,190	57.9	92	55.1	4,758	55.0	745	64.6	143,678	66.3	630	66.3
Age years																				
19-44	223,760	61.1	811	47.4	61	41.8	27,817	66.9	1,087	52.9	74	44.3	5,979	69.2	678	58.8	144,795	66.8	539	56.7
45-64	142,507	38.9	899	52.6	85	58.2	13,745	33.1	967	47.1	93	55.7	2,667	30.8	475	41.2	71,959	33.2	411	43.3

Figure 7. Distribution of Total Study Population and Telephone Respondents by Medicaid Enrollee Type, Stratified by County Type and Biometric Screening Assessment Status

		Enrollment Type														
		G-VIII Continuous				G-VIII Unenrolled				G-VIII Churn				Non-Group VIII Medicaid			
		Population		Complete		Population		Complete		Population		Complete		Population		Complete	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total		366,267	--	1,710	--	41,562	--	2,054	--	8,646	--	1,153	--	216,754	--	950	--
Biometric	**Total**	66,302	100.0	492	100.0	8,108	100.0	709	100.0	--	--	--	--	--	--	--	--
	Metro	48,068	72.5	351	71.3	6,078	75.0	516	72.8	--	--	--	--	--	--	--	--
	Suburban	11,377	17.2	88	17.9	1,309	16.1	118	16.6	--	--	--	--	--	--	--	--
	Rural	6,857	10.3	53	10.8	721	8.9	75	10.6	--	--	--	--	--	--	--	--
Non-Biometric	**Total**	299,965	100.0	1,218	100.0	33,454	100.0	1,345	100.0	8,646	100.0	1,153	100.0	216,754	100.0	950	100.0
	Metro	160,141	53.4	536	44.0	17,945	53.6	609	45.3	4,639	53.7	641	55.6	134,629	62.1	524	55.2
	Suburban	32,264	10.8	204	16.7	3,486	10.4	159	11.8	983	11.4	138	12.0	20,703	9.6	110	11.6
	Rural	107,560	35.9	478	39.2	12,023	35.9	577	42.9	3,024	35.0	374	32.4	61,422	28.3	316	33.3

III.   Telephone Survey

1.   Instrument Content

The telephone survey was administered to those individuals ever enrolled ("ever enrolled") in the Group VIII program. The *ever-enrolled* population included all individuals who participated in the Group VIII program for at least 30 days. The questionnaire consisted of separate sections focusing on topics including health status, health system utilization, usual source of care, financial hardship, and employment. Respondents were also asked what gaining Medicaid coverage meant to them. ***Figure 8*** is a summary of each questionnaire section.

Figure 8. Summary of Questionnaire Sections

Opening Section	
SECTION A	Introduction
SECTION A	Screener and Cell Phone Usage
Limited Demographics	
SECTION B	Gender, Age, and County of Residence
Health Status and Health Conditions, Healthcare Utilization and Usual Source of Care	
SECTION C	Health Status and Health Conditions
SECTION D	Health Care Utilization and Usual Source of Care
Employment and Financial Hardships, Health Behaviors, and Demographics	
SECTION E	Employment Status
SECTION F	Financial Hardships
SECTION G	Health Behaviors and Demographics
Enrollment Status	
SECTION H	Continuous Group VIII Enrollment
SECTION I	Unenrolled
SECTION J	Churn enrollment
SECTION	Non-Group VIII eligible enrollment
SECTION L	Incentive and recruitment for biometric screening

2.   Survey Instrument Development

The Group VIII Executive Committee (EC) collaborated on the development of the survey questionnaire. The EC initiated the development process by reviewing the 2016 Group VIII Survey, the 2012–2015 Ohio Medicaid Assessment Survey and 2004–2010 Ohio Family Health Survey instruments to assess which items could be used for the Group VIII telephone survey. The EC then collaborated with agency stakeholders to identify what new items would be necessary to meet their current needs. The research team drafted new survey questions and revised existing questions to meet these data needs. After the EC developed a working draft of the instrument,

RTI assisted in finalizing the instrument and preparing for pilot testing. Staff examined the instrument for ease of administration and response, wording and response categories for new items, transitions and overall survey flow, skip patterns, and item-specific logic.

The instrument was designed and translated to be administered in both English and Spanish. Professional translation services were used to translate and back-translate the English language survey into a conversational Spanish survey.

The pilot test survey instrument specifications were completed in late December 2017, with the goal of programming, testing, and finalizing the survey for a pilot test in January. The survey was programmed, and a pilot test initiated on January 15, 2018.

3.   Interviewer Training

Initial survey interviewer training was conducted on January 3–7 at RTI's Research Operation Center in Raleigh, NC. Eight experienced interviewers and four supervisors participated in the initial training. After the pilot study, an additional 16 interviewers were given the same training protocol for the full study.

Interviewers had to complete training and certification prior to beginning "live" calling. Experienced interviewers attended a four-hour session of project training and one to two hours of mock interviewing. Topics covered during training focused on the survey's background and structure, study-specific protocols and procedures, pronunciation, and answers to frequently asked questions (**Figure 9**).

Figure 9. 2018 Group VIII Survey Training Agenda

Time (minutes)	Topic	Time (minutes)	Topic
Evening 1		**Evening 2**	
15	Welcome and Introduction	10	Q&A/Review
25	Survey Background, Purpose, and Structure	30	Emotional Distress and Sensitivity
10	Roles and Responsibilities	30	Refusal Avoidance
10	General Contacting Procedures	55	Paired-Practice
15	Respondent Rights and Importance of Confidentiality	15	**BREAK**
45	Review of Frequently Asked Questions (FAQs)	15	Review FAQs and Pronunciation
15	**BREAK**	40	Individual Read-Through of Questionnaire
20	Pronunciation Practice	35	Certification
75	Round-Robin	10	Q&A/Final Review
10	Q&A Sessions		

During training, interviewers participated in round-robin mock interviews and paired-practice mock interviews and completed individual survey practice exercises. Interviewer certification involved completing two oral

quizzes as well as successfully attending and participating during training sessions and exercises. Interviewers were required to achieve 100% correct answers on both oral quizzes to become certified.

The 2018 Group VIII Survey training agenda included the items in **Figure 9**.

4.   Pilot Test

The primary objective of the pilot test was to replicate the conditions for full-scale survey data collection. The sample for the pilot was drawn in the same manner that was to be used to draw the final sample. However, there were several methodological differences between the implementation of the pilot and the ultimate fielding of the survey. For example, call attempt protocols were relaxed during the pilot in the number and timing of telephone attempts. Also, refusal conversion attempts and Spanish interviews were not conducted during the pilot. Pilot sample members also did not receive the prenotification letter that was mailed to all full sample members. Last, the final training protocol was modified based on observations from the pilot activities.

Interviewing for the pilot started on January 15, 2018, and continued through January 19, 2018, with the goal of completing 60 interviews. The interviewers made calls between the hours of 9:00 a.m. and 9:00 p.m. on weekdays. In total, RTI obtained 60 completed pilot survey interviews. Completed interviews were obtained with between one and three attempts per record; on average, two attempts had to be made to complete a survey.

5.   Pilot Sample Characteristics

The pilot completed 60 interviews. **Figure 10** shows the distribution of completed cases across sampling strata.

Figure 10. Distribution of Complete Cases for the Group VIII Survey Pilot

	Pilot Completes	
	N	%
Enrollment Type		
G-VIII Continuous	15	25.0
G-VIII Unenrolled	11	18.3
G-VIII Churn	15	25.0
Non-Group VIII	19	31.7
Gender		
Male	23	38.3
Female	37	61.7
Age (years)		
19–44	35	58.3
45–64	25	41.7

During the pilot, the mean interview time for all cases was 21 minutes, with a median time of 20.01 minutes. The minimum interview length was 13.48 minutes and the maximum interview time was 34.7 minutes.

Figure 11 shows the mean and median interview times for the overall instrument as well as by module.

Figure 11. Interview Time by Module in the Pilot Test

Section	Mean Time (minutes)	Median (minutes)
Section A*	2.10	1.50
Section B*	0.45	0.42
Section C*	4.70	4.29
Section D*	1.05	0.93
Section E*	1.54	1.23
Section F*	3.27	3.08
Section G*	3.65	3.55
Section H	4.18	4.02
Section I	7.09	6.78
Section J	6.13	6.48
Section K	2.15	2.08
Section L*	1.41	1.16
Average Total (Core)	16.75	16.03
Average Total (All)	21.00	20.01

* A core module

6. Cuts for Length

To bring the survey closer to the budgeted average of 20 minutes per adult respondent, questions were cut from and revised in the instrument. The EC developed guidelines for prioritizing questionnaire items to distinguish items that were critical to policy and program analyses from those that were less critical and could be deleted. The guideline for deleted questions included time considerations (long banks of questions) and the degree to which a question was of importance to the Ohio Medicaid program.

Beyond deletions, the introduction, transition, and closing statements were revised to shorten the survey and reduce break-offs. Other minor text changes were made for clarity and flow purposes. Finally, a number of small logic errors were found and corrected.

The final version of the questionnaire with computer-assisted telephone interview (CATI) specifications can be found in **Appendix A.**

7. Data Collection Procedures

RTI used the Voxco CATI software system to program and field the 2018 Group VIII Survey. This fully integrated program provided call management and replicate controls, multilingual interviewing capabilities, monitoring, and incidence tracking. The software automatically controlled skip and fill logic, and range checking for

numeric data. The programming logic directed the questionnaire's flow and prevented an interviewer from entering data in the wrong field. On any given screen of the questionnaire, the program only accepted a predetermined range or type of response.

Implementation Protocol

The 2018 Group VIII Survey followed a calling protocol adapted from that used in the 2015 Ohio Medicaid Assessment Survey. Initially, each sample member was sent a prenotification letter including information about the survey and a means to contact the project. Shortly after they received the letter (usually within 3–5 days), calls were made to attempt to complete interviews. The 2018 Group VIII Survey used a 10-attempt protocol for reaching listed sample members, with attempts distributed across days of the week, and parts of the day, and across six weeks of fielding, to maximize the possibility of reaching respondents when they were able to set aside time for the survey.

Call Scheduling

The target interviewing period was between 5 p.m. and 9 p.m. respondent time on weekdays, between 10 a.m. and 9 p.m. on Saturdays, and between 1 p.m. and 9 p.m. on Sundays. RTI's Research Operations Center also scheduled shifts between 9 a.m. and 5 p.m. weekdays for up to a maximum of 40% of total session hours to reach respondents who worked or were otherwise unavailable in the evenings.

Number of Attempts

Interviewers made a minimum of 10 attempts to reach an eligible respondent. Each call attempt was given a minimum of five rings. The attempts were rotated through weekday day, weekday evening, Saturday day, and Sunday evening shifts to maximize coverage of the residential population. Persistent "ring no-answers" were attempted a minimum of four times and days of the week. If a respondent was contacted on the last call, and an interview could not be completed, another attempt was made. Lines with busy signals were called back a minimum of two times at 15-minute intervals. If the line was still busy after the third attempt, the number was attempted again on different calling time periods until the record was resolved.

Callbacks

A system-scheduled callback was assigned to a record that could not be given a specific date and time, and a scheduled callback was assigned for respondents who provided a definite appointment for re-contact.

Callbacks to specific respondents were entered into the computer by interviewers and handled automatically by the program. RTI's system accommodated both general and specific callbacks. For a specific appointment, the record waited until the designated time to be released. At this time, the system found the next available interviewer and delivered the record as the next call. The call history screen that accompanied each record informed the interviewer that the call was a definite appointment and described the circumstances of the original contact. General callbacks, where respondents requested that RTI try to reach them at a generally specified time of day ("I usually get home around 6 o'clock"), were sorted and allotted automatically by the system. They were held out of the sample until the appointed hour, when they were sent to a station with an open slot for that call. They had a higher system priority than returning no-answer and busy records, but lower priority than specific callbacks.

RTI's system also accommodated the restarting of interrupted interviews. If a cooperative respondent had to terminate an interview, but wanted to finish at a later time, it was possible to set a definite callback for that time and resume the interview where it left off. If the interviewer who began the survey was available at the prescribed time, the system sent the call back to that station.

Respondent Selection

As a listed sample, the study assumed all those in the study were eligible to participate. In that administrative records are sometimes inaccurate, eligibility was verified; eligibility criteria included being 19 years through 64 years of age, and ever-enrolled in Medicaid.

Sample Location Efforts

In some instances, the designated sample member was no longer at the phone number extracted from the Medicaid Eligibility and Enrollment data. In those cases, the interviewers attempted to get the most updated contact information from the individual who answered the phone. In addition, for the cases with outdated or inaccurate contact information, batch tracing was utilized to try to find the most updated information. Batch tracing involved providing the existing information to one of several vendors to obtain the most updated contact information.

Refusal Conversion

All interviewers calling on the 2018 Group VIII Survey were trained to avoid refusals. When respondents refused to participate, the interviewer left a note explaining what, if anything, had happened or had been said, and RTI's refusal conversion specialists made at least one more contact. Exceptions were made for cases in which the person answering the phone said something indicating a callback would not be appropriate, such as making threats. This information was reviewed by staff just before calling the telephone number again. During nonresponse refresher trainings, supervisory staff compiled these cases and reviewed effective strategies for nonresponse avoidance and conversion.

Although a high response rate was important, the role of the interviewers was not to harass respondents into participating in either the selection process or the interview. Interviewers were trained to inform their supervisor about the following situations:

- If the respondent was verbally abusive or threatened litigation;

- if the respondent requested to be placed on a "do not call" list; or

- if the person who answered the phone refused to transfer the call to the selected respondent and stated that they would never allow the call to be passed to the selected respondent.

These numbers were terminated and coded as final refusals not to be called back.

Spanish Interviewing

RTI conducted the telephone survey in English and Spanish. Of the 5,867 completed records in the final data file, 22 (0.4%) were collected in Spanish. Spanish-speaking interviewers were associated with records flagged during initial contact as having reached a non-English speaking potential respondent. When a bilingual interviewer reached a Spanish-speaking respondent, the interviewer explained the survey in Spanish and continued directly into the interview without interruption. When a non–Spanish-speaking interviewer contacted a Spanish-speaking sample member, the record was coded for Spanish interviewing, and the system automatically routed the record to a bilingual interviewer for subsequent attempts.

Methods Used to Increase Response Rates

A variety of methods were implemented to maximize response rates for the 2018 Group VIII Survey, including:

- mailing a prenotification letter prior to calling;

- leaving messages on answering machines and privacy managers;

- providing toll-free verification numbers for the survey sponsor;

- employing special refusal conversion efforts;

- reattempting phone numbers on different days, and at different times of the day, to maximize chances to reach each household;

- conducting interviews in Spanish and English; and

- offering a $20 gift card incentive for respondents.

Each of these is described in detail below.

Mailing a Prenotification Letter Prior to Calling

For the main fielding,[2] a single-page lead letter was used to notify the designated sample members that someone would be attempting to reach them. The letter was mailed to the address included in the Medicaid Enrollment and Eligibility data. Written in both English and Spanish, the letter informed the sample member of the nature of the survey, that they could be expecting a call within a few days of receiving the letter, and provided them with contact information, including a toll-free number, if they had any questions or concerns. Respondents who called the toll-free number were able to complete the survey at the time of their call, and many did so. A copy of the prenotification letter appears in ***Appendix B***.

Leaving Messages on Answering Machines

Interviewing staff left messages on persistent "answering machine" and "privacy manager" dispositions, informing respondents of the study and scheduling another call attempt for the following day. The message stated that interviewers were calling on behalf of ODM and that a callback at their convenience would be appreciated. The toll-free telephone number was left on the answering machine. Messages were left on the first and fourth attempts to a sample member if an answering machine or privacy manager was reached on these attempts. For privacy managers, if a message could not be left, the interviewers were instructed to enter the toll-free telephone number.

The text of the answering machine message was as follows:

> *"Hello, my name is *** from RTI International and we are conducting a survey on behalf of the Ohio Department of Medicaid that asks about your current or past experiences with Medicaid. You have been selected as someone who we would like to talk to about this important study. If you are eligible to participate, you will receive a $20 gift card for completing this study. We will try to contact you again, however if you would like to reach us, you can call the Group 8 Study on our toll-free number at 1-866-558-0776."*

Survey Verification Toll-Free Number

A dedicated toll-free telephone number was established to receive respondent calls regarding the legitimacy and validity of the study. Contact information for GRC was made available to those respondents who wished to

---

[2] A prenotification letter was not sent for the pilot test.

contact the survey sponsor directly. GRC took responsibility for responding to concerns about the survey effort and shared this information with ODM and RTI.

Refusal Conversion Efforts

Refusal conversation calls were made to all sample members who refused initial attempts. The calls were placed after a 7-day cooldown period by specifically trained refusal conversion specialists.

Reattempting Numbers

As discussed above in the Implementation Protocol, telephone numbers that did not initially result in a completed interview were contacted on different days, and at different times of the day, to maximize efforts to reach each sample member. The study protocol allowed calling over 6 weeks to ensure that respondents on vacation and those not at home during common calling hours could be reached.

Offering a Gift Card for Survey Completion

Respondents who completed the telephone interview were asked if they would like to receive a $20 Walmart gift card. For those who acknowledged that they would like to receive the card, RTI verified their address and sent a gift card. Those who did not want to receive a gift card were given the option of receiving a $20 check.

8.   Response Rates

To affirm the representation of the target population in a study, researchers look to response rates as indicators of performance. There is no one agreed-upon standard response rate formula because each project lends itself to different measures of performance. Several of these performance measures are discussed below.

The results of each call attempt were assigned a disposition according to guidelines published by the American Association for Public Opinion Research (AAPOR). Note that disposition codes relate to classifications of a specific contact attempt or the outcome assigned to a sample element (unit of analysis or case in a population) at the end of data collection (e.g., noncontact, refusal, ineligible, complete interview). The 2018 Group VIII Assessment final dispositions can be summarized as follows:

- Eligible
    - Completes and partial interviews (if applicable)
    - Refusals and noncontacts[3]
- Ineligible
    - Survey ineligible = Person is determined to be (1) younger than 19 years old OR 65 years of age or older, (2) currently incarcerated, or (3) living outside of Ohio.
- Unknown

Each sampled person's history of attempted contacts was analyzed to determine the record's final status. The final status was based on the contact attempt that provided the most information (e.g., a completed interview or a refusal). In the 2018 Group VIII Survey, all persons who started the survey were required to finish the core

---

[3] As mentioned above in the pilot study discussion, all individuals were assumed to be eligible given they had a valid record in the Medicaid administrative data, unless RTI collected information on a call confirming they were ineligible.

modules for the survey considered completed. A partial complete was defined as a respondent who completed the question on race in Section G. (For more information, see **Figure 12**.)

Figure 12. Distribution of Disposition Codes by AAPOR Response Category, for All Survey Respondents by Enrollment Type

AAPOR Group	Disposition	Total	G-VIII Continuous	G-VIII Unenrolled	G-VIII Churn	Non-Group VIII Medicaid
1.1	Completes (full interviews only)	5,785	1,687	2,017	1,140	941
1.2	Partial Completes	82	23	37	13	9
2.1	Refusals and Break-offs	17,597	4,255	8,178	3,094	2,070
t4.7	No Eligible Respondent	964	268	436	188	72
3.0	Unknown Eligibility, Non-interview	24,786	5,207	12,380	4,211	2,988

AAPOR Response Rates

The response rates take into account the ability of the interviewing staff to establish contact with potentially eligible persons and to resolve the eligibility status of the sampled person. The 2018 Group VIII Survey utilized a list frame from a database of known eligible persons. Therefore, the only persons considered ineligible were those ineligible for Medicaid only. Persons included on the frame not eligible for Medicaid only included those living in another state, currently incarcerated, or under 19 or 65 years or older. In other words, unlike a random digit dial (RDD) study, a bad phone number (e.g., fax line, business number) does not make a sampled person ineligible. However, people who could not be reached and have their eligibility status confirmed were considered to have unknown eligibility. In cases where resolution of a person's eligibility status was not achieved—that is, the telephone number provided did not allow the eligibility of the selected person to be determined—these response rates generally use an estimate of the rate at which telephone numbers ring to eligible persons in order to classify a fraction of these numbers of unknown disposition as eligible. Compared to the lower-bound, this approach increases the response rate calculation by not assuming that all unscreened numbers belonged to qualifying persons. In addition, some "adjusted" response rates assign cases to the denominator where the respondent was eligible but unable to complete the interview because of impairment or language difficulties.

One adjusted response rate, AAPOR's response rate for mail and list telephone surveys, calculates the eligible persons by taking a proportion of the unresolved numbers and classifying them as eligible. Accordingly, the AAPOR response rate formula was used to measure the response rate across all sampled persons:

$$RR4 = \frac{Completes + Partials}{Eligible + e_u \times Unknown}, \text{ where } e_u = \left(\frac{Eligible}{Eligible + Ineligible}\right)$$

For this study, this calculation produced an AAPOR four (RR) response rate of 15.2% for the continuous sample, 9.1% for the unenrolled sample, 13.6% for the churn sample, 15.8% for the non-Group VIII sample, and 12.2% overall.

Cooperation Rate

The cooperation rate provides the percentage of respondents among those for which contact was made and eligibility was determined. The cooperation rate is a measure of interviewer performance and does not take into account sample quality (e.g., numbers that ring but are never answered) or a person's behavior that prevents contact (e.g., privacy manager technology, screening calls using an answering machine). The formula is:

$$Cooperation\ Rate = \frac{Completes + Partials}{Eligible}$$

The upper-bound cooperation rate for this study was 27.4% for the continuous sample, 19.3% for the unenrolled sample, 26.0% for the churn sample, 30.7% for the Non-Group VIII Medicaid sample, and 24.0% overall.

IV. Biometric Screening

1. Biometric Screening

A subset of survey respondents was asked to participate in a biometric screening to supplement self-reported findings of consenting study members.

2. Biometric Screening Nurse Team

Data collection was conducted and managed by a team of experienced nurses affiliated with the Ohio State University Health Plan (OSUHP). A team of 11 nurses from OSUHP managed and performed the biometric screenings at locations across Ohio. Members of the nurse team were experienced registered nurses (RNs), skilled to conduct similar types of health screenings. This same team is responsible for conducting annual biometric screenings for all OSU employees.

3. Training

Nurses were skilled professionals knowledgeable about the setup and use of the diagnostic equipment used to collect the biometric measurements. Therefore, diagnostic equipment and biometric measurement training were not required. Training included project-specific administrative protocols and data quality procedures.

Project Training

Eight of the 11 nurses had worked on the project in the prior 2016 round; therefore, they required a refresher training only. Refresher training consisted of a review of study-specific protocols; including review of project-specific forms, scripts, and biometric screening procedures. The three nurses who were new to the process received one-on-one training with the RN Wellness Manager. When staffing biometric screening sires, these newer nurses were always paired with nurses who had worked on the project in 2016. The Spanish biometric screening process was also reviewed in anticipation of a small number of Spanish-speaking participants.

Ongoing Training

Follow-up training was conducted as needed during the data collection period to ensure consistency in following administrative protocols and data quality procedures.

4. Field Period and Sessions

Recruitment of clinic locations included identifying potential biometric screening sites and securing their cooperation. The following section describes the process used to secure the biometric screening sites and describes when and where the biometric screening sessions were conducted.

Session Scheduling

Biometric screening sites were located in 6 of the 88 Ohio counties due to resource and logistics constraints.[4] A total of 9 sessions were scheduled across a 9-week period. Sessions were held on weekdays in government-managed facilities (e.g., local health departments).

---

[4] See **Section 2** for a discussion of the rationale for selecting the 6 counties for biometric screening.

The first session was held on February 20, 2018, in Franklin County and the last session was held on April 17, 2018, in Franklin County. In the larger metropolitan counties of Franklin and Montgomery, multiple sessions were scheduled. **Figure 13** lists all biometric screening session dates and the county in which they were held.

Figure 13. Biometric Screening Session Dates and Counties

Date	County
Feb 20, 2018	Franklin
Mar 2, 2018	Licking
Mar 12, 2018	Montgomery
Mar 19, 2018	Athens
Mar 20, 2018	Clark
Mar 29, 2018	Montgomery
Apr 3, 2018	Franklin
Apr 12, 2018	Scioto
Apr 17, 2018	Franklin

5. Biometric Screening Protocol

During the CATI, a subset of survey respondents was asked to participate in a biometric screening (see **Section 2** for sample selection criterion). If the survey respondent agreed, an appointment was set for the person to complete the biometric screening in person. Participants were asked to bring a form of personal identification to the screening appointment. Acceptable forms of identification included a Medicaid card, driver's license, school ID, military ID, other photo ID, or recent utility bill with the participant's name and address listed.

Biometric Screening Process

The biometric screening focused on five biometric indicators of chronic disease risk: (1) body mass index (BMI); (2) blood pressure (BP); (3) pulse; (4) hemoglobin A1c; and (5) cholesterol. Biometric screening procedures included:

- checking the participant's identity by examining their identification;

- obtaining informed consent for the biometric screening;

- collecting height, weight, BP, and pulse measurements;

- completing a blood spot collection including hemoglobin A1c, total cholesterol, high-density lipoprotein (HDL), and non-HDL measures;

- providing participants with a Biometric Results and Education Page that detailed their biometric measurements and explained what the measurements meant; and

- providing participants with a gift card incentive upon completion.

On average, biometric screenings took approximately 20 minutes.

Biometric measurements were collected with OSUHP diagnostic equipment, which included the Alere Afinion HbA1c used to screen for diabetes; Cholestech, which provided cholesterol count; a digital scale; a stadiometer; and a BP cuff.

In addition to the equipment, the nurse team had several hardcopy documents that were used for the biometric screening. These included:

- Biometric Session Roster (identified participants by session)

- Biometric Screening Consent Form (see **Appendix C**)

- Biometric Screening Form (for internal recording of measures taken) (see **Appendix D**)

- Biometric Screening Incentive Receipt (see **Appendix E**)

- Biometric Results and Education Page (for providing measurements to participants) see **Appendix F**)

See **Appendix G** for more information regarding the biometric screening protocol.

An Adverse Event Protocol was also in place in the event a nurse encountered a distressed participant or a participant who experienced a medical event during the session. The adverse event protocol can be found in **Appendix H.**

Spanish Language

Biometric screenings were designed to be conducted in both English and Spanish. Spanish language specialists served as translators, and all hard copy participant documents were available in both English and Spanish. However, of the 313 biometric screenings conducted, there were no biometric screenings conducted in Spanish.

Incentives

Walmart gift cards were provided as incentives for the biometric screening, and participants received $100 for participating.

6.   Data Quality

Multiple steps were taken to ensure that all information obtained from the biometric screenings was of the utmost quality. These efforts ranged from an onsite observation during a biometric screening session to a review of all hardcopy materials at multiple stages of the data collection process.

Field Observations

One field observation was conducted during the data collection period. The observation consisted of an in-person presence during the biometric screening session to ensure the session ran as scheduled, and procedures and protocols were followed.

Data Quality Review and Receipt of Hardcopy Materials

All hardcopy forms collected during each session were reviewed for completeness and legibility. They were then scanned by RTI Data Capture staff, who processed using TeleForm software. Any discrepancies were verified by Data Capture staff, and once processed, all hard copy forms were securely stored.

Outlier Review and Submission to Sampling Team

Once forms were processed by Data Capture staff, files were analyzed to identify the following outliers:

Figure 14: Measurement Outliers for Selected Biometric Variable

Measure	Outlier Trigger
Height	Less than 142.0 cm or greater than 203.0 cm
Weight	Less than 40.0 kg or greater than 200.0 kg
1st Pulse	Less than 36 beats/min. or greater than 110 beats/min.
1st Blood Pressure	Systolic pressure of less than 80, or greater than 220, diastolic pressure of less than 50 or greater than 120
2nd Pulse	Less than 36 beats/min. or greater than 110 beats/min.
2nd Blood Pressure	Systolic pressure of less than 80, or greater than 220, diastolic pressure of less than 50 or greater than 120
Hemoglobin A-1C	Less than 4% or greater than 15%
Total Cholesterol	Less than 100 or greater than 500 mg/dl
HDL	Less than 15 or greater than 100 mg/dl
Non-HDL	N/A

When an outlier was flagged, staff confirmed the measurements were accurately captured by the nurse who completed the screening and noted any issues indicated by the nurse on the form. Once outliers were reviewed and addressed, the data were then submitted to the RTI Sampling team for further review and analysis.

7.   Biometric Screening Participation Rates

Throughout the data collection period, participation rates were closely monitored to ensure that the 2018 Group VIII met its goals not only for total number of completed biometric screenings but also for completion rates that were acceptable across all counties and county types. The following section describes the rate in which eligible survey respondents participated in the biometric screening.

Participant Participation Rates

Overall, 57.4% of survey respondents who agreed to the biometric screening (n=313) attended a session and completed the screening (see *Figure 15*). Biometric screening participation rates varied by county, ranging from 38.2% to 76.2% (see *Figure 15*). Participation was strongest in suburban counties and weakest in metropolitan counties; however, participation rates across the three types (i.e., metropolitan, suburban, and rural) were not drastically different (see *Figure 16*). In terms of tenure in the Medicaid program, participation rates were higher for Group VIII continuous enrollees than Group VIII unenrollees (see *Figure 17*).

Figure 15. Biometric Screening Participation Rates by Selected County

County	Scheduled Participants	Completed Biometric Screenings	Participation Rate %
Athens	17	11	64.7%
Clark	45	26	57.8%
Franklin	275	168	61.1%
Licking	21	16	76.2%
Montgomery	153	79	51.6%
Scioto	34	13	38.2%
Total	**545**	**313**	**57.4%**

Figure 16. Biometric Screening Participation Rates by County Type

Type	Scheduled Participants	Completed Biometric Screenings	Participation Rate %
Metropolitan	428	247	57.7%
Suburban	66	42	63.6%
Rural	51	24	47.1%
Total	**545**	**313**	**57.4%**

In one county where the biometric session attendance was low, RTI project staff recontacted respondents who missed their scheduled appointment. Every effort was made to reschedule respondents for a later session. Ultimately, 27 participants were rescheduled for another date. Of those 27, 14 participants completed a biometric screening. In **Figures 15**, **16**, and **17**, these individuals are only included once in the "scheduled" column.

Figure 17. Biometric Screening Participation Rates by Group VIII and Unenrolled Group VIII Enrollees

Type	Scheduled Participants	Completed Biometric Screenings	Participation Rate %
G-VIII Continuous	243	146	60.1%
G-VIII Unenrolled	302	167	55.3%
Total	**545**	**313**	**57.4%**

V.   Imputation and Weighting

1.   Imputation

Imputation was conducted on survey variables needed for weighting as well as a few derived variables. All variables that were required in the weighting process had less than 5% missing data. Because of the low level of item nonresponse, a conditional stochastic imputation was conducted. Each variable imputed was conditioned on the enrollment type, age category and sex of the respondent. **Figure 18** lists the variables which were imputed and the number and percentage of cases missing.

Figure 18. Number and Percentage of Missing Cases for Variables used for Imputation

Variable	Number of Missing Cases	Percentage Missing
Race	222	3.79
Education	30	0.52
Marital status	32	0.55
Hispanicity	34	0.58
County	9	0.15
Smoking status	25	0.43
Race/ethnicity*	183	3.12

*Race/ethnicity is a combination of information from Race and Hispanicity; both indicators are used for imputation purposes.

2.   Weighting

Telephone Survey

Base Weights. The telephone survey was selected using a stratified simple random sample. **Figure 19** lists the stratification characteristics. In all, there were 96 strata levels. The base weight was the inverse probability of selection within each stratum. In other words, if the probability of selection π_{ih} for person i in stratum h is $\pi_{ih} = \frac{n_h}{N_h}$ where n_h is the sample size in stratum h and N_h is the population in stratum h, then the design-based weight (w_{ih1}) is the inverse probability of selection, which is defined as

$$w_{ih1} = \frac{1}{\pi_{ih}}$$

Figure 19. Sampling Strata for Telephone Survey

Enrollment type (Group VIII continuous/Group VIII unenrolled/Group VIII churn/Non-Group VIII)	Age category (19–44 years/45–64 years)
Region[1]	Gender

[1] Region has nine levels for Group VIII continuous and Group VIII unenrolled based on the six counties used in the biometric screening plus one level for metropolitan, suburban, and rural counties. Region has three levels for Group VIII churn and Non-Group VIII Medicaid based on one level for metropolitan, suburban, and rural counties

Ineligibility Adjustment. The ineligibility adjustment was conducted using a ratio adjustment applied to cases with unknown eligibility status. The adjustment factor used was e-factor defined in the 2016 AAPOR standards (AAPOR, 2016). The e-factor is the ratio of the number of known eligible cases (i.e., completed interviews and refusals) divided by the number of cases where the eligibility status was known (i.e., completed interviews, refusals, and ineligible cases). In other words,

$$w_{ih2} = \begin{cases} w_{ih1} & \text{if known eligible} \\ w_{ih1} \times e & \text{if unknown eligilbe} \end{cases}$$

Nonresponse Adjustment. The nonresponse adjustment was conducted using an iterative raking model based on the sampling strata along with all possible interactions. The model contained the marginal effect plus two-way and three-way interactions with region (see **Figure 20**). Given the large number of strata (96), some of which had very small respondent sample sizes, a full interaction model that would allow adjustments to take place within stratum was unlikely to fit. Therefore, collapsed strata (i.e., models with lower-level interactions) were used. Furthermore, a separate model was run for each of the three Group VIII enrollment types and Non-Group VIII enrollees. The nonresponse weight (w_{ih2}) was equal to the design-based weight among respondents times the nonresponse adjustment. In other words,

$$w_{ih3} = w_{ih2} \times ADJ\_NR_{Ti}$$

where ADJ_NR_{Ti} is the telephone survey nonresponse adjustment for respondent i.

Figure 20. Main Effect and Interaction Characteristics Used in Nonresponse Model

Gender	Age category (19–44 years/45–64 years)
Region	Chronic condition[1] (yes/no)
Region by gender	Region by age category
Region by chronic condition	Region by gender by age category
Gender by age category	Gender by chronic condition
Age category by chronic condition	Gender by region by age

[1] Chronic condition status was based on administrative claims data during the past 12 months. A person was identified as having a chronic condition if they had claims for hypertension, diabetes, COPD, CHF, depression, substance abuse, or high blood pressure

Coverage Adjustment. The nonresponse adjusted weights were calibrated to the original Medicaid population totals (i.e., poststratification to known population totals to minimize coverage error). A separate calibration step was conducted for each of the three Group VIII enrollment types and Non-Group VIII Medicaid enrollees. The control totals were based on the Medicaid enrollment population used to select the sample—the December 2017 enrollment as provided by ODM.

The coverage adjusted weight (w_{ih3}) was computed as

$$w_{ih3} = w_{ih2} \times ADJ\_PS_{Ti}$$

where ADJ_PS_{Ti} is the telephone survey calibration adjustment for respondent i. **Figure 21** presents the characteristics that were used in the calibration.

Figure 21. Main Effect and Interaction Characteristics Used in Calibration Model

Gender	Age category (19–44 years/45–64 years)
Region	Chronic condition (yes/no)
Region by gender	Region by age category
Region by chronic condition	Age category by chronic
Gender by age category	Gender by chronic condition
Region by age category by chronic condition	Region by age category by gender
Region by gender by chronic condition	Age category by gender by chronic condition
Region by age category by chronic condition by gender[1]	

[1] Due to sample distributions, this interaction was only included in the Group VIII churn and Non-Group VIII models

Unequal Weighting Effect. *Figure 22* details the unequal weighting effects (UWE) for the different stages of the weighting process.

Figure 22. UWE for the Telephone Survey by Enrollment Type Categories

Telephone Weights	G-VIII Continuous	G-VIII Unenrolled	G-VIII Churn	Non-Group VIII Medicaid
Design-based	1.11	1.13	1.00	1.06
Nonresponse adjustment	1.24	1.36	1.12	1.13
Poststratification	1.77	2.46	1.15	1.16

Biometric Screening

Due to the small sample sizes and number of counties included in the biometric screening, the data were deemed best used in unweighted analysis. Therefore, no weights were created for the biometric screening participants.

VI.   Medicaid Administrative Data

Medicaid administrative data include Medicaid claims submitted by health care providers for services rendered to Medicaid enrollees and the eligibility records for those Medicaid enrollees.

Each claim was submitted in an electronic format either to the Medicaid health plan to which enrollees were assigned or directly to the ODM if the enrollees were in fee-for-service. The claim included information on the patient, the provider, the services that the patient received, the dates the services were delivered, as well as the amount billed and paid. There were different formats for submission of institutional (hospital) claims, pharmacy claims, and all professional claims.

Eligibility data included enrollee identifiers, demographics, eligibility categories, health plan identifiers, and the inclusive dates that enrollees were eligible.

Claims and eligibility data were extracted from the Medicaid Information Technology System (MITS) for this study, including dates of eligibility and dates of service from January 1, 2014 through November 30, 2017, the designated period of analysis for this study.

Three datasets were constructed from Medicaid administrative data: 1) The telephone survey sample frame described in prior sections (N = 633,229, including 366,267 Continuous Group VIII, 41,562 Unenrolled Group VIII, 8,646 Churn Group VIII, and 216,754 Non-Group VIII Meciaid); 2) The *ever enrolled* Group VIII population which consisted of all individuals enrolled in the Group VIII program for at least 30 days since 2014 (N = 1,263,038), and 3) The subset of the ever enrolled group who were continuously enrolled for at leat two years between 2014 and November 2017 (N = 445,650).

VII. Qualitative Data Collection and Analysis

1. Qualitative Coding of Open-Ended Group VIII Survey Questions

Three unique open-ended questions were asked in the 2018 Group VIII assessment. One question, asked to three different subpopulations, was, "What does having Medicaid mean to you?" This question was asked to continuously enrolled (H13), churn (J15), and non-Group VIII continuously enrolled (K9). The second question was asked to people who were not working full- or part-time in the past week and did not have a disability that would prevent them from accepting a job. The wording for this question was, "There are many reasons why people do not have a job. Can you please tell me the **main** reason you do not currently have a job?" The third question, asked to unenrolled Group VIII individuals, was, "In your own words, describe in a sentence what your life has been like since your Medicaid coverage ended."

For each question, definitions were first created for the codes that would be applied to the open-ended responses. The first question was close to the version that appeared in the 2016 Group VIII assessment; therefore, the same codes and definitions were used. For the other questions, three researchers examined the responses and created codes and definitions. These were modified throughout the coding process. The codes and definitions can be found in **Figures 23–25**.

Two independent researchers completed the coding for each question. A similar process was completed for each question. The researchers would code 300 responses and meet to discuss questions they had about individual quotes. Then, they would each code the same set of 50 responses and a third researcher would check reliability using Krippendorf's alpha. At the end of the process, if there were any codes that had an average reliability below 0.8, double-coding would be performed for that variable. That is, researcher 1 would code the responses that researcher 2 initially performed (and vice versa) and the two researchers would meet and reach agreement on any discrepancies.

The Krippendorf alpha values for all of the codes in **Figure 23** were above 0.8, except for "health," which had an average alpha of 0.79, just below the 0.8 criterion. Therefore, the researchers double-coded this question (again, which appeared three times in the survey). The distribution of the responses to this question can be found, by subpopulation, in **Figure 23**.

For the question about why a survey respondent was not working (E8), most of the reliability estimates were above 0.8. However, some of the codes were rare and not applied in the two reliability checks. Therefore, the researchers double-coded all of the responses to this question. The distribution of the responses to this question can be found in **Figure 24**.

Finally, the reliability estimates for the question about life after Medicaid were high for all codes, except for "health" and "generally negative." The researchers double-coded the quotes for these two codes. The distribution of the responses to this question can be found in **Figure 25**.

Summary results for the open-ended questions are in **Figure 26** (H13, J15 and K9) **Figure 27** (E8), and **Figure 28** (I18).

Figure 23. Codes and definitions for question about what having Medicaid means to participant

|	
Gen_neg	General negative response about Medicaid or the government's decision to fund Medicaid: "Medicaid is an excuse to charge the government money for unnecessary specialized procedures."
Gen_pos	**Only use if nothing else applies and the comment is positive about Medicaid or having insurance.** General positive response about Medicaid or the government's decision to fund Medicaid: "It's a wonderful program." "It's the best." "It's very great to have Medicaid." "It's been a lifesaver." "It's a blessing." Use if there is no or little context for why it is a good program. If it is "great" because of improved access or decreased cost, then code for the access/cost categories. I would've died (braod)
DK	Person does not know what to say: "I don't know."
Relief	Response mentions feeling relieved, secured, peace of mind, having less worry, less stress; feeling assured because of medical access: "Peace of mind that I have something." "Big relief off my back." "I do not have to worry as much and do not have anxiety." Safe/protected/secured.
Cost – pos	Response mentions cost savings or that Medicaid will cover medical bills: "It helps me pay my bills." "It's made things easier and it saves me money." "It just tood some of the worry out of medical bills, you won't accumulate medical bills because of Medicaid." Make ends meet
Access to care	**Response explicitly mentions the ability to access medical care or see a doctor. Simply saying they don't have to pay anything does not mean they are accessing medical care.** "Access to medical attention." "Medicaid has helped with getting care, example dental." "Easier access." **Code "no" if person only talks about benefits of health insurance since there could be many reasons a person likes having medical insurance. Code yes if person talk about being able to go to the doctor, get medical care, go to the hospital, get prescriptions, get dental or vision. Prescriptions. I can go to the doctor = NO**
Health	Mentions the health benefits of having Medicaid, both physical and mental health. Talks about health improvements, feeling better. "I can go to the doctor and not have to be sick for days and days before I have to go." "Have better health." "Allowed me to have regular medical care and take control of my health." General comments about "saving my life" without specifically stating the health change should be coded as "general positive" statement (e.g., "it saved my life.").
Knowledge	Response indicates that person knows more about health now that Medicaid is available. Or, the person says that he/she has a better understanding of health or health problems. "Knows what type of medication he is supposed to take." "It has helped me out a lot with my health and knowing what is wrong with my body."
Cost/access – neg	Any negative mention of costs or limited access, costs still incurred, costs person had to pay for before Medicaid
Medical debt	Any specific mention of medical debt
Fine	Any mention of having Medicaid only because of ACA requirements.

Figure 24. Codes and definitions for question about why participant does not work

Family	Any mention of taking care of children, parents, or other family members. This includes not being able to find a babysitter. If someone is pregnant – code for family.
Age	Any mention of being retired, being too old to work.
Looking	Any mention of searching for a job, in the process of changing jobs, or no available job in the area.
JobLoss	Any mention of losing a job, being fired, or getting laid off. Includes mention of being a seasonal employee.
Health	Any mention of a **personal** health issue. Ex. High anxiety, depression, can't hear, etc. Does not include health issues of family members (health issues of family members should be coded as Family). If someone talks about being an addict, but does not mention being in a program - code for health.
Prison	Any mention of not being able to work because of history of being in trouble with the law, or in prison.
HasJob	This person actually has a job but is on medical leave or for some reason just not working last week. **If you code for HasJob, do not code for anything else.** Getting paid under the table should be coded as other.
School	Any mention of being a student
Transportation	Any mention of a transportation issue, being unable to get to work or find work because of lack of transportation.
NotQualified	Any mention of not having skills for work, not having the education, or not being qualified for work.
WillStart	Any mention of being about to start a job.
SSI	Any mention of being on SSI or disability.
DrugProgram	If participant specifically mentions being in a drug addiction treatment program.
NoDesire	Any mention of having quit their job or not wanting to work.
Other	Anything that does not fit any of the other categories. If someone is self-employed or working occasionally code for other.

NoChange	Mention of no change - "the same"
Stress	Any mention of stress, anxiety, etc.
LessAccess	Any mention of being less able to access medical care.
PoorHealth	Any mention of health decline or being in poorer health.
MoreCost	Any mention of higher costs.
Gen_Neg	Generally negative comments about being off Medicaid. Includes comments like "a little less certain."
Gen_Pos	Generally positive comments about being off Medicaid. Includes comments like "it's been alright", "it's good," etc. Comments about improvement should be coded as Gen_Pos.

Figure 26. Distribution of open-ended responses to questions asking what Medicaid has meant to respondent (questions H13, J15 and K9)*
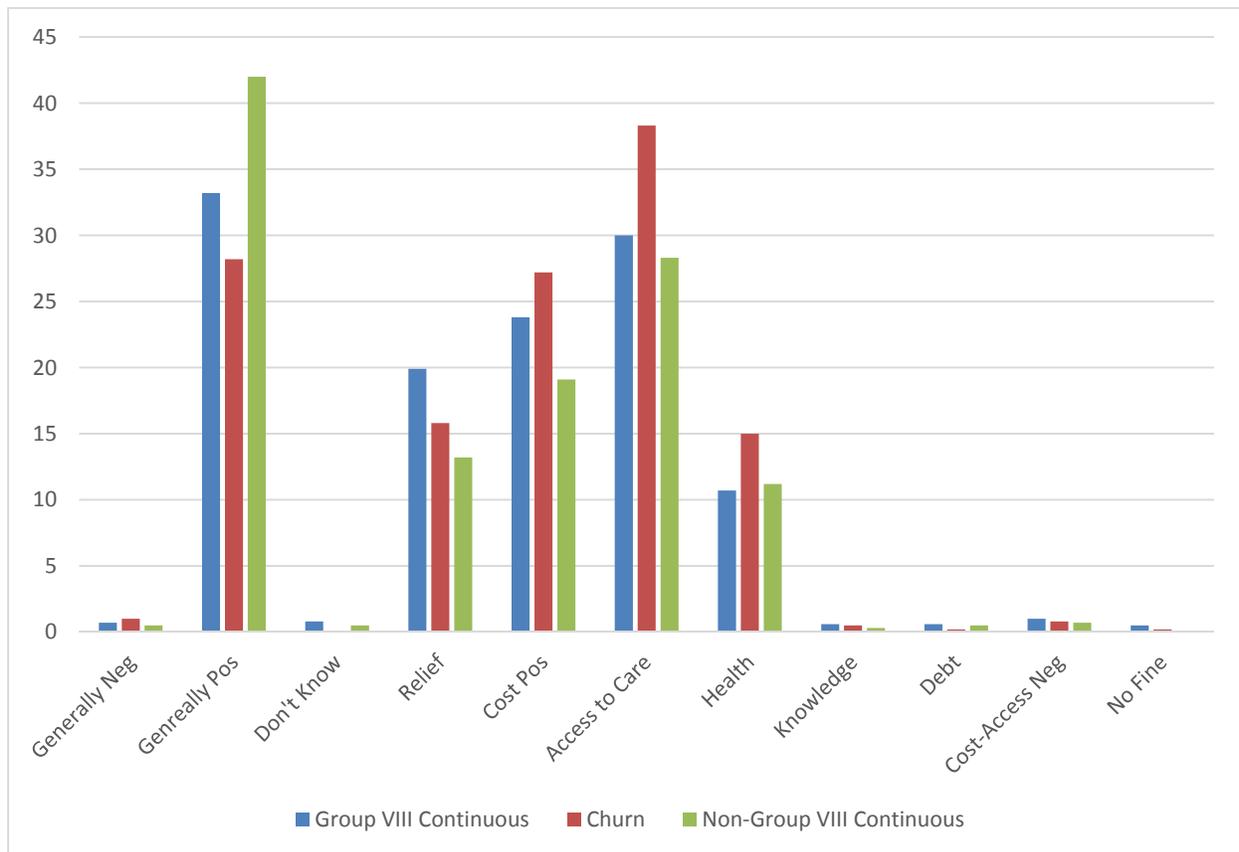
* H8, J15, and K9: "In your own words, describe in a sentence what having Medicaid coverage has meant to you?" Note that H8, J15, and K9 are the same open-ended question within different questionnaire modules.

Figure 27. Distribution of responses to question asking why respondent does not currently have a job (question E8)
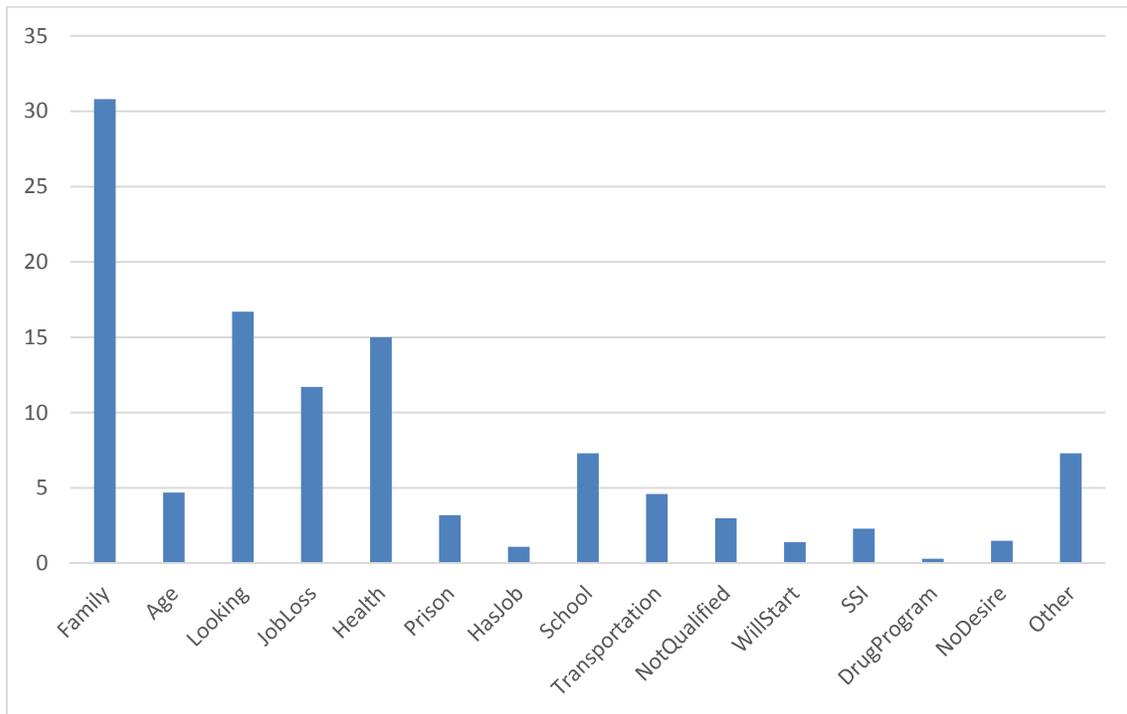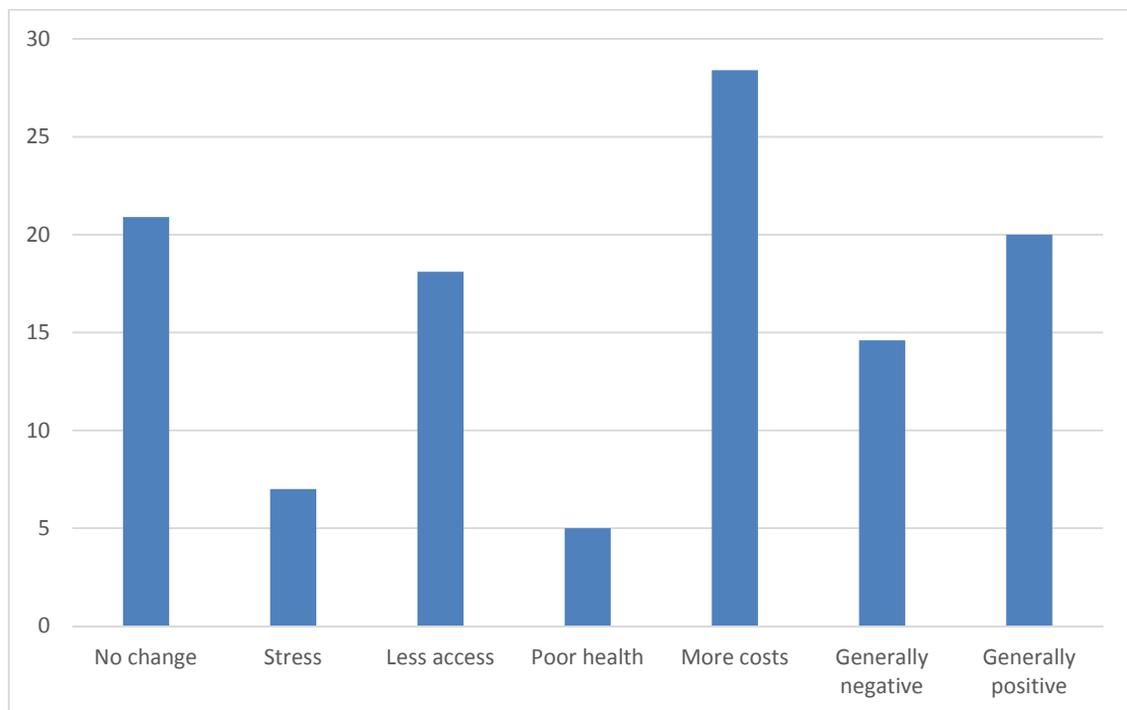

Figure 28. Distribution of responses to question asking what life has been like since Medicaid coverage ended (question I18)

2. Qualitative Interviews

The goal of the qualitative interviews was to clarify key findings that emerge from G-VIII project analysis of Medicaid claims and survey data. There are two questions that were the focus of the interviews:

- Why do so many people not know their health insurance status?

- How has enrolling in Medicaid changed the lives of beneficiaries and their families?

The answers to these questions may vary depending on whether people are working or not and whether they live in a metropolitan or rural area. Therefore, the research team interviewed people who represent both of these conditions. In addition, G-VIII includes three patterns of Medicaid eligibility and enrollment that may affect the answers to the questions: (1) continuously enrolled[5]; (2) churn[6]; and (3) unenrolled,[7] and efforts were made to interview individuals with all three statuses. The number of interviewees by geography and employment status are depicted in ***Figure 29.***

Figure 29. Interviews completed by site and employment status

	Working	**Not Working**	**Total**
Direct Recruitment			
Summit	2	2	4
Marion	1	3	4
Biometric Screenings			
Franklin	0	3	3
Montgomery	3	3	6
Athens	0	3	3
Scioto	2	3	5
Metropolitan Subtotal	5	8	13
Rural Subtotal	3	9	12
Grand Total	**8**	**17**	**25**

Interviews were conducted by a member of the research team. As an incentive, the research team offered a gift card of $50 to each participant. To help ensure participants were informed of the benefits and risks of participating, members of the research team documented verbal and written information about benefits and risks and endeavored to follow best practices for collecting and managing data.

---

[5] Enrolled in Medicaid as a result of the expanded G-VIII eligibility requirements and who have remained enrolled.

[6] Enrolled in Medicaid as a result of the expanded G-VIII eligibility requirements, are currently enrolled, but had an intervening period when they were not enrolled.

[7] Enrolled in Medicaid as a result of the expanded G-VIII eligibility requirements but are no longer enrolled.

All interviews were conducted in a private room with a closed door, where only the interviewee and interviewer were present. Interviews conducted in conjunction with the biometric screenings were co-located on the same site.

Two versions of the interview were administered – one for people who were (or who believed they were) currently enrolled in the Medicaid. This was assessed by asking, "Are you currently enrolled in Medicaid?" before the interview. Regardless of what the authoritative Medicaid file indicates, those who responded "Yes" received the Main version. Those who responded "No" or "Don't know" received the Unenrolled version. A copy of the interview guide for each version is in Appendix J.

Data Collection and Analysis

During the interview, the interviewer operated the audio-recorder and the timer. They wrote down a brief excerpt and a time stamp of compelling quotes, such as: [3: *Medicaid saved my life…:"   34:13*]. This procedure enabled researchers to more easily find and transcribe selected, compelling quotes from the speaker.

Prior to conducting the interviews, members of the research team prepared a codebook that presented the key questions the focus groups aimed to answer and listed anticipated answers to each question.

Following completion of the interviews, the research team reviewed and discussed notes and selective transcripts from the focus groups to compare findings to those anticipated in the codebook.

Group VIII Telephone Survey Instrument

Contents

Answering Machine Message

Hello, my name is *** from RTI International and we are conducting a survey on behalf of the Ohio Department of Medicaid that asks about your current or past experiences with Medicaid. You have been selected as someone who we would like to talk to about this important study. If you are eligible to participate, you will receive a $20 gift card for completing this study. We will try to contact you again, however if you would like to reach us, you can call the Group 8 Study on our toll-free number at 1-866-558-0776.

Section A: Introduction and Screener

A1. Hello, may I please speak with {FILL SAMPLE MEMBER NAME}?

     1   YES
     2   NOT AVAILABLE RIGHT NOW—SET CALL BACK
     3   DOES NOT LIVE HERE ANYMORE/REQUEST TO CHANGE NUMBER
     4   NO -> REFUSED
     5   LANGUAGE BARRIER—GO TO END SCREEN
     6   SAMPLE MEMBER INCAPABLE (PHYSICALLY/MENTALLY INCAPABLE)—GO TO END SCREEN

     (INTERVIEWER: IF ASKED WHY CALLING SAY:
          I'm calling to speak to {FILL SAMPLE MEMBER NAME} about a survey that the Ohio Department of Medicaid is doing to find out about people's current or past experiences with Medicaid. Is {FILL SAMPLE MEMBER NAME} available?)

     (INTERVIEWER: IF THEY SAY SAMPLE MEMBER IS NOT INTERESTED SAY:
          {FILL SAMPLE MEMBER NAME} will receive $20 for completing the survey.)

     (INTERVIEWER: IF SAY SAMPLE MEMBER IS NOT ON MEDICAID, SAY:
          The Ohio Department of Medicaid would also like to hear from people who used to have Medicaid coverage, even if they do not currently have Medicaid coverage.)

A2. (Hello, this is _____). I'm calling on behalf of the Ohio Department of Medicaid, which is doing a survey to find out about your current or past experience with Medicaid. This is an evaluation only. A couple of weeks ago, you should have received a letter about this survey. You will receive a $20 gift card for completing this survey. I am hoping you will have a few minutes to complete it now. This call may be monitored or recorded for quality assurance.

     01   CONTINUE

A3. Are you currently covered by Medicaid? You may also know the program as {FILL SPECIFIC MANAGED CARE PLAN NAME}.

     (IF NECESSARY: You may also know the program as Healthy Families or MBIWD.)

     (IF NECESSARY: MBIWD stands for Medical-Buy-In for Workers with Disability.)

     01 YES
     02 NO (TERMINATE IF ENROLLMENT = OLDLY, CONTINUOUS, OR CHURN)
     98 DK (TERMINATE)
     REFUSED (TERMINATE)

A4. Before we begin, have I reached you on a cell phone or a landline phone?

      01   CELL PHONE
      02   LANDLINE PHONE
      08   SCHEDULE A CALLBACK (CATI GOES TO CALLBACK SCREEN)
      09   OTHER CODES (CATI GOES TO THE OTHER CODES SCREEN)

      (INTERVIEWER NOTE:
      IF RA SAYS "cable, VIOP (voice over) or satellite phone" CODE AS A LANDLINE PHONE

      IF NECESSARY: "By landline we mean any phone in your house that is not a cell phone.")

//IF A4 = 01//

A5. Are you driving or doing anything that requires your full attention right now?

      01   YES (R IS DRIVING/DOING SOMETHING)
      02   NO (GO TO A7)
      03   NOT A CELL PHONE (GO TO A7)

A6. When would be a better time to call back?

      (INTERVIEWER: IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW SAY:
            I'm sorry, but for your safety we're not able to do the interview while you're driving (or
            doing something else that requires your full attention).

      (INTERVIEWER NOTES: Callback should only be set if the respondent requested or agreed to be called back.
            Callback definition:
            Callback by Subject: The respondent selected to complete the interview provided a
            specific time and date for the appointment.
            Callback by other: Someone other than the selected respondent asked for us to callback,
            or the selected respondent did not provide a specific date and time to be called back.)

      2S   APPOINTMENT BY SUBJECT
      2O   APPOINTMENT BY OTHER

A7. Now, I would like to ask a few general questions about you and your experience with Medicaid. Before we start the survey, the Ohio Department of Medicaid would like me to tell you that the interview will last approximately 20 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential.

//SAY IF A3=01//
If you choose not to participate in this survey, you **will not** be penalized or lose your Medicaid benefits.

//SAY TO ALL//
May we begin?

       (INTERVIEWER: IF THE R SAYS NO, CLICK BREAK TO SET AN APPOINTMENT OR CODE A REFUSAL)

       01   YES
       02   NO
       99   REFUSED

Section B: Limited Demographic Information

These first few questions are about you.

B1. What is your gender?

      (INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY)

      01   MALE
      02   FEMALE
      97   OTHER
      99   REFUSED

B2. Please tell me how old you were on your most recent birthday.

      (IF NECESSARY: Your best guess is fine.)

      RECORD AGE   (RANGE 019-125)

      998   DK (GO TO B3)
      999   REFUSED (GO TO B3)

//IF B2 >=65 AND B2<998 – TERMINATE//

//IF B2=998,999//

B3. On your last birthday would you say that you were…

      (IF NECESSARY: Your best guess is fine.)

      01   19-24 years old
      02   25-34 years old
      03   35-44 years old
      04   45-54 years old
      05   55-64 years old
      06   65 years or older
      98   DK
      99   REFUSED

//IF B3=6, 98, 99 –TERMINATE//

//DO NOT ASK IF COUNTY NAME IS MISSING//

B4. To confirm, do you live in <COUNTY NAME> county?

(IF NECESSARY: Is this the county you live in most of the time?)

01   YES
02   NO
98   DK
99   REFUSED

//ASK IF B4=02, 98, 99 OR IF COUNTY NAME IS MISSING//

B5. In what county in the state of Ohio do you live?

(IF NECESSARY: Which county do you live in **most of the time**?)

001	ADAMS	061	HAMILTON	121	NOBLE
003	ALLEN	063	HANCOCK	123	OTTAWA
005	ASHLAND	065	HARDIN	125	PAULDING
007	ASHTABULA	067	HARRISON	127	PERRY
009	ATHENS	069	HENRY	129	PICKAWAY
011	AUGLAIZE	071	HIGHLAND	131	PIKE
013	BELMONT	073	HOCKING	133	PORTAGE
015	BROWN	075	HOLMES	135	PREBLE
017	BUTLER	077	HURON	137	PUTNAM
019	CARROLL	079	JACKSON	139	RICHLAND
021	CHAMPAIGN	081	JEFFERSON	141	ROSS
023	CLARK	083	KNOX	143	SANDUSKY
025	CLERMONT	085	LAKE	145	SCIOTO
027	CLINTON	087	LAWRENCE	147	SENECA
029	COLUMBIANA	089	LICKING	149	SHELBY
031	COSHOCTON	091	LOGAN	151	STARK
033	CRAWFORD	093	LORAIN	153	SUMMIT
035	CUYAHOGA	095	LUCAS	155	TRUMBULL
037	DARKE	097	MADISON	157	TUSCARAWAS
039	DEFIANCE	099	MAHONING	159	UNION
041	DELAWARE	101	MARION	161	VAN WERT
043	ERIE	103	MEDINA	163	VINTON
045	FAIRFIELD	105	MEIGS	165	WARREN
047	FAYETTE	107	MERCER	167	WASHINGTON
049	FRANKLIN	109	MIAMI	169	WAYNE
051	FULTON	111	MONROE	171	WILLIAMS
053	GALLIA	113	MONTGOMERY	173	WOOD
055	GEAUGA	115	MORGAN	175	WYANDOT
057	GREENE	117	MORROW		
059	GUERNSEY	119	MUSKINGUM		

998 DK
999 REFUSED

Section C: Health Status and Health Conditions

Now I am going to ask you about your health and certain medical conditions.

C1. In general, would you say that your health is excellent, very good, good, fair, or poor?

      01 EXCELLENT
      02 VERY GOOD
      03 GOOD
      04 FAIR
      05 POOR
      98 DK
      99 REFUSED

HYPERTENSION

C2. Has a doctor or other health professional **ever** told you that you had hypertension, also called high blood pressure?

      (INTERVIEWER NOTE: IF RESPONDENT SAYS 'BORDERLINE', "PRE-HYPERTENSION" OR "HIGH NORMAL" THEN CODE AS '02')

      01 YES
      02 NO
      98 DK
      99 REFUSED

//ASK IF (CONTINUOUS, CHURN, OR UNENROLLED) & C2=01//

C3. Were you first told you had high blood pressure before you **ever** enrolled in Medicaid?

      01 YES
      02 NO
      98 DK
      99 REFUSED

//IF C2 = 1//

C4. Are you **now** taking any medicine prescribed by a doctor for your high blood pressure?

      01 YES
      02 NO
      98 DK
      99 REFUSED

HIGH CHOLESTEROL

C5. Has a doctor or other health professional **ever** told you that you had high cholesterol?

    01 YES
    02 NO
    98 DK
    99 REFUSED

//ASK IF (CONTINUOUS, CHURN, OR UNENROLLED) & C5=01//

C6. Were you first told you had high cholesterol before you **ever** enrolled in Medicaid?

    01 YES
    02 NO
    98 DK
    99 REFUSED

//IF C5 = 1//

C7. Are you **now** taking any medicine prescribed by a doctor to help lower your cholesterol?

    01 YES
    02 NO
    98 DK
    99 REFUSED

DIABETES

C8. [//IF B1=02// *Other than during pregnancy*], has a doctor or other health professional **ever** told you that you had diabetes or sugar diabetes?

    (DIABETES: dahy-uh-**bee**-teez)

    (INTERVIEWER NOTE: IF RESPONDENT SAYS 'BORDERLINE' OR "PRE-DIABETES" THEN CODE AS '02')

    01 YES
    02 NO
    98 DK
    99 REFUSED

//ASK IF (CONTINUOUS, CHURN, OR UNENROLLED) & C8=01//

C9. Were you first told you had diabetes before you **ever** enrolled in Medicaid?

      01 YES
      02 NO
      98 DK
      99 REFUSED

//IF C8 = 01//

C10. Are you **now** taking insulin or diabetic pills to lower your blood sugar?

      (IF NECESSARY: Diabetic pills are sometimes called oral agents or oral hypoglycemic agents.)

      (HYPOGLYCEMIC: HI-PO-GLI-SE-MIK),

      01 YES
      02 NO
      98 DK
      99 REFUSED

OTHER CHRONIC CONDITIONS

Has a doctor or other health professional **ever** told you that you had any of the following? For each, tell me Yes or No.

      (INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)
      (Has a doctor or other health professional **ever** told you that you had any of the following?)–

C11. Coronary heart disease?

      (CORONARY: **KAWR**-UH-NER-EE)

      01 YES
      02 NO
      98 DK
      99 REFUSED

C12. A heart attack, also called a myocardial infarction?

(MYOCARDIAL: mahy-uh-**kahr**-dee-uh-l)
(INFARCTION: in-**fahrk**-shuhn)

01 YES
02 NO
98 DK
99 REFUSED

C13. Congestive heart failure?

(CONGESTIVE: KUN-**JES**-TIV)

01 YES
02 NO
98 DK
99 REFUSED

C14. A stroke?

01 YES
02 NO
98 DK
99 REFUSED

C15. Emphysema?

(EMPHYSEMA: em-fuh-**see**-muh)

01 YES
02 NO
98 DK
99 REFUSED

C16. Chronic obstructive pulmonary disease, also called COPD?

01 YES
02 NO
98 DK
99 REFUSED

C17. Chronic bronchitis or asthma?

(BRONCHITIS: brong-**kahy**-tis)

01 YES
02 NO
98 DK
99 REFUSED

C18. Cancer?

01 YES
02 NO
98 DK
99 REFUSED

Functional Status

C19. Now, thinking about your physical health, which includes physical illness and injury, for how many days, **during the past 30 days** did a physical health condition keep you from doing your work or other usual activities?

(INTERVIEWER: IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

IF THE RESPONDENT SAYS "NONE," ENTER 0.)

_____ ENTER NUMBER 0-30
98 DK
99 REFUSED

MENTAL HEALTH

These next questions are about your mental health, which includes stress, depression, and problems with emotions or substance abuse.

C20. For how many days **during the past 30 days** did a mental health condition or emotional problem keep you from doing your work or other usual activities?

(INTERVIEWER: IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

IF THE RESPONDENT SAYS "NONE," ENTER 0.)
_____ ENTER NUMBER 0-30
98 DK
99 REFUSED

C21. Over the last 14 days, how often have you been bothered by any of the following problems?

(INTERVIEWER: FOR FIRST QUESTION READ THE CATEGORIES OF RESPONSE AND IF NECESSARY ON SUBSEQUENT QUESTIONS).

Feeling nervous, anxious or on edge. Would you say...
      01   0 to 1 days
      02   2 to 6 days
      03   7 to 11 days
      04   12 to 14 days
      98   DK
      99   REFUSED

C22. Not being able to stop or control worrying. (Would you say...)

      01   0 TO 1 DAYS
      02   2 TO 6 DAYS
      03   7 TO 11 DAYS
      04   12 TO 14 DAYS
      98   DK
      99   REFUSED

C23. Little interest or pleasure in doing things. (Would you say...)

      01   0 TO 1 DAYS
      02   2 TO 6 DAYS
      03   7 TO 11 DAYS
      04   12 TO 14 DAYS
      98   DK
      99   REFUSED

C24. Feeling down, depressed, or hopeless. (Would you say...)

      01   0 TO 1 DAYS
      02   2 TO 6 DAYS
      03   7 TO 11 DAYS
      04   12 TO 14 DAYS
      98   DK
      99   REFUSED

PRESCRIPTION PAIN RELIEVER MISUSE

Now I'd like to ask about the use of prescription pain relievers.

C25. Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use them? This includes using it without a prescription of your own, using it in greater amounts, more often, or longer than you were told to take it or using it in any other way a doctor did not direct you to use it.

    01 YES
    02 NO
    98 DK
    99 REFUSED

//IF C25 = 1//

C26. How long has it been since you last used any prescription pain reliever in any way a doctor did not direct you to use them? Would you say...

    01 Within the past 30 days
    02 More than 30 days ago, but within the past 12 months, or
    03 More than 12 months ago
    98 DK
    99 REFUSED

Section D: Healthcare Utilization and Usual Source of Care

I would now like to ask about your use of health care services.

D1. Is there one place that you usually go to when you are sick or you need advice about your health?

(IF NECESSARY: This can include an ER.)
(IF NECESSARY: We are interested in whether you have one place you usually go to seek medical care, not whether you have been there recently.)

01 YES
02 NO
03 YES, VOLUNTEERED THAT THERE IS MORE THAN ONE PLACE
98 DK
99 REFUSED

//IF D1=02, 98, 99//

D2. Just to be sure, is it that there is no place at all that you usually go to when you are sick or you need advice about your health, or is it that you go to more than one place?

01 NO PLACE AT ALL (GO TO END OF SECTION D)
02 MORE THAN ONE PLACE
98 DK (GO TO END OF SECTION D)
99 REFUSED (GO TO END OF SECTION D)

//IF D1 = 01, 03 OR D2 = 02//

D3. Is this place where you **usually** go for care…

01 a doctor's office or health center
02 a hospital emergency room
03 an urgent care center
04 or some other place, including a family member?
98 DK
99 REFUSED

(IF MORE THAN ONE RESPONSE IS GIVEN ASK WHICH IS USED MOST OFTEN)

D4. A personal doctor or nurse is a health professional who knows you well and is familiar with your health history. Do you have one or more persons you think of as your personal doctor or nurse?

IF NECESSARY: A personal doctor or nurse can be a general doctor, a specialist doctor, a nurse practitioner, or a physician´s assistant.

01 YES, ONE OR MORE PERSONS
02 NO
98 DK
99 REFUSED

Section E: Employment Status

These next questions are about your current employment status.

E1. **Last week** did you have a job either full or part-time?

(IF NECESSARY: Include any job from which you were temporarily absent.)

(IF NECESSARY: The Ohio Department of Medicaid would like to know if it is difficult for people to find and keep jobs.)

01 YES
02 NO
98 DK
99 REFUSED

//ASK IF E1 = 01**//**

E2. Does your employer or union offer a health insurance plan to any of its employees?

(INTERVIEWER: IF RESPONDENT HAS MORE THAN ONE JOB, SAY "Please think about the job where you work the most hours."

(IF NECESSARY: This question is about the insurance your employer offers. It is not about any insurance you may have.)

01 YES
02 NO
98 DK
99 REFUSED

//ASK IF E2 = 01 **//**

E3. Are you currently eligible to participate in your employer or union health plan?

(INTERVIEWER: IF RESPONDENT STATES THAT THEY ARE IN A WAITING PERIOD, THEY ARE NOT CURRENTLY ELIGIBLE. CODE AS 02.)

(INTERVIEWER: IF RESPONDENT HAS MORE THAN ONE JOB, SAY "Please think about the job where you work the most hours.")

01 YES
02 NO
98 DK
99 REFUSED

//ASK IF E3 = 01 **//**

E4. Do you have insurance through your employer or union health plan?

     01 YES
     02 NO
     98 DK
     99 REFUSED

//ASK IF (OLDLY, CONTINUOUS, CHURN OR (UNENROLLED & A3=01)) & ((E2 = 02, 98, 99) OR (E3 = 02, 98, 99) OR (E4 = 02, 98, 99) OR (E1= 02, 98, 99)) //

E5a. Do you have any other health insurance besides Medicaid coverage, including insurance through a family member's job?

     01 YES
     02 NO
     98 DK
     99 REFUSED

//ASK IF UNENROLLED & A3=02 & ((E2 = 02, 98, 99) OR (E3 = 02, 98, 99) OR (E4=02, 98, 99) OR (E1= 02, 98, 99))//

E5b. Do you have any health insurance, including through a family member's job or purchased through the Ohio Health Care Exchange or a healthcare.gov insurance plan?

     (IF NECESSARY: The Ohio Health Care Exchange and healthcare.gov are part of the new health care law with gold, silver, and bronze plans.)

     01 YES
     02 NO
     98 DK
     99 REFUSED

//ASK IF E1 = 02**//**

E6. When did you last work at a job or business? Was it...

    01 Within the last 12 months
    02 More than 12 months ago, or
    03 Have you never worked?
    98 DK
    99 REFUSED

//ASK IF E1 = 02**//**

E7. Do you have a disability that would prevent you from accepting any kind of work during the next six months?

>01 YES
>02 NO
>98 DK
>99 REFUSED

//ASK IF E1 = 02 & E7 = 02//

E8. There are many reasons why people do not have a job. Can you please tell me the **main** reason you do not currently have a job?

>IF NECESSARY: We understand this is a sensitive question and that many people have times when they are not working. Your response will be kept confidential and is very important to the Ohio Department of Medicaid.

>OPEN ENDED-CODE VERBATIM
>98 DK
>99 REFUSED

//ASK IF E1 = 02 & E7 = 02//

E9. Thank you; are you currently looking for work?

>01 YES
>02 NO
>98 DK
>99 REFUSED

//ASK IF E1 = 01//

E10. Altogether, how many jobs or businesses do you currently have?

>01 1 JOB
>02 2-3 JOBS
>03 4 OR MORE JOBS
>04 R SAID THEY ARE NOT CURRENTLY WORKING //GO TO END OF SECTION E//
>98 DK
>99 REFUSED

//ASK IF E1 = 01//

E11. Do you usually work 35 hours or more per week <at your job //E10=01// / at all your jobs combined //E10=02 OR 03 OR 98 OR 99//>?

> 01 YES
> 02 NO
> 03 R SAID THAT HOURS VARY
> 98 DK
> 99 REFUSED

//ASK IF E11 = 02 OR 03//

E11_hours. How many hours per week do you usually work < at your job //E10=01// / at all your jobs combined //E10=02 OR 03 OR 98 OR 99//>? Is it...

> 01 Less than 20 hours, or
> 02 20 or more hours per week?
> 98 DK
> 99 REFUSED

//ASK IF E11 = 02 OR 03//

E12. Do you want to work a full-time work week of 35 hours or more per week?

> 01 YES
> 02 NO
> 03 REGULAR HOURS ARE FULL TIME
> 98 DK
> 99 REFUSED

//ASK IF (E11 = 02 or 03) AND (E12=01, 02, 98, 99)//

E13. Some people work part-time because they cannot find full-time work or because business is poor. Others work part-time because of family obligations or other personal reasons. I am going to read several reasons why you may be working part-time. For each, please tell me yes or no.

> E13a. You could only find part-time work.
> E13b. You are caring for a family member.
> E13c. You have health or other limitations.
> E13d. You are going to school.
> E13e. You are concerned you will no longer qualify for your Medicaid coverage or other benefits if you work full time //ONLY ASK E13e IF A3=01 //
> E13f. You prefer to work part time.

RANDOMIZE E13a THROUGH E13f

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

//ASK IF E1 = 01 and E10 = 01//
E14a. How long have you had your current job? Is it...

      01 Less than 6 months
      02 6 months to 1 year
      03 More than 1 year to 2 years, or
      04 More than 2 years.
      98 DK
      99 REFUSED

//ASK IF E1 = 01 AND (E10 = 02, 03, 98, 99)//
E14b. Now think of your main job or the job where you usually work the most hours. How long have you had that job? Is it...

      01   Less than 6 months
      02   6 months to 1 year
      03   More than 1 year to 2 years, or
      04   More than 2 years.
      98   DK
      99   REFUSED

Section F: Financial Hardship

These next questions are about your financial situation.

F1. Which of the following **best** describes your financial situation?

      01 Very comfortable and secure.
      02 Able to make ends meet without much difficulty.
      03 Occasionally have some difficulty making ends meet.
      04 Tough to make ends meet but keeping your head above water.
      05 In over your head.
      98 DK
      99 REFUSED

F2. Considering your financial history, have you **ever** experienced any of the following? For each statement I read, please tell me yes or no.

    F2a. Bankruptcy.
    F2b. Having a creditor call or come to see you to demand payment.
    F2c. Having your wages attached or garnished by a creditor.

      RANDOMIZE F2a THROUGH F2c
           01 YES
           02 NO
           98 DK
           99 REF

F3. In the past 12 months, did you or anyone in your household use an EBT card or a Food Stamp benefit card?

      (IF NECESSARY: Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do not include WIC or the National School Lunch Program.)

      01 YES
      02 NO
      98 DK
      99 REFUSED

F4. Now think about all the places that you have lived in the last two years. I am going to ask about several types of living places and reasons why you might have moved from one place to another. For each question, please say yes or no. In the last two years, have you….

F4a. Moved two or more times from one place to another?

F4b. Been forced to move because you couldn't pay rent, or your landlord made you leave?

F4c. Lived somewhere without having to pay rent or a mortgage?

F4d. Lived with a friend or roommate?

F4e. Lived in a shelter or on the street?

F4f. Lived somewhere for a few months or less?

      RANDOMIZE F4a THROUGH F4f
      01 YES
      02 NO
      98 DK
      99 REFUSED

The next questions are about medical debt. Medical debt includes unpaid hospital bills, doctor bills, or any other bills that you acquired while getting medical care.

F5. Do you currently have any medical debt?

      (IF NECESSARY: Medical debt includes unpaid hospital bills, doctor bills, or any other bills that you acquired while getting medical care.)

      01 YES
      02 NO
      98 DK
      99 REFUSED

//ASK IF F5 = 01//
F6. About how much medical debt do you still owe? Your best guess is fine.
      ___ENTER DOLLAR AMOUNT (RANGE 0-9999999)
      99999998   DK
      99999999   REFUSED

//ASK IF F6=DK OR REFUSED//

F7. Which category best represents the total amount of medical debt that you still owe?

  01 Less than $1,000
  02 $1,000 to $10,000
  03 More than $10,000 to $30,000, or
  04 More than $30,000
  98 DK
  99 REF

Section G: Health Behaviors and Additional Demographics

These next few questions are about your experiences with tobacco and alcohol.

G1. Have you smoked at least 100 cigarettes in your entire life?

(IF NECESSARY: 5 packs contain 100 cigarettes. This does not include smoking pipes, cigars, and electronic cigarettes or e-cigarettes.)

01 YES
02 NO
98 DK
99 REFUSED

//ASK IF G1 = 01//

G2. Do you smoke cigarettes every day, some days, or not at all?

01 EVERY DAY
02 SOME DAYS
03 NOT AT ALL
98 DK
99 REFUSED

//ASK IF G2=03//

G3. How long has it been since you quit smoking cigarettes? Would you say...

01 Less than 1 year ago
02 1 year but less than 2 years ago
03 2 years but less than 5 years ago, or
04 5 years or more ago?
98 DK
99 REFUSED

//ASK IF A3 = 01 AND G2=03//

G4. Did having Medicaid coverage help you quit smoking cigarettes?

01 YES
02 NO
98 DK
99 REFUSED

G5. During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have <**4 (WOMEN//B1-02//) / 5 (MEN //B1=01, 98, 99//)**> or more drinks on an occasion?

(IF NEEDED: By "alcoholic beverage", we mean a beverage such as beer, wine, or liquor.)

(INTERVIEWER: IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

IF THE RESPONDENT SAYS "NONE," ENTER 0)
_____(NUNMBER OF DAYS 0-30)
98   DK
99   REFUSED

The next few questions are for general classification purposes.

G6. How many children 18 years of age **or younger** live in your household?

(IF NECESSARY:
  o   For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in your house, apartment, or mobile home where we reached you.)

00   NO CHILDREN
01   1 CHILD
02   2 CHILDREN
03   3 CHILDREN
04   4 CHILDREN
05   5 CHILDREN
06   6 CHILDREN
07   7 CHILDREN
08   8 CHILDREN
09   9 CHILDREN
10   10 CHILDREN
11   11 CHILDREN
12   12 OR MORE CHILDREN
98   DK
99   REFUSED

//ASK IF G6 = 01 – 12, 98, 99//

G6a. Are you the parent or legal guardian of << the child //G6 = 01// / any of the children //G6=02 – 12, 98, 99//>> living in your household?

01 YES
02 NO
98 DK
99 REFUSED

G7. Are you…

> 01 married
> 02 divorced
> 03 widowed
> 04 separated
> 05 never married, or
> 06 a member of an unmarried couple?
> 98 DK
> 99 REFUSED

//ASK IF G7 = 01 or 06//

G8. Is your spouse or partner currently employed?

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

G9.Have you ever served in the United States Armed Forces?

> (IF NECESSARY: This includes the Army, Navy, Marines, Air Force, Coast Guard, Nursing Corps, National Guard, or Military Reserves, (FILL: IF B1=02 or Women's Forces Branch).

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

G10.Are you currently spending at least 15-20 hours per week taking care of a family member who has a physical or mental health condition?

> (IF NECESSARY: This could include a child, an elderly family member, or a family member with a disability.)

> (IF NECESSARY: Do not include care giving to healthy children or healthy family members)

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

G11. What is the highest level of school you have completed or the highest degree received?

(INTERVIEWER NOTE: IF RESPONSE IS:
"HIGH SCHOOL", ASK "Does this mean "some high school" or "high school graduate"
"COLLEGE", ASK "Does this mean "some college" or "four year college graduate"
"DEGREE", ASK "what type of degree")

01 LESS THAN FIRST GRADE
02 FIRST THROUGH 8TH GRADE
03 SOME HIGH SCHOOL, BUT NO DIPLOMA
04 HIGH SCHOOL GRADUATE OR EQUIVALENT (GED/VOCATIONAL/TRADE SCHOOL GRADUATE)
05 SOME COLLEGE, BUT NO DEGREE
06 ASSOCIATE DEGREE (1-2 YEAR OCCUPATIONAL, TECHNICAL OR ACADEMIC PROGRAM)
07 FOUR YEAR COLLEGE GRADUATE/BACHELOR'S DEGREE
08 ADVANCED DEGREE (INCLUDING MASTER'S, PROFESSIONAL DEGREE, OR DOCTORATE)
98 DK
99 REFUSED

G12. Are you currently enrolled in a high school, college, university, GED program or job training program?

01 YES
02 NO
98 DK
99 REFUSED

G13. Are you of Hispanic or Latino origin?

01 YES
02 NO
98 DK
99 REFUSED

G14. Which one or more of the following would you say is your race? Are you White, Black or African American, Asian, Native American, American Indian, or Alaskan Native, Native Hawaiian or Pacific Islander, or some other race I have not mentioned?

01 WHITE
02 BLACK OR AFRICAN AMERICAN
03 ASIAN
04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE
05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
06 HISPANIC, LATINO, SPANISH
97 OTHER (DO NOT COLLECT AS OPEN-ENDED)
98 DK
99 REFUSED

G15.How many family members **living in your household**, including yourself, are living off your family's total income?

    (IF NECESSARY: Total income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.)

    ENTER NUMBER – MUST BE 1 OR MORE (DO NOT ACCEPT 0)

    98 DK (GO TO END OF SECTION G)
    99 REFUSED (GO TO END OF SECTION G)

G16.Are there any other family members who do not live in your home who are also living off your family's total income?

    (IF RESPONDENT ASKS WHETHER THEY SHOULD INCLUDE SOMEONE WHO DOES NOT LIVE WITH THEM, SAY "Only count other family members who you would include on your taxes as dependents."

    01 YES
    02 NO
    98 DK
    99 REFUSED

//ASK IF G16=01//
G17.   How many other family members are also living off your family's total income?

    (IF RESPONDENT ASKS WHETHER THEY SHOULD INCLUDE SOMEONE WHO DOES NOT LIVE WITH THEM, SAY "Only count other family members who you would include on your taxes as dependents.")

    (ENTER NUMBER)

    98 DK
    99 REFUSED

G18. What is your best estimate of <your/your family's> total income last year, in 2017, before taxes and other deductions? Would you say...

    (IF NECESSARY: All of the information you provide will be kept strictly confidential and only reported in summary form.)

    (IF NECESSARY: Total income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.)

    (IF NECESSARY: This includes family members living inside and outside the household supported by you.)

    INTERVIEWER NOTE: IF RESPONDENT ANSWERS WHILE YOU ARE STILL READING THE OPTIONS, YOU CAN ACCEPT THE RESPONSE AND GO TO NEXT QUESTION.

    01   Less than or equal to 100% FPL
    02   (100% FPL + $1) to 138 % FPL
    03   (138% FPL + $1) to 250% FPL, or
    04   More than 250% FPL

    97 DID NOT HAVE INCOME
    98 DK
    99 REFUSED

Section H: Continuous Enrollment Module

// APPLIES TO CONTINUOUS GROUP VIII ENROLLMENT ONLY //

The next set of questions is about your experiences with Medicaid. Some questions will ask about your experiences since getting Medicaid coverage, and others will ask about your experiences in the last year.

Considering your general physical health...

H1. Since enrolling in Medicaid, would you say your physical health is better, worse, or about the same?

> 01 BETTER
> 02 WORSE
> 03 ABOUT THE SAME
> 98 DK
> 99 REFUSED

Considering your general mental health...

H2. Since enrolling in Medicaid, would you say your mental health is better, worse, or about the same?

> (IF NECESSARY: Mental health includes stress, depression, and problems with emotions or substance abuse.)

> 01 BETTER
> 02 WORSE
> 03 ABOUT THE SAME
> 98 DK
> 99 REFUSED

During the past 12 months, was there a time when you needed any of the following types of care but could **not** get it at that time? For each please say yes or no.

> (INTERVIEWER READ INTRODUCTION THE FIRST TIME AND THEN ONLY IF NEEDED.)

H3. Dental care

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

H4. Vision care or eye glasses

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

H5. Mental health care or counseling services

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

H6. Any other health care, such as a medical exam or medical supplies

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

H7. In the past 12 months, have you had any problems filling a prescription?

> 01 YES
> 02 NO
> 03 R SAYS DID NOT HAVE ANY PRESCRIPTIONS
> 98 DK
> 99 REFUSED

// ASK IF E1 = 01 //

H8. Earlier you mentioned that you are currently working. Does having Medicaid coverage make it easier or harder for you to continue working?

> 01 EASIER
> 02 HARDER
> 03 RESPONDENT VOLUNTEERED THAT IT DID NOT MATTER
> 98 DK
> 99 REFUSED

//ASK IF E1 = 02 & E9 = 01//

H9. Earlier you mentioned you are looking for work. Does having Medicaid coverage make it easier or harder to look for work?

> 01 EASIER
> 02 HARDER
> 03 RESPONDENT VOLUNTEERED THAT IT DID NOT MATTER
> 98 DK
> 99 REFUSED

H10. I want you to consider your financial situation since enrolling in Medicaid. Since enrolling in Medicaid, is it easier, harder, or the same to...

> H10a. Buy food for your family or household?
> H10b. Pay your rent or mortgage?
> H10c. Pay off any debt that you had?

RANDOMIZE H10a THROUGH H10c

> 01 EASIER
> 02 HARDER
> 03 STAYED THE SAME
> 04 RESPONDENT SAID THEY DID NOT HAVE THIS
> 98 DK
> 99 REFUSED

H11. Since enrolling in Medicaid, has your overall financial situation been getting better, worse, or has it stayed the same?

> 01 BETTER
> 02 WORSE
> 03 STAYED THE SAME
> 98 DK
> 99 REFUSED

H12. Does having Medicaid coverage make it easier for you to care for other family members?

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

H13. In your own words, describe in a sentence what having Medicaid coverage has meant to you.

> RECORD RESPONSE VERBATIM
> 98 DK
> 99 REFUSED

Section I: Unenrolled Module

// APPLIES TO UNENROLLED ONLY //

// If A3 = 01 //
Thank you. Those are all the questions I have. (GO TO SECTION L)

// If A3 = 02 //
The next set of questions is about your experiences during and after your Medicaid coverage.

Considering your general physical health...

I1. **Since your Medicaid coverage ended**, would you say your physical health is better, worse, or about the same?

>   01 BETTER
>   02 WORSE
>   03 ABOUT THE SAME
>   98 DK
>   99 REFUSED

Considering your mental health...

I2. **Since your Medicaid coverage ended**, would you say your mental health is better, worse, or about the same?

>   (IF NECESSARY: Mental health includes stress, depression, and problems with emotions or substance abuse.)

>   01 BETTER
>   02 WORSE
>   03 ABOUT THE SAME
>   98 DK
>   99 REFUSED

I3.   Why do you no longer have Medicaid coverage? For each reason, please say yes or no.

    I3a. Your family income increased.
    I3b. You or someone in your family got other health insurance.
    I3c. You or someone in your family got a job.
    I3d. You no longer thought you needed Medicaid coverage.
    I3e. You missed the deadline to renew your Medicaid coverage.
    I3f. Your health got better.
    I3g. You got married or divorced.
    I3h. One or more children moved out of your house.

        (RANDOMIZE I3a through I3h)

        01 YES
        02 NO
        98 DK
        99 REFUSED

//ASK IF E5b=02//

I4.   Earlier you said that you do not have any health insurance coverage. Why do you not have any health
      insurance? For each reason please say yes or no.

    I4a. You cannot afford health insurance.
    I4b. You do not know how to get health insurance.
    I4c. You do not want any health insurance.
    I4d. The insurance you can afford does not cover the services or doctors you need.

        (RANDOMIZE I4a through I4d)

        01 YES
        02 NO
        98 DK
        99 REFUSED

//ASK IF E4=01 ORE5b=01//

I5.   Earlier you said that you currently have health insurance coverage. Many insurance plans cover some, but not all medical costs. How much do you spend annually on out-of-pocket medical costs? Please do **not** include regular insurance premium payments. Is it…

(IF NEEDED: By "medical cost", we mean any cost incurred in the treatment and prevention of injury or disease. Medical costs include physical health, dental and mental health, doctor and hospital visits, medications, and other services that impact your health.)

01 Less than $1500
02 $1500 to $3500
03 More than $3500
98 DK
99 REFUSED

I6.   **Since your Medicaid coverage ended**, have you been a patient in the hospital emergency room more often, less often, or about as often compared to when you had Medicaid coverage?

(INTERVIEWER NOTE: IF A RESPONDENT SAYS "I NEVER GO THE EMERGENCY ROOM" OR "I'VE NEVER BEEN HOSPITALIZED" SAY "The option 'about the same' can also mean that you did not go when you had Medicaid coverage and you have not gone since your Medicaid coverage ended.")

01 MORE OFTEN
02 LESS OFTEN
03 ABOUT AS OFTEN
98 DK
99 REFUSED

Since your Medicaid coverage ended, was there a time when you needed any of the following types of care but could **not** get it at that time? For each please say yes or no.

(INTERVIEWER READ INTRODUCTION THE FIRST TIME AND THEN ONLY IF NEEDED.)

I7.   Dental care

01 YES
02 NO
98 DK
99 REFUSED

I8. Vision care or eye glasses

      01 YES
      02 NO
      98 DK
      99 REFUSED

I9. Mental health care or counseling services

      01 YES
      02 NO
      98 DK
      99 REFUSED

I10. Any other health care, such as a medical exam or medical supplies

      01 YES
      02 NO
      98 DK
      99 REFUSED

fill_I7 = dental care //IF I7=01//
fill_I8 = vision care or eye glasses //IF I8=01//
fill_I9 = mental health care or counseling services //IF I9=01//
fill_I10 = other health care //IF I10 = 01//

//ASK IF (I7=01 OR I8=01 OR I9=01 OR I10=01)//

I11. You said you could not get <<TYPES OF HEALTHCARE USING FILLS OF I7-I10>> when you needed it. <<Why could you not get this type of care? //IF SUM OF I7-I10 FILLS=1// / Why could you not get these types of care? //IF SUM OF I7-I10 FILLS>1>> For each reason please tell me yes or no.

    I11a. You thought it would cost too much.
    I11b. You did not have transportation.
    I11c. The healthcare provider was not available when you needed to go.

    //ONLY ASK THESE OPTIONS IF E4=01 OR E5b=01//
    I11d. Your insurance would not pay for the care you needed.
    I11e. You could not find a healthcare provider who would take your insurance.

    (RANDOMIZE I11a through I11e)

    01 YES
    02 NO
    98 DK
    99 REFUSED

I12. Prior to your Medicaid coverage ending, were you taking any prescription medications?

01 YES
02 NO
98 DK
99 REFUSED

//IF I12=01//

I13. Since your Medicaid coverage ended, have you gone without any prescription medications you needed?

01 YES
02 NO
98 DK
99 REFUSED

I14. Since your Medicaid coverage ended, is getting the medical care you need easier, harder, or has it stayed the same?

(IF NECESSARY: "Care" means any health care, including prescription drugs.)

01 EASIER
02 HARDER
03 STAYED THE SAME
98 DK
99 REFUSED

I15. Since your Medicaid coverage ended, have you had more or fewer major medical costs compared to when you had Medicaid coverage?

(IF R ASKS WHAT IS MEANT BY "MAJOR", SAY: Whatever it means to you.)

01 MORE MEDICAL COSTS
02 FEWER MEDICAL COSTS
03 R OFFERED THAT COSTS HAVE NOT CHANGED
98 DK
99 REFUSED

I16. I want you to consider your financial situation since your Medicaid coverage ended. For each question please say whether paying for each item is easier, harder or the same as before. Since your Medicaid coverage ended, is it easier, harder or the same to...

   I14a. Buy food for your family or household?
   I14b. Pay your rent or mortgage?
   I14c. Pay off any debt that you had?

RANDOMIZE I14a THROUGH I14c

   01 EASIER
   02 HARDER
   03 STAYED THE SAME
   04 RESPONDENT SAID THEY DID NOT HAVE THIS
   98 DK
   99 REFUSED

I17. Since your Medicaid coverage ended, has your overall financial situation been getting better, worse, or has it stayed the same?

   01 BETTER
   02 WORSE
   03 STAYED THE SAME
   98 DK
   99 REFUSED

I18. OPEN-ENDED QUESTION: In your own words, describe in a sentence what your life has been like since your Medicaid coverage ended.

   RECORD RESPONSE VERBATIM
   98 DK
   99 REFUSED

Section J: Churn Module

// APPLIES TO CHURN ONLY //

The next set of questions is about your experiences with Medicaid coverage.

J1. In the past 12 months, was there any time when you did not have Medicaid coverage?

    01 YES
    02 NO (GO TO SECTION L)
    98 DK (GO TO SECTION L)
    99 REFUSED (GO TO SECTION L)

// IF J1 = 01 //

J2. In the past 12 months, how many gaps in Medicaid coverage have you had?

    (IF NECESSARY: By "gap in coverage" I mean a period of time when you did not have Medicaid coverage.)

    01 ONE
    02 TWO OR MORE
    98 DK
    99 REFUSED

//ADD THIS TRANSITION SENTENCE BEFORE J3 IF J2=02, 98, 99//
For these next questions, think about your most recent time without Medicaid coverage.

J3. How long was that coverage gap? Was it...

    01 less than one month
    02 one month to three months
    03 more than three months to six months, or
    04 more than six months.
    98 DK
    99 REFUSED

J4. Why did you have a gap in coverage? For each reason, please say yes or no.

J4a. Your family income increased.
J4b. You or someone in your family got other health insurance.
J4c. You or someone in your family got a job.
J4d. You no longer thought you needed Medicaid coverage.
J4e. You missed the deadline to renew your Medicaid coverage.
J4f. Your health got better.
J4g. You got married or divorced.
J4h. One or more children moved out of your house.

(RANDOMIZE J4a THROUGH J4h)

01 YES
02 NO
98 DK
99 REFUSED

J5. During this gap in Medicaid coverage, did you have any type of health insurance?

01 YES
02 NO
98 DK
99 REFUSED

//ASK IF J5=01//

J6. During this gap in Medicaid coverage, were you covered by a health insurance plan obtained through an employer or union?

(IF NECESSARY:
• Either through your own or someone else's employment.
• Include retiree coverage and COBRA.
• Do not include Medicare coverage.)

01 YES
02 NO
98 DK
99 REFUSED

//ASK IF J6=02, 98, 99//

J7. During this gap in Medicaid coverage, were you covered by any other insurance that you or your family paid for completely, including insurance purchased through the Ohio Health Care Exchange or a healthcare.gov insurance plan?

       (IF NECESSARY: The Ohio Health Care Exchange and healthcare.gov are part of the new health care law with gold, silver, and bronze plans.)

       01 YES
       02 NO
       98 DK
       99 REFUSED

//ASK IF J5=02//

J8. Why did you not have any health insurance during this gap in Medicaid coverage? For each reason please say yes or no.

       J8a. You could not afford health insurance.
       J8b. You did not know how to get health insurance.
       J8c. You did not want any health insurance.
       J8d. The insurance you could afford did not cover the services or doctors you needed.

       (RANDOMIZE J8a through J8d)

       01 YES
       02 NO
       98 DK
       99 REFUSED

J9. Prior to this gap in Medicaid coverage, were you taking any prescription medications?

       01 YES
       02 NO
       98 DK
       99 REFUSED

//IF J9=01//

J10. During this gap in Medicaid coverage, did you go without any prescription medications you needed?

       01 YES
       02 NO
       98 DK
       99 REFUSED

J11. Once you re-enrolled in Medicaid, were you able to get all the prescription medications you needed?

    01 YES
    02 NO
    98 DK
    99 REFUSED

J12. I now want you to consider your financial situation during your gap in Medicaid coverage compared to when you had Medicaid. For each question please say whether paying for each item was easier, harder or about the same during your coverage gap compared to before your coverage gap. During your gap in Medicaid coverage, was it easier, harder, or did it stay the same to...

J12a. Buy food for your family or household?
J12b. Pay your rent or mortgage?
J12c. Pay off any debt that you had?

RANDOMIZE J9a THROUGH J9c

    01 EASIER
    02 HARDER
    03 STAYED THE SAME
    04 RESPONDENT SAID THEY DID NOT HAVE THIS
    98 DK
    99 REFUSED

J13. Why did you re-enroll in Medicaid after your gap in coverage? For each reason, please say yes or no.

J13a. Your family income decreased.
J13b. You or someone in your family lost your other health insurance. //ONLY ASK J13b if J5=1//
J13c. You or someone in your family lost a job.
J13d. You found out you needed to renew your Medicaid coverage.
J13e. Your health got worse.
J13f. You got married or divorced.
J13g. The number of family members living in your household increased.

    (RANDOMIZE J13a through J13g)

    01 YES
    02 NO
    98 DK
    99 REFUSED

J14. Does having Medicaid make it easier for you to care for other family members?

      01 YES
      02 NO
      98 DK
      99 REFUSED

J15. In your own words, describe in a sentence what having Medicaid has meant to you.

      RECORD RESPONSE VERBATIM
      98 DK
      99 REFUSED

Section K: Oldly Eligible Module

// APPLIES TO OLDLY ELIGIBLES WHO ARE CURRENTLY ENROLLED ONLY //

The next set of questions is about your experiences with Medicaid.

During the past 12 months, was there a time when you needed any of the following types of care but could **not** get it at that time? For each please say yes or no.

> (INTERVIEWER READ INTRODUCTION THE FIRST TIME AND THEN ONLY IF NEEDED.)

K1. Dental care

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

K2. Vision care or eye glasses

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

K3. Mental health care or counseling services

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

K4. Any other health care, such as a medical exam or medical supplies

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

K5. In the past 12 months, have you had any problems filling a prescription?

> 01 YES
> 02 NO
> 03 R SAYS DID NOT HAVE ANY PRESCRIPTIONS
> 98 DK
> 99 REFUSED

/// If E1 = 01 ///

K6. Earlier you mentioned that you are currently working. Does having Medicaid coverage make it easier or harder for you to continue working?

> 01 EASIER
> 02 HARDER
> 03 RESPONDENT VOLUNTEERED THAT IT DID NOT MATTER
> 98 DK
> 99 REFUSED

//If E1 = 02 & E9 = 01//

K7. Earlier you mentioned that you are looking for work. Does having Medicaid coverage make it easier or harder to look for work?

> 01 EASIER
> 02 HARDER
> 03 RESPONDENT VOLUNTEERED THAT IT DID NOT MATTER
> 98 DK
> 99 REFUSED

K8. Does having Medicaid make it easier for you to care for other family members?

> 01 YES
> 02 NO
> 98 DK
> 99 REFUSED

K9. In your own words, describe in a sentence what having Medicaid has meant to you.

> RECORD RESPONSE VERBATIM
> 98 DK
> 99 REFUSED

Section L: Final Script, Including Incentive and Recruitment for Biometric Screening

Thank you for answering our questions. We want to reassure you that your responses will be kept strictly confidential.

//SKIP TO INCENT FOR THOSE NOT SELECTED FOR BIOMETRIC ASSESSMENT//
//ASK IF SELECTED FOR BIOMETRIC ASSESSMENT//

Survey respondents are being asked to participate in a quick health assessment that will help us learn more about the current health status of those who have ever been enrolled in Medicaid. You will receive a $100 gift card for your participation. A registered nurse will check your blood pressure, height, and weight, and use a finger prick to measure your blood sugar and cholesterol. The visit will take no more than 20 minutes. If you are interested, can we schedule the assessment right now?

(IF NECESSARY: Your participation in the health assessment is completely voluntary. The information we gather is confidential and will be used only to learn about the health of those who have ever been in the Medicaid program. Your information will not be shared with anyone outside of the research team and you will get the results of your health assessment.)

(IF RELUCTANT: Do you have any questions or thoughts about participating in this health assessment? We can schedule the assessment right now and you will receive a reminder call from us prior to your appointment.)

01   YES
02   NO
03   NOT SURE (re-contact)

//ASK IF YES, BIOMET=01//
We currently have dates and times available on ….
     //SELECT BIOMETTIME//
     //VERIFY TIME//

We want to thank you for agreeing to participate in the Ohio Medicaid Group VIII health assessment. Your appointment is scheduled on TIME/DATE at LOCATION. You are required to bring personal identification (ID) to this health assessment. This ID could be your Medicaid benefit card, an Ohio Driver's License, a school ID, a military ID, another photo ID, or a recent utility bill with your name and address listed.
     We would like to send you an e-mail reminder for your appointment. What is your e-mail address?
     //INSERT EMAIL ADDRESS//

INTERVIEWER:
     YOU ARE REQUIRED TO READ BACK THE EMAIL ADDRESS CHARACTER BY CHARACTER
     IF R DOESN'T HAVE AN EMAIL ADDRESS, ENTER 96 NO EMAIL ADDRESS

INCENT
To thank you for your participation in the survey, we would like to verify your address to send you a gift card for $20. The gift card may take 3 to 4 weeks to reach you.

ADDRESS
I have your name and address as: READ AND SPELL NAME AND ADDRESS. CORRECT CHANGES AS NEEDED.

THANKS
I would like to thank you again for your participation on this important project. Have a nice (day/evening).

(IF NECESSARY, If you would like to speak to someone about the survey please or if you have questions about your rights as a study participant please call RTI at 1-866-558-0776.

01 CONTINUE

Appendix B:
Prenotification Letter

Ohio | **Department of Medicaid**

<<Respondent Name>>
<<Address1>>
<<Address2>>
<<City>>, <<State>> <<Zip>>

Dear <<Respondent Name>>:

Your name has been selected to participate in a survey by the Ohio Department of Medicaid that asks about your experiences with Medicaid. This important telephone survey is your opportunity to assist the Ohio Department of Medicaid to evaluate the State's Medicaid program. The Ohio Department of Medicaid wants to hear from those who currently have Medicaid coverage as well as those whose Medicaid coverage has ended.

The Ohio State University and the survey company RTI International have been selected to help the Ohio Department of Medicaid conduct this study. In the coming week representatives of RTI will try to reach you by phone to give you an opportunity to share your experiences. Those who are eligible to participate in the study will receive a $20 gift card for doing so.

Your participation is very important because you are part of a scientific sample representing communities in the State of Ohio. The survey will ask a few general questions about you and your experiences with Medicaid. If you choose not to participate, you will not be penalized or lose your Medicaid benefits.

Thank you for your help and please be assured that **we are not selling anything or asking for money**. You can also call us RTI toll-free at **1-866-406-7333** to update your contact information or ask any questions about the survey.

Sincerely,

Dr. Mary S. Applegate
Medical Director
The Ohio Department of Medicaid
50 W. Town Street, Suite 400
Columbus, Ohio 43215

Apreciado Sr./Sra./Srta.

Su nombre ha sido seleccionado para participar en una encuesta realizada por el Departamento de Medicaid de Ohio, la cual pregunta sobre experiencias con Medicaid. Esta importante encuesta telefónica, es su oportunidad para ayudar al Departamento de Medicaid de Ohio a evaluar el programa estatal de Medicaid. El Departmento de Medicaid de Ohio quiere oír de aquellos quienes en el presente reciben cubrimiento, al igual de aquellos cuyo cubrimiento de Medicaid ya ha terminado.

La Universidad Estatal de Ohio y la compañía internacional de encuestas RTI han sido seleccionadas para ayudar al Departamento de Medicaid de Ohio para conducir este estudio. En la próxima semana representantes de RTI intentaran contactarlo/a por teléfono para darle la oportunidad de compartir sus experiencias. Aquellos, quienes sean elegibles para participar en el estudio recibirán una tarjeta de compras de $20 dólares por hacerlo y participar.

Su participación es muy importante porque hace parte de una muestra científica representante de las comunidades en el Estado de Ohio. La encuesta hará unas pocas preguntas generales sobre usted y sus experiencias con Medicaid. Si usted decide no participar, no será penalizado, ni perderá sus beneficios de Medicaid.

Gracias por su ayuda y por favor este seguro de que **nosotros no vendemos nada, ni solicitamos dinero**. Usted puede también, llamar a RTI totalmente gratis al **1-866-406-7333,** para actualizar su información de contacto o para preguntar acerca de la encuesta.

Sinceramente,

Dr. Mary S. Applegate
Directora Médica
Departamento de Medicaid de Ohio
50 W. Town Street, Suite 400
Columbus, Ohio 43215

Appendix C: Biometric Screening Consent Form

Consent to Be Part of a Research Project

We are inviting you to take part in a research project. This consent form will help you decide if you want to be in the study. Please read this form carefully, and ask study staff to explain anything you do not understand. You will have a chance to ask questions before you decide whether to be in the study.

Description and Purpose of the Ohio Medicaid Group VIII Study (Ohio Group VIII): The Ohio Group VIII will study how Medicaid coverage is linked to health, use of health care, and family finances.

The study is being conducted by the Ohio State University Wexner Medical Center and nurses at the Ohio State University Health Plan. RTI International is a research organization that will help with the health screenings. The screening includes a short physical exam and blood spot collection.

Health Screening:

- *Physical exam.* A nurse will conduct a short (10 to15 minute) exam. The nurse will measure your height, weight, and blood pressure. You might be asked to remove certain pieces of clothing, like a jacket or shoes, to make it easier for the nurse to give you the exam. After the exam, the nurse will tell you what your measurements are.
- *Blood spot.* A nurse will take a small blood sample from one of your fingers. The nurse will place a few drops of blood into a machine for testing. It will take 3 to 5 minutes for the machine to run the tests. The blood will be tested for blood sugar and certain types of fats that are in the blood. The nurse will tell you your test results after the tests are done.

Award for being in the Study: It will cost you no money to be in the Ohio Group VIII study. We will give you a $100 Walmart gift card for completing the health screening (but you may not use the gift card to buy guns, ammunition, alcohol, pharmacy items, or tobacco products, including smokeless tobacco).

You Are Free to Decide: Your decision to be a part of the Ohio Group VIII is up to you. You can refuse any part of the health screening. You can change your mind and quit the study at any time.

Your Privacy Is Protected: We will keep your health screening results private. We will not report your name, or any other information that says who you are (address or other personal information), to anyone outside our organization. The people in charge of this study are committed to protecting your privacy, and have signed a pledge that they will never give your test results to any other organization. The people doing the research will store your test results in very secure computer files. Only certain people with secret passwords can see this information. All paper forms will be handled very carefully, and will be destroyed at the end of the study period.

Benefits and Risks: You will be helping the Ohio Department of Medicaid if you agree to be a part of this study. You can refuse to be in the study. If you do not want to be in the study, you will never lose any of your rights to receive healthcare under your Medicaid plan. There is a very small chance for loss of personal information, but this probably will not happen because we keep your information very safe. The blood test is very safe, but it could cause a small bruise on your finger. You can tell us if you do not wish to have any part of the health screening, and you may take a break at any time.

Further Questions: If you have any questions about the research now or in the future, or about your rights as part of this study, you can contact the project's toll-free phone number at 1-866-558-0776.

My Consent: I have read this Ohio Group VIII consent form (or the form has been read to me) and I understand it. I know that I can help the study by being a part of it. I also understand that there are some very small risks in being part of the study. All my questions have been answered. I know that any future questions that I may have will also be answered. I freely agree to be part of the Ohio Group VIII Study. I understand that by signing, I am not giving up any of my legal rights. I will be given a copy of this statement.

I have signed below to show that I agree to be part of the Ohio Group VIII Study Health Screening.

Printed Name of Participant	Signature of Participant	Date

Printed Name of Nurse	Signature of Nurse	Date

Appendix D:
Biometric Screening Form

Biometrics Screening Form

Case ID	☐☐☐☐☐☐☐		Clinic ID	☐☐☐
Date	☐☐ / ☐☐ / ☐☐☐☐		Nurse ID	☐☐☐☐

☐ Identification Provided

Biometric Measurement Results:

Component	Reading	Notes
Height (to nearest .1 cm)	☐☐☐.☐	☐ Self-Reported
Weight (to nearest .1 kg)	☐☐☐.☐	☐ Self-Reported
1st Pulse (beats/min.)	☐☐☐.☐	
1st Blood Pressure (Systolic/Diastolic)	☐☐☐ / ☐☐☐	
2nd Pulse (beats/min.)	☐☐☐.☐	
2nd Blood Pressure (Systolic/Diastolic)	☐☐☐ / ☐☐☐	

Write "REF" in the Reading column if the measure was refused. Write "UTC" if unable to capture.

Finger Stick Results:

Blood Test	Level	Notes
Hemoglobin A-1C	☐☐☐.☐	
Total Cholesterol	☐☐☐.☐	
HDL	☐☐☐.☐	
Non-HDL	☐☐☐.☐	

Write "REF" in the Reading column if the measure was refused. Write "UTC" if unable to capture.

Summary:

Component	Complete	Refused	N/A
Health Screening	☐	☐	☐
Blood Tests	☐	☐	☐
Medical Records Abstraction	☐	☐	☐

Note. Place an X in the appropriate column for each component

Additional Comments

Appendix E: Biometric Screening Incentive Receipt

Ohio Medicaid Group VIII Study

Biometric Screening Receipt

RTI INTERNATIONAL

As a thank you for taking part in the study, we are giving you a $100 Wal-Mart Gift Card. It is recommended that you not use this gift card for the purchase of alcohol, tobacco, firearms or ammunition. If you have any questions, please call 1-866-558-0776.

Nurse Name:_____

Participant Initials: ____ ____

Case ID: ____ ____ ____ ____ ____ ____ ____ ____

Date:____/___/___

☐ **$100.00 Gift Card Given**
☐ **Refused $100.00 Gift Card**

White to RTI, Yellow to Nurse, Pink to Participant

Appendix F: Biometric Results and Education Page

Ohio Medicaid Group VIII Study - Health Screening and Blood Test Findings

The health screening was not a full exam and should not take the place of visits to your doctor. Feel free to share the results with your doctor. Below is the information we collected and what it means for your general health. If you have any questions, you may call 1-866-558-0776.

Name (Print)		Date	

Your physical measurements were:

Height (inches)	
Weight (pounds)	

Your Body Mass Index (BMI) is:

BMI	

Your blood test results were:

Hemoglobin A1c	
Total Cholesterol	
HDL	
Non-HDL	

Your pulse readings were:

1st Reading	BPM
2nd Reading	BPM

Your blood pressure readings were:

1st Systolic Blood Pressure	mmHg	2nd Systolic Blood Pressure	mmHg
1st Diastolic Blood Pressure	mmHg	2nd Diastolic Blood Pressure	mmHg

Follow-up Recommendation:	
TODAY/IMMEDIATELY	
Within One Month	
Routine Healthcare	

Notes:			
Signature		Date/Time	

Improving Your Numbers

How to Maintain a Healthier Body Weight - Avoid sugar sweetened beverages; drink water throughout the day. Follow a well-balanced, portion-controlled diet. Aim for a weight reduction of 1 to 2 pounds per week. Work with a health coach or dietitian to improve chances for success. Follow the same recommendations for reducing cholesterol.

Classification of Overweight/Obesity by BMI and Associated Disease Risk Relative to Normal Weight*

	BMI (kg/m²)	Obesity Class
Underweight	< 18.5	
Normal	18.5–24.9	
Overweight	25.0–29.9	
Obesity	30.0–34.9	I
	35.0–39.9	II
Extreme Obesity	≥ 40	III

* Disease risk for type 2 diabetes, hypertension, and CVD.

How to Reduce Blood Glucose/A1c - Follow a well-balanced diet, and reduce portion sizes of carbohydrates and simple sugars. Avoid sugar sweetened beverages. Maintain a healthy body weight. Check with your doctor about increasing your physical activity to accumulate at least 150 minutes of moderate activity broken up over a week's time. Schedule an appointment to follow-up with your doctor.

How to Reduce Cholesterol - Eat foods free of trans-fat (partially hydrogenated oil), low in saturated fat, and cholesterol. Eat fish, skinless chicken, skim milk, and legumes such as beans. Eat more fruits, vegetables, and whole grains. Use healthier cooking methods (baking, broiling, steaming, or grilling). Maintain a healthy body weight. Check with your doctor about increasing your physical activity with a goal of 150 minutes of moderate intensity physical activity broken up over a week's time. Schedule an annual physical exam.

How to Increase High-density Lipoprotein (HDL) - Starting an aerobic exercise program may help increase your HDL by as much as 5% - check with your doctor. Weight loss can help increase HDL. Follow the same nutrition recommendations for reducing cholesterol. If you smoke, quitting all forms of tobacco can increase your HDL by 10%.

How to Reduce Blood Pressure - Eat foods with low or no added salt. Limit the number of processed or pre-prepared meals (canned foods and fast food) that you eat. Limit alcohol intake (1 drink/day for women and 1–2 drinks/day for men). Begin a tobacco-cessation program. Learn how to manage stress more effectively. Follow the same recommendations for reducing cholesterol and maintaining a healthier body weight.

Sources

American Heart Association (April 24, 2014) Diseases and Conditions: Prevention and Treatment. Retrieved from http://www.heart.org/HEARTORG/Conditions/Conditions_UCM_001087_SubHomePage.jsp

Schafer, Ernst J. 2002. Lipoproteins, Nutrition and Heart Disease. *American Journal of Clinical Nutrition* 75: 191–212

2008 physical activity guidelines for Americans. U.S. Department of Health and Human Services. Retrieved from http://www.health.gov/paguidelines/pdf/paguide.pdf (accessed June 24, 2013).

Singh,Inder M., MD, Shishehbor, Medni H., DO, MPH, Ansell, Benjamin J, MD. 2007. High-density Lipoprotein as a Therapeutic Target. *Journal of the American Medical Association* 298 (7).

Forrester, James S., MD, Shah, Prediman K., MD. 2006. Emerging Strategies for Increasing High-density Lipoprotein. *American Journal of Cardiology* 98:1542–1549.

Mayo Clinic. Novemeber 9, 2012. HDL Cholesterol: How to Boost Your 'Good' Cholesterol. Retrieved from http://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/hdl-cholesterol/art-20046388?pg=1

Information adapted from The American Diabetes Association – Standards of Medical Care in Diabetes

Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: Evidence Report. National Heart, Lung, and Blood Institute at www.nhlbi.nih.gov

Appendix G: Other Biometric Screening Protocol

Ohio Medicaid Group VIII Study
Frequently Asked Questions (FAQs)

What is this survey about? / What is the purpose of Ohio Group VIII?
The purpose of the study is to help the Ohio Department of Medicaid gather information on health insurance coverage, the use of medical services, satisfaction with health care, and problems getting health care. The results of this study will help improve programs regarding these issues.

Why do you want to interview me?
We would like to gather information from a variety of Medicaid participants about their experiences with health insurance and health care in order to improve the Medicaid program. You were scientifically selected for the study and cannot be replaced.

Who is sponsoring this study/who is conducting this study?
This study is sponsored by the State of Ohio and is being conducted by The Ohio State University and RTI International (a not for profit research group).

How long will this take?
This health screening will take approximately 20 to 30 minutes to complete.

How do I know my results will remain confidential?
I can assure you that all information that we obtain from you will be kept confidential. Your answers provided will be combined with those from other participants and only reported as a group, not individually. All project staff members have signed confidentiality agreements and are prohibited by law from using the information for anything other than the purposes of this research study. Any other use is a violation of Federal Law and is subject to heavy fines and imprisonment.

Will participating in the study impact my Medicaid insurance study?
Participating in the study will have no impact on your Medicaid coverage or services. These data will not be used to adjust your Medicaid coverage in any way.

Appendix H: Biometric Screen Adverse Event Form

Ohio Medicaid Group VIII Study
Adverse Event Form

Participant Name (Print)		Case ID	
Nurse Name (Print)		Date of Event	

Event Classification (e.g., High Blood Pressure, Type 2 Diabetes)	

Event Description:	

Resolution/Action Taken:	

Once complete, submit this form to your OSUHP clinic site leader.

Appendix I:
Note on Claims-Based Mental and Behavioral Health Analyses

The mental and behavioral health analyses based on Medicaid administrative data in this study utilized standardized International Classification of Diseases (ICD), Healthcare Common Procedure Coding System (HCPCS), National Drug Code (NDC) and Current Procedural Terminology (CPT) code value sets produced through Ohio Medicaid's Behavioral Health Redesign process. The value sets for constructing the measures are as follows (Note that "x" means all sub-codes under the parent code, e.g. 304.0x is 304.00, 304.01, etc.):

1) Opioid Use Disorder Diagnosis (OUD)
   - ICD-9: 304.0x, 305.5x, 304.7x
   - ICD-10: F11.x

2) Medication-Assisted Treatment (MAT):
   - Pharmacy: NDCs for methadone, buprenorphine, buprenorphine/naloxone, and naltrexone
   - Office-based administrations at community mental health centers and SUD treatment centers (HCPCS): J0571, J0572, J0573, J0574, J0575, J2315, J8499, H0020, S5000, S5001

3) Psychosocial Treatment for Depression
   - CPT & HCPCS codes: H0004, H0006, H0036, H0047, S0201, S0281, S9484, 90792, 90801, 90863, 90785, 90791, 90804, 90806, 90808, 90810, 90812, 90814,90832, 90833, 90834, 90837, 90839, 90840, 90846, 90847, 90849, 90853, 90899, H0040, H2012, H2015, H2017, H2019, H2020, 90836, 90838

4) Psychosocial Treatment for OUD
   - CPT & HCPCS codes: H0001, H0004, H0005, H0006, H0007, H0014, H0015, H0036, H0047, S0201, S0281, S9484, 90792, 90801, 90863, 90785, 90791, 90804, 90806, 90808, 90810, 90812, 90814,90832, 90833, 90834, 90837, 90839, 90840, 90846, 90847, 90849, 90853, 90899, H0010, H0011, H0012, H0038, H0040, H2012, H2015, H2017, H2019, H2020, H2034, H2036, 90836, 90838

Appendix J: Qualitative Interview Guide

Interview Guide - Informed Consent

Thank you for agreeing to sit down for an interview.

My name is _____ and am a researcher with the Ohio State University. We have been asked by the Ohio Department of Medicaid to help them understand how Medicaid is – and is not – affecting the lives of Ohio residents.

Before we begin I just want to tell you about what we are asking you to do and whether there are any benefits and risks involved.

The interview should last about 45-60 minutes. We will ask you questions about your experiences with health insurance, including how it may have affected your life. So I may ask questions about things like household finances, health status, health care, employment and caregiving.

Your participation is completely voluntary. You can skip any questions you don't want to answer and you can stop the interview at any time without loss of benefits to which you are otherwise entitled.

We are going to audiotape the interview, but your name will not appear anywhere on the notes or recording. Your answers will remain strictly confidential and will not be shared with anyone beyond the 3 people on the OSU research team. We may publish a quote that you say during the interview, but we will not identify any personal information that could trace it back to you. (So we might write, "One resident of Franklin County said…")

We do not anticipate any risks to your participation. One benefit is that you will have a chance to inform how Ohio's political leaders think about this important program. Also, we are happy to give you a $50 gift card for your participation.

After the interview, if you have any questions or concerns about your participation, you can contact the project director, Tim Sahr at timothy.sahr@osumc.edu or 614-366-3175

Do you have any questions?

Are you willing to participate?   _____ If yes, please check here.

 Name: _____

Signature: _____

Date: _____

Interview – Main Version
(for everyone except for those who say they are unenrolled)

Introduction
1. Tell me a little about yourself. Did you grow up in ____? How long have you lived here?
2. And what is something special that a lot of your friends might not know about you?

Keeping Track of Insurance
3. Great. Now I'd like us to talk about health insurance and Medicaid. It's a complicated topic! How did you find out that you were qualified for Ohio Medicaid insurance?
   a. Why did you enroll?
   b. What was it like to enroll?
      i. How did it feel to have a way to pay for your health care bills?
      ii. Can you give an example of a time you worried about health care bills?
         1. How did you feel?
         2. How did you handle the stress?
   c. How long ago did you enroll?
4. How do you keep track of your insurance status? Like whether you are still enrolled?
   a. Do you happen to know which managed care plan you use?
   b. Are there certain people or tools, like the web, that you find helpful?

5. A lot of people have trouble understanding whether they have Medicaid. Why do you think that is?
   -
   Churn Supplement (for Churn group only)
   -
6. Since enrolling in Medicaid, have you had a period when you were not enrolled? Has there been a period where you were enrolled, then lost coverage, and then became reenrolled? [If yes:]
   a. Tell me about that experience. Why did you have a break in coverage?
   b. What was it like? Where you worried? Fine? Struggling financially?
   ****

How has Medicaid changed your life?
7. How, if at all, has your life changed since enrolling in Medicaid?
    a. Has it changed how often and why you seek health care?
    b. Do you think it has affected how healthy you feel?
    c. Probe about specific types of care:
        i. Dental care
        ii. Mental health care
        iii. Preventive care (check-ups, screenings)

8. How about household finances? Has having Medicaid affected your ability to pay for other bills or household expenses?
    a. How are you spending any extra money?

9. And how about work? Are you working now?
    a. (If working): Has Medicaid had any impact on your ability to keep your job?
        i. Has it helped to have money for transportation?
        ii. Has is improved your health conditions that limit your ability to work (or seek it?)
    b. (If looking for work): Has Medicaid had any impact on your ability to look for a job?
        i. Has it helped to have money for transportation?
        ii. Has is improved health conditions that limit your ability to look for work ?
    c. (If neither working nor looking): Do you worry that getting a job might jeopardize your eligibility for Medicaid?

10. And how about caring for family members or others? Lots of people today are raising kids or are caring for a disabled or elderly family member. Do you have many caregiving responsibilities these days? If so, what are they?
    a. Has Medicaid affected your ability to provide this caregiving?

If Medicaid Ended
11. We've already talked a bit about how enrolling in Medicaid has and has not affected your life. But if the program ended, or you found you were no longer eligible, how do you think it would affect your life?
    a. Probe based on previous responses where it _had_ affected the interviewee's life
    b. What message would you want to send to Ohio Medicaid about limiting Medicaid benefits for people in your situation?

Conclusion
12. Thank you for your time! Is there anything else you'd like to add?

Interview – Unenrolled Version

Introduction
1. Tell me a little about yourself. Did you grow up in _____? How long have you lived here?
2. And what is something special that a lot of your friends might not know about you?

Keeping Track of Insurance
3. Great. Now I'd like us to talk about health insurance and Medicaid. It's a complicated topic! Have you ever tried to learn if you were qualified for Ohio Medicaid insurance?
    a. Why or why not?
    b. If you tried to enroll, what or who prompted you?
        i. What was it like to enroll?
        ii. How long ago did you enroll?
4. How do you keep track of your insurance status? Like whether you are enrolled in a plan?
    a. Do you happen to know which plan you use?
    b. Are there certain people or tools that you find helpful?
5. A lot of people have trouble understanding whether they have Medicaid. Why do you think that is?

Seeking and Paying for Health Care
6. If you needed to get health care, where would you go?
    a. Have you been there before?
    b. If yes, what was the experience like?
    c. Probe about specific types of care:
        i. Dental care
        ii. Mental health care
        iii. Preventive care (check-ups, screenings)
7. Have there been any times when you avoided seeking care because you worried about how you would pay for it?
    a. Can you give an example?
    b. How did it make you feel?
    c. How did you handle the stress?
8. If you needed health care, how would you pay for it?
    a. Are there other expenses that you'd have to give up? Which ones?

Motivation for Enrolling

9. If you learned you were eligible for Medicaid, what would prompt you to enroll?
    a. Assuming you were still feeling healthy, what would prompt you to enroll before you got sick or injured?
10. How, if at all, do you think enrolling in Medicaid might affect your life?
    a. Change how often and why you seek health care?
    b. Affect how healthy you feel?
    c. Increase your ability to pay for other bills or household expenses?
    d. Affect your ability to care for children or disabled or elderly family members?
11. And how about work? Are you working now? (Skip if disabled an unable to work)
    a. (If working now or in the recent past): Are there times when health conditions affected your ability to work?
        i. Can you give an example?
        ii. Were you able to get health care?
        iii. If so, how did you pay for it?
    b. (If looking for work): Are there time when health conditions limit your ability to look for a job?
        i. Can you give an example?
        ii. Were you able to get health care?
        iii. If so, how did you pay for it?
    c. (If neither working nor looking): Do you worry that getting a job might jeopardize your eligibility for Medicaid?
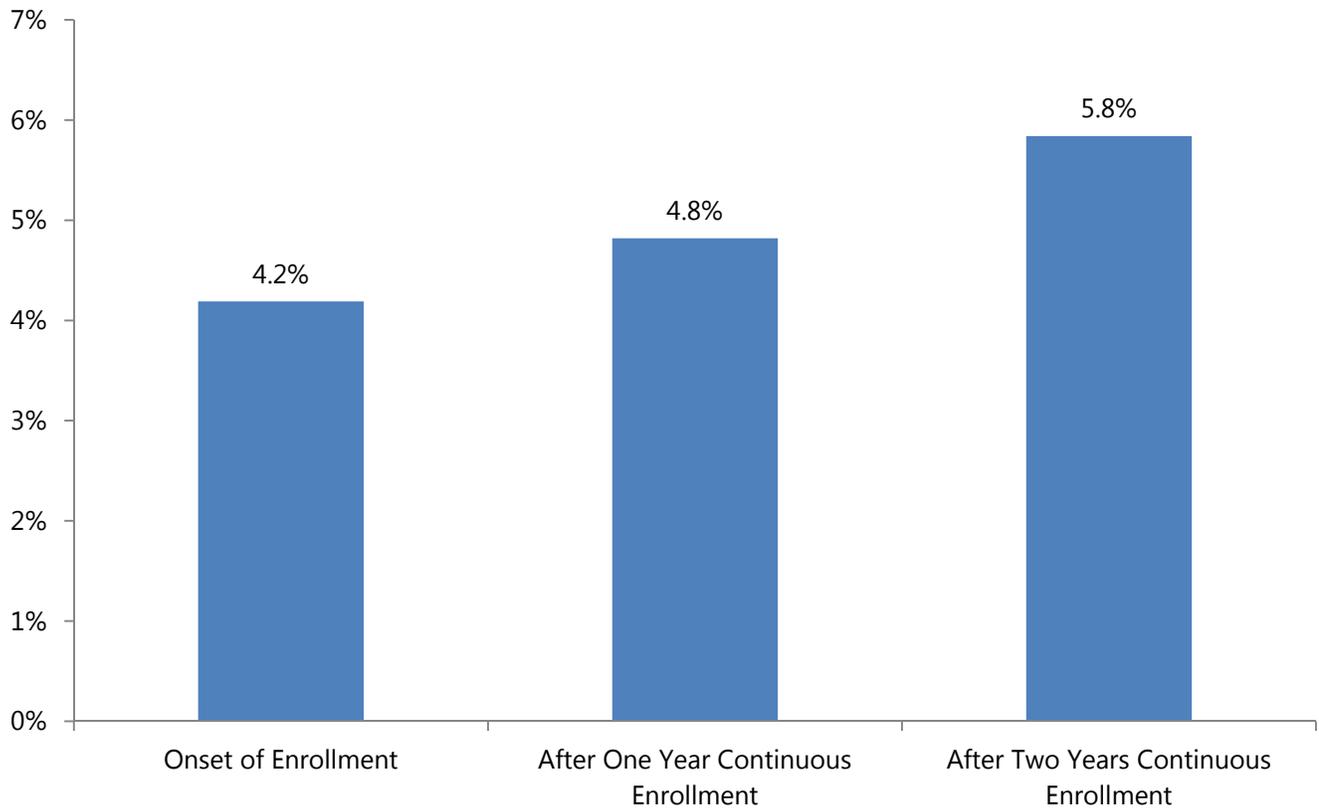
If Medicaid Ended?

12. What message would you want to send to Ohio Medicaid concerning policies that may limit Medicaid eligibility for people in your previous situation?

Conclusion

13. Thank you for your time! Is there anything else you'd like to add?

Appendix K: Supplemental Analyses of Group VIII Medicaid Administrative, Telephone Survey, & Biometric Screening Data

Figure A1: Group VIII Enrollees with Two or More Years of Continuous Enrollment: Number and Percentage with Medicaid as the Secondary Payer (TPL)


Source: Medicaid Administrative Data

Figure A2: Ohio Medicaid, by County, 2017: Percent of Adults (19-64) Enrolled for 12 months with at least 1 Primary Care Visit.

Source: Medicaid Administrative Data

Figure A3: Churn Group VIII: Reasons for Unenrolling from Medicaid*
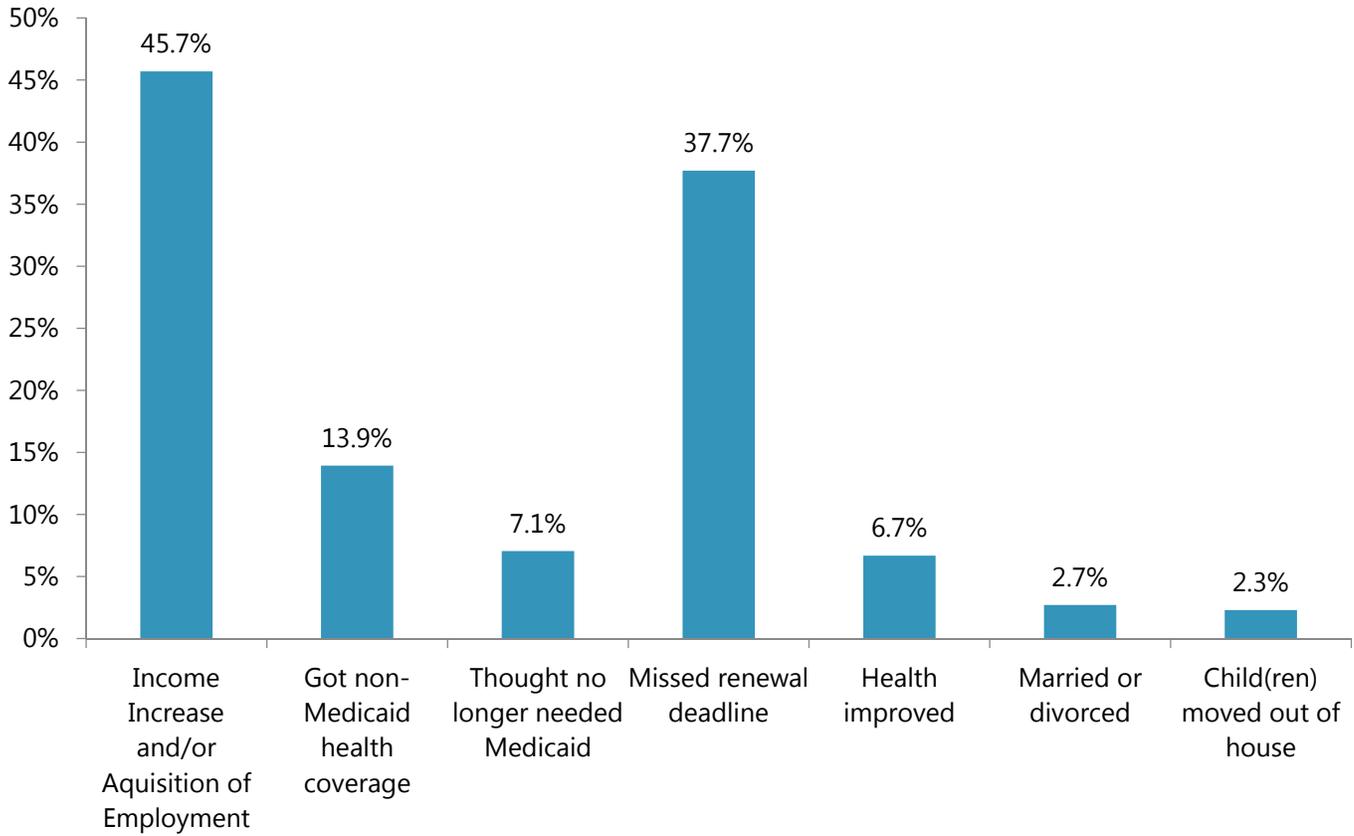
*Not mutually exclusive
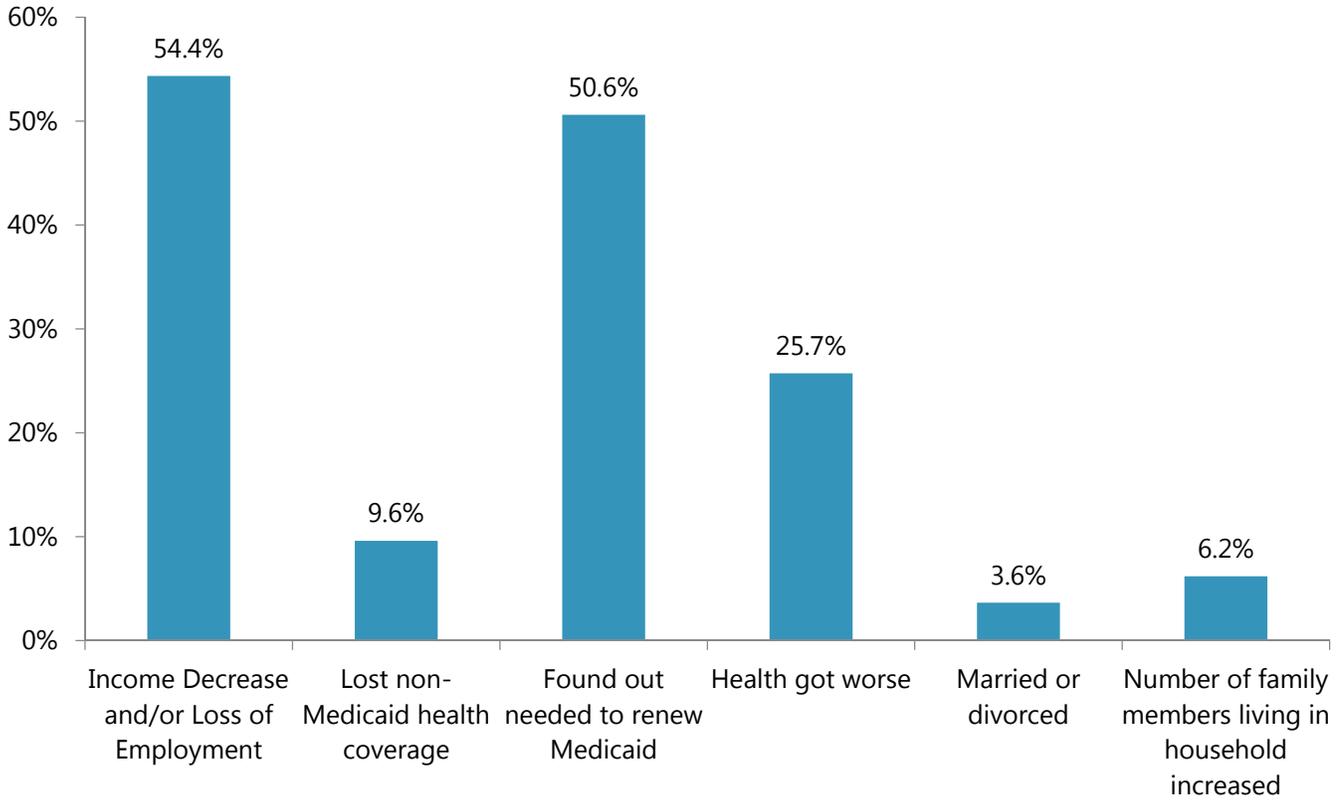
Source: 2018 Group VIII Telephone Survey

Figure A4: Unenrolled Group VIII: Current Household Income
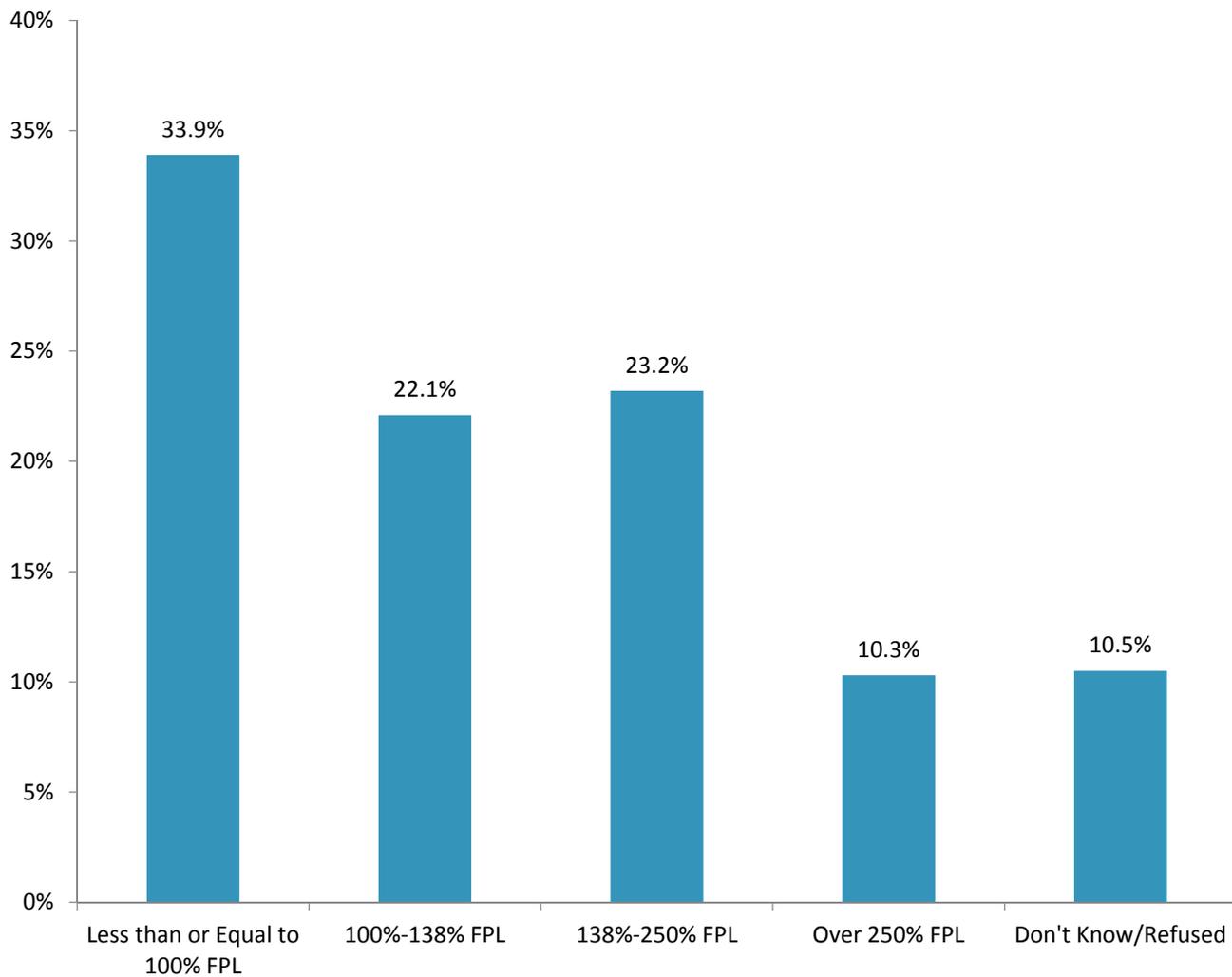
Calculation includes individuals who were enrolled in Group VIII are no longer enrolled in Medicaid
Source: 2018 Group VIII Telephone Survey

Figure A5: Churn Group VIII: Reasons for Returning to Medicaid*

Bar chart showing:
- Income Decrease and/or Loss of Employment: 54.4%
- Lost non-Medicaid health coverage: 9.6%
- Found out needed to renew Medicaid: 50.6%
- Health got worse: 25.7%
- Married or divorced: 3.6%
- Number of family members living in household increased: 6.2%

*Not mutually exclusive

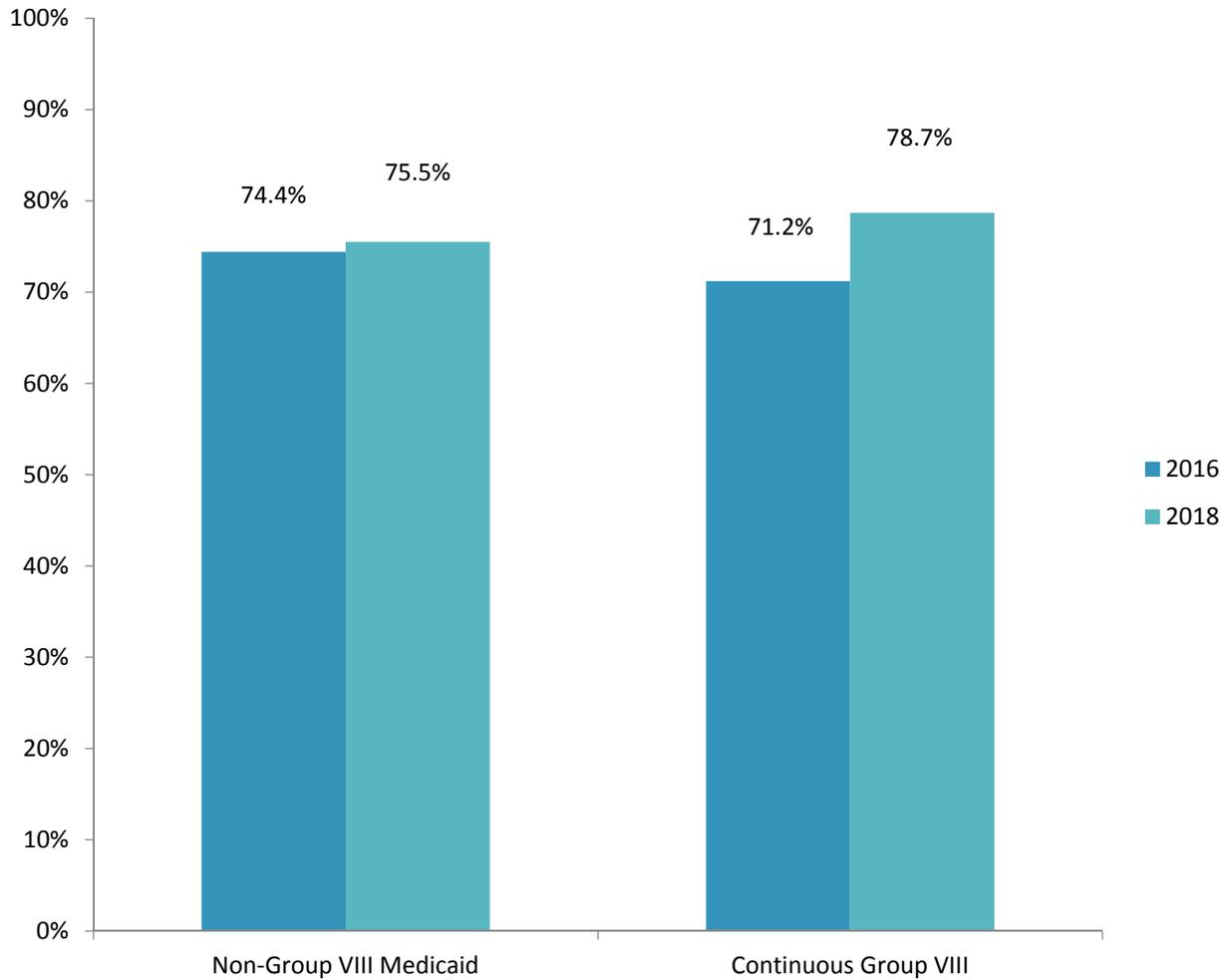Source: 2018 Group VIII Telephone Survey

Figure A6: Currently Enrolled Group VIII: Percentage with an Enrollment Gap Since Initial Enrollment
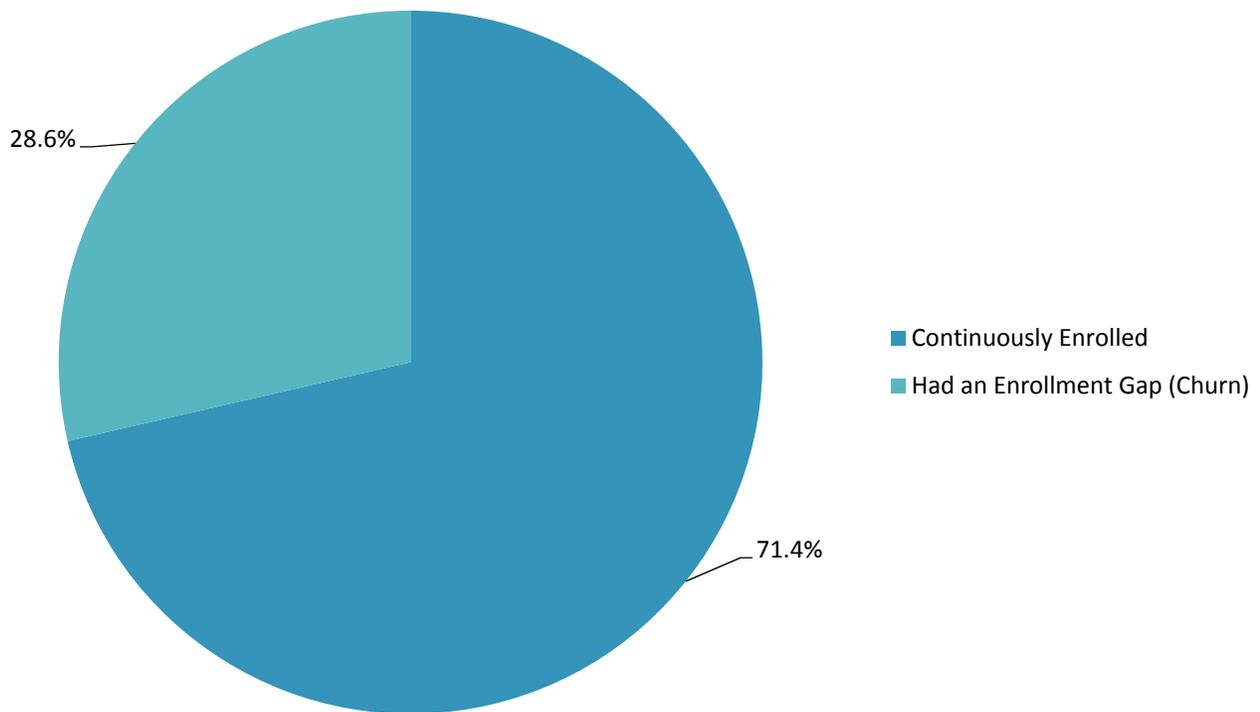
Source: Medicaid administrative data

Analysis limited to current Group VIII enrollees, who constitute 52.5% of individuals who have ever participated in the Group VIII program since 2014, as of November 30, 2017 sample selection.

Figure A7: Percent of GVIII enrollees and Non-G VIII Medicaid Enrollees with a usual sources of care, 2016 & 2018

Source: 2018 Group VIII Telephone Survey