

 **ORIGINAL**

**NCQA HEDIS Survey Vendor to Administer the
CAHPS Survey 5.0H Adult Medicaid Questionnaire**

Solicitation #BMS14056

Prepared for:



Prepared by:

 **wba** RESEARCH

Date:

October 15, 2013

Contact:

Allison Booker, Senior Vice President
WBA Research
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10/16/13 09:31:29 AM
West Virginia Purchasing Division

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State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER
BMS14056

PAGE
2

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE


Widener-Burrows & Associates, Inc.
(dba WBA Research)
2191 Defense Highway, Suite 401
Crofton, MD 21114

HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES
ROOM 251
350 CAPITOL STREET
CHARLESTON, WV
25301-3709 304-558-1737

DATE PRINTED
10/02/2013

BID OPENING DATE: 10/16/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1,898	EA		961-60		\$23,950
CALENDAR YEAR 2012 HEDIS SURVEY						
0002	1,898	EA		961-60		\$24,750
CALENDAR YEAR 2013 HEDIS SURVEY						
***** THIS IS THE END OF RFQ BMS14056 ***** TOTAL:						\$48,700
SIGNATURE 						
TITLE Sr. Vice President				TELEPHONE 410.721.0500	DATE October 11, 2013	
FEIN 52-2066294				ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

REQUEST FOR QUOTATION

BMS14056

National Committee for Quality Assurance ("NCQA") Certified
Healthcare Effectiveness Data and Information Set ("HEDIS") Survey Vendor

Exhibit A: Pricing Page

All inclusive price for each survey conducted using the Mail Only Methodology:

				Total Cost for Survey 1
Total Cost Survey 1 for Calendar Year December 2012 – November 2013				(A) \$23,950

Renewal Periods:

				Total Cost for Survey 2
Total Cost Survey 2 for Calendar Year December 2013 – November 2014				(B) \$24,750

Grand Total (Cost A + B Surveys)

\$ 48,700

Notes

1. The Vendors Grand Total will include all general and administrative staffing (secretarial, clerical, etc.), travel, supplies and other resource costs necessary to perform all services within the scope of this procurement.
2. The Contract will be awarded to the Vendor with the lowest Grand Total meeting specifications.

Widener-Burrows & Associates, Inc.
(dba WBA Research)

(Company)

Steven T. Markenson, President

(Representative Name, Title)

410.721.0500, ext.880; 410.721.7571

(Contact Phone/Fax Number)

October 15, 2013

(Date)



National Committee for Quality Assurance

recognizes

WB&A Market Research

for fulfilling all necessary requirements to conduct NCQA HEDIS® Surveys



MARGARET E. O'KANE
PRESIDENT

NATIONAL COMMITTEE FOR QUALITY ASSURANCE

November 1, 2012

DATE GRANTED

October 31, 2013

EXPIRATION DATE

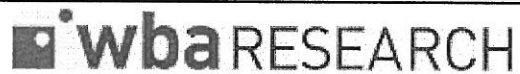
ENROLLEE SATISFACTION SURVEY

PLAN NAME

CAHPS® 2013 5.0H Medicaid Adult Survey Final Report

Date: Month Year

Job Number: XX-XXX



2191 Defense Highway, Suite 401

Crofton, MD 21114

Phone: 410.721.0500 Fax: 410.721.7571

www.WBAndA.com

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2013 PLAN NAME Adult

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Survey and Reporting Changes in 2013

- In 2013, the National Committee for Quality Assurance (NCQA) released the 5.0H version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®¹) Adult Medicaid Satisfaction Survey. Revisions include changes to the number, order and wording of survey questions, as well as changes to the composite measures:
 - Revised *Getting Needed Care* composite: repositioned one question to appear earlier in the survey and altered the wording of the other question. Changes not expected to impact trending.
 - Revised *Getting Care Quickly* composite: question wordings altered. Changes not expected to impact trending.
 - Revised *Shared Decision-Making* composite: added one question and significantly altered the existing questions and response choices. Impact on trending is expected.
 - Revised *Health Promotion and Education* question wording and response choices. Impact on trending is expected.
 - A question was added to indicate overall mental or emotional health.

¹CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Executive Summary

Executive Summary

2013 PLAN NAME Adult

Beginning in 2008, the State of PLAN NAME selected WBA Research (WBA), a National Committee for Quality Assurance (NCQA) certified survey vendor, to conduct its Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Adult Medicaid Survey. In 2013, NCQA released the 5.0H version of the CAHPS® Adult Medicaid Satisfaction Survey, which was adopted by PLAN NAME. WBA administered this survey to eligible adult members via mixed methodology (mail with telephone follow-up), per NCQA protocol.

Among PLAN NAME adult members, a total of XXX valid surveys were completed between February and May 2013. Specifically, XXX were returned by mail and XXX were conducted over the telephone. The overall response rate for 2013 was XX%.

KEY FINDINGS FROM THE 2013 CAHPS® 5.0H ADULT MEDICAID SURVEY

Overall Ratings

- There were four Overall Ratings questions asked in the CAHPS® 5.0H Adult Medicaid Survey that used a scale of “0 to 10”, where a “0” represented the worst possible and a “10” represented the best possible: Rating of “Health Care” (Q13), “Personal Doctor” (Q23), “Specialist Seen Most Often” (Q27) and “Health Plan” (Q35). The Summary Rate for these questions represents the percentage of members who rated the question an 8, 9 or 10.
- Consistent with 2012, PLAN NAME members give their highest satisfaction ratings to their Specialist (76%).
 - However, in 2013 PLAN NAME members give slightly lower satisfaction ratings to their Personal Doctor and/or Health Plan (73% giving a rating of 8, 9 or 10) and/or Health Care (71%) overall.

Overall Ratings	2013 Rating Mean Score*	2013 (Summary Rate – 8,9,10)	2012 (Summary Rate – 8,9,10)	2011 (Summary Rate – 8,9,10)
Specialist	2.45	76%	78%	71%
Personal Doctor	2.42	73%	78%	71%
Health Plan	2.37	73%	74%	65%
Health Care	2.32	71%	73%	65%

*Rating Mean Scores are calculated on a 3-point scale and are the basis for NCQA Accreditation scoring.

Composite Measures

- Composite measures assess results for main issues/areas of concern. These composite measures were derived by combining survey results of similar questions.
- Consistent with 2012, PLAN NAME continues to receive the highest ratings among their members on the following composite measures:
 - How Well Doctors Communicate (88% Summary Rate – *Always/Usually*); and
 - Customer Service (86% Summary Rate – *A lot/Some/Yes*).
- Furthermore, the research shows that PLAN NAME receives the lowest ratings among their members on the “Health Promotion and Education” composite (70% Summary Rate – *Yes*).

Composite Measure	2013 Rating Mean Score*	2013 (Summary Rate – <i>Always/Usually, Yes or A lot/Some/Yes</i>)	2012 (Summary Rate – <i>Always/Usually</i>)	2011 (Summary Rate – <i>Always/Usually</i>)
How Well Doctors Communicate	2.58	88%	88%	85%
Customer Service	2.52	86%	81%	75%
Shared Decision-Making ¹	2.35	79%		
Getting Care Quickly	2.27	77%	78%	77%
Getting Needed Care	2.29	77%	75%	67%
Coordination of Care	2.25	75%	72%	74%
Health Promotion and Education ²	2.39	70%		

*Rating Mean Scores are calculated on a 3-point scale and are the basis for NCQA Accreditation scoring.

¹Shared Decision-Making composite revised in 2013. Added one question and significantly altered the existing questions and response choices. Trending impacted.

²Health Promotion and Education composite revised in 2013. Question wording and response choices altered. Trending impacted.

Noteworthy Findings and Conclusions/Recommendations

- The findings obtained from the CAHPS® 5.0H Adult Medicaid Survey allow PLAN NAME to measure how well they are meeting their members' expectations and needs. Further analysis of the survey results can illustrate potential areas of opportunity for improvement and ultimately increase the quality of care that members receive.
- How members rate their Health Plan and Health Care overall is an important indicator of quality. It is important to understand what is driving members' overall rating of their Health Plan and the Health Care they receive.
- A regression analysis was performed in 2013 to determine which composite measures had a significant impact on members' overall rating of their Health Plan or Health Care.
 - A correlation analysis was then conducted between each survey question that comprises the composite measures (attributes) and the overall rating of their Health Plan (Q35) and Health Care (Q13). As a result, PLAN NAME can ascertain which attributes have the greatest impact on members' overall rating of their Health Plan or Health Care and ultimately determine where to direct quality improvement efforts.

Relationship with Rating of Health Plan

- Based on the 2013 findings, the "Customer Service" composite measure has the most significant impact on members' overall rating of their Health Plan.
- The attributes "Treated with courtesy and respect by health plan's Customer Service" and "Received information or help needed from health plan's Customer Service" are identified as key drivers that are of high importance to members where they perceive PLAN NAME to be performing at a lower level (Summary Rate is less than 80%).
 - These attributes are referred to as *unmet needs* and should be considered priority areas for PLAN NAME. If performance on these attributes is improved, it could have a positive impact on members' overall rating of their Health Plan.
- The attributes "Got the care, tests or treatment you needed" and "Talked about reasons you might want to take a prescription medicine" are identified as key drivers that are of high importance to members where they perceive PLAN NAME to be performing at a moderate level (Summary Rate is 80%-89%). If performance on these attributes is improved, it could have a positive impact on members' overall rating of their Health Plan.

Relationship with Rating of Health Care

- Based on the 2013 findings, the “Customer Service” and “Shared Decision-Making” composite measures have the most significant impact on members’ overall rating of their Health Care.
- The attributes “Got the care, tests or treatment you thought necessary”, “Doctor listened carefully to you”, “Doctor spent enough time with you” and “Received the care needed as soon as you needed” are identified as key drivers that are of high importance to members where they perceive PLAN NAME to be performing at a moderate level (Summary Rate is 80%-89%). If performance on these attributes is improved, it could have a positive impact on members’ overall rating of their Health Care.
- The attribute “Received an appointment for a check-up or routine care as soon as you needed” is an area that has a moderate impact on members’ overall rating of their Health Care where they perceive PLAN NAME to be performing at a lower level (Summary Rate is less than 80%). This should be considered a secondary priority area for PLAN NAME’s improvement efforts.
- The attribute “Doctor showed respect for what you had to say” is identified as a key driver that is of high importance to members where they perceive PLAN NAME to be performing at a higher level (Summary Rate is 90% or higher). This is considered a *driving strength*.

***Background, Purpose and
Research Approach***

Background and Purpose

- Beginning in 2008, the State of PLAN NAME selected WBA Research (WBA) to conduct its Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Adult Medicaid Survey. WBA administered this survey to eligible adult members. In 2013, NCQA released the 5.0H version of the CAHPS® Adult Medicaid Satisfaction Survey, which was adopted by PLAN NAME.
- The CAHPS® 5.0H Survey measures those aspects of care for which members are the best and/or the only source of information. From this survey, members' ratings of and experiences with the medical care they receive can be determined. Then based on members' health care experiences, potential opportunities for improvement can be identified.
- Specifically, the results obtained from this consumer survey will allow PLAN NAME to determine how well they are meeting their members' expectations, provide feedback to improve quality of care, encourage accountability and develop action to improve members' quality of care.
- Results from the CAHPS® 5.0H Survey summarize member satisfaction through ratings, composites and question Summary Rates.
 - In general, Summary Rates represent the percentage of respondents who chose the most positive response categories as specified by NCQA.
- Ratings and composite measures in the CAHPS® 5.0H Adult Medicaid Survey include:
 - Overall Ratings of Personal Doctor, Specialist, Health Care and Health Plan
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Customer Service
 - Shared Decision-Making
 - Health Promotion and Education
 - Coordination of Care

Research Approach

- Eligible adult members from PLAN NAME participated in this research.
- WBA administered a mixed-methodology involving mail with telephone follow-up.
 - Specifically, two questionnaire packages and follow-up postcards were sent to random samples of eligible adult members from PLAN NAME with "Return Service Requested" and WBA's toll-free number included. The mail materials also included a toll-free number for Spanish-speaking members to complete the survey over the telephone. Those who did not respond by mail were contacted by telephone to complete the survey. During the telephone follow-up, members had the option to complete the survey in either English or Spanish.
- The NCQA required sample size is 1,350 for adult Medicaid plans. In addition to the required sample size, NCQA allows over-sampling up to XX%. PLAN NAME elected to use this option. To qualify, adult Medicaid members had to be 18 years of age or older, as well as continuously enrolled in the MCO for five of the last six months as of the last day of the measurement year (December 31, 2012).
- In total, WBA mailed X,XXX surveys to adult members of PLAN NAME.

Response Rates

- WBA collected XXX valid surveys between February and May 2013, yielding a response rate of XX%. Of the XXX valid surveys received, XXX were returned by mail and XXX were conducted via the telephone (XX of which were conducted in Spanish).
- Ineligible adult members included those who were deceased, did not meet eligible population criteria (indicated non-membership in the specified health plan), were either mentally or physically incapacitated and unable to complete the survey themselves, or had a language barrier (non-English or Spanish). Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number or were unable to be contacted during the survey time period.
- The table below shows the total number of adult members in the sample that fell into each disposition category.

Disposition Group	Disposition Category	Number
Ineligible	Deceased (M20/T20)	X
	Does not meet eligibility criteria (M21/T21)	X
	Language barrier (M22/T22)	X
	Mentally/Physically incapacitated (M24/T24)	X
	Total Ineligible	X
Non-Response	Bad address/phone (M23/T23)	X
	Refusal (M32/T32)	X
	Maximum attempts made (M33/T33)*	X
	Total Non-Response	X

*Maximum attempts made include two survey mailings and an average of six call attempts.

- Ineligible surveys are subtracted from the sample size when computing a response rate as shown below.

$$\frac{\text{Completed surveys (mail + phone)}}{\text{Sample size - Ineligible surveys}} = \text{Response Rate}$$

How to Read and Interpret the Results

- This report includes the results of the CAHPS® 5.0H Adult Medicaid Survey questions about members' experiences with their MCO and the medical care they received.
- Results are shown based on the type of question asked and/or the content of the question:
 - Results from "Yes-No" questions asked members whether they had a particular experience in the previous six months.
 - Results from questions based on how often members had certain experiences used the scale of "Always, Usually, Sometimes or Never".
 - Results from composite measures were derived by combining the results for several questions that asked how often members had certain experiences using the scale of "Always, Usually, Sometimes or Never"; or the degree to which members had certain experiences using the scale of "A Lot, Some, A Little or Not At All". The composite measures evaluate main issues of concern (e.g., "Getting Needed Care", "Getting Care Quickly", "How Well Doctors Communicate", "Customer Service", "Shared Decision-Making", etc.).
 - Results from rating questions asked members to give their overall rating on a "0 to 10" scale, where a "0" means the worst possible and a "10" means the best possible.
- Throughout this report, results are shown as "Summary Rates". Summary Rates represent the most favorable responses for that question and are defined by the HEDIS 2013 CAHPS® 5.0H guidelines.
- Within the report, comparisons to the previous waves of research have been made only when significant differences (at the 95% confidence level) are present. Arrows (↑,↓) indicate that the particular variable in 2013 is performing statistically better or worse than it did in the previous year. Therefore, if no comparison was made to the previous research, then the 2013 survey results are relatively consistent with what was seen in the previous year. Comparisons have also been made to the 2013 State Aggregate when significant differences (at the 95% confidence level) are present.
- In 2013, the Shared Decision-Making composite was revised (one question was added and the existing questions and response choices were significantly altered). In addition, the Health Promotion and Education question wording and response choices were revised. Impact on trending for both these measures is expected.
- Although not available until the Fall of 2013, results will eventually be compared to the 2013 Quality Compass® benchmarks (Reporting Year 2012). In the meantime, where appropriate, the results have been compared to the 2012 Quality Compass® benchmarks (Reporting Year 2011). Quality Compass® is a national database created by NCQA to provide health plans with comparative information on the quality of the nation's managed care plans.
- Caution should be taken when evaluating data with a small base (n<35) due to the high level of sampling error around the data.
- Percentages do not always add up to 100% due to rounding.

Profile of Adult Members Surveyed

Profile of Adult Members Surveyed

PLAN NAME Adult

Adult Members:

- 79% are reported to be in excellent, very good or good overall health;
- 84% are reported to be in excellent, very good or good mental/emotional health;
- The average age is 37 years old;
- 25% are male and 75% are female;
- 66% have a high school education or less; and
- 59% are Black/African-American (AA), while 28% are White/Caucasian.*

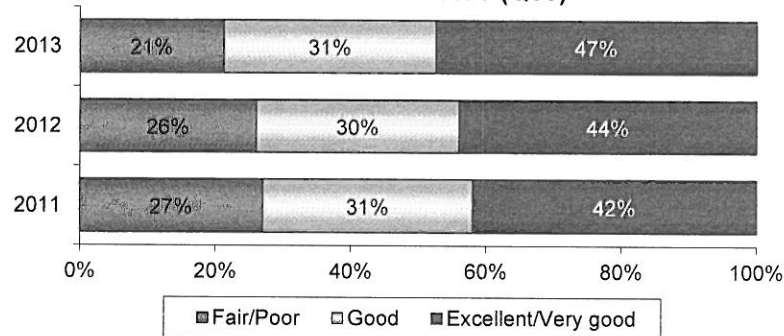
**Respondents could identify more than one racial/ethnic group.*

Profile of Adult Members Surveyed (continued)

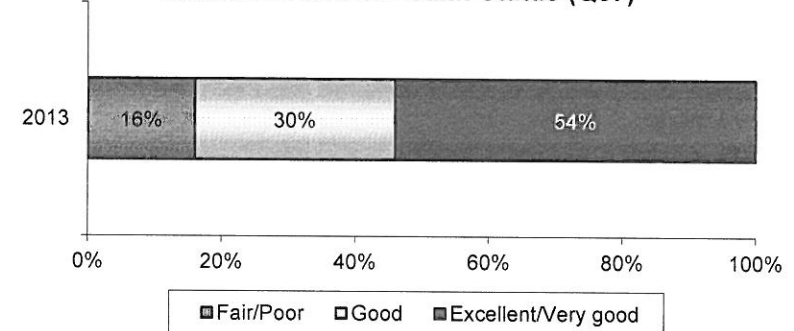
2013 PLAN NAME Adult

↑ significant increase from previous year
↓ significant decrease from previous year

Overall Health Status (Q36)

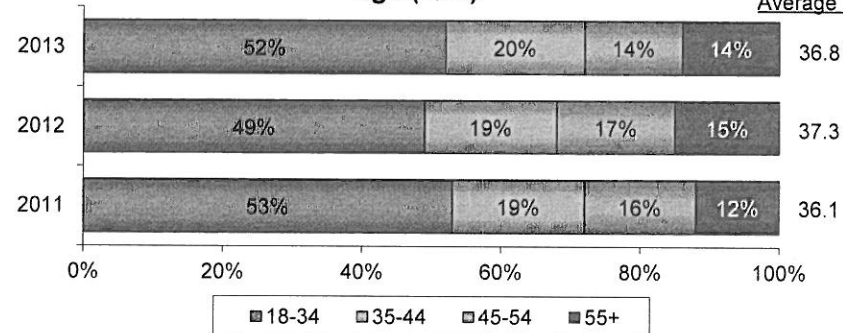


Mental/Emotional Health Status (Q37)

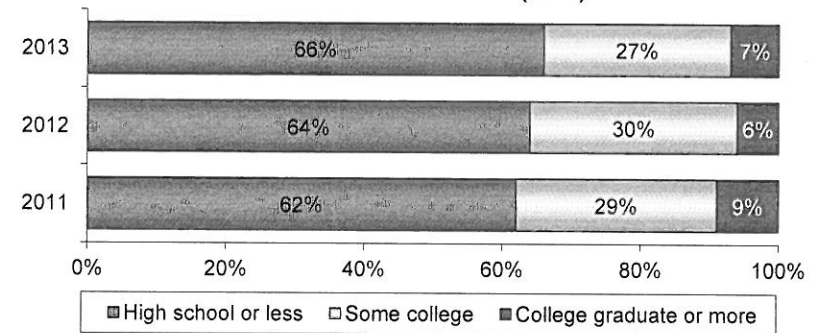


Age (Q51)

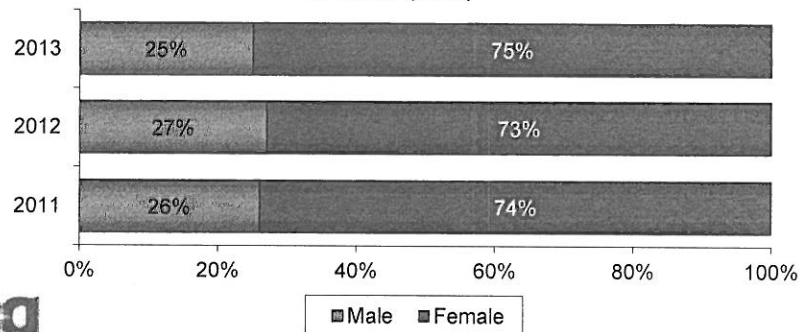
Average Age



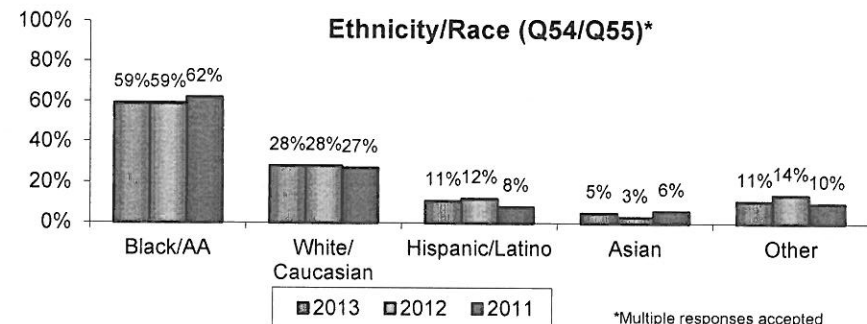
Level of Education (Q53)



Gender (Q52)



Ethnicity/Race (Q54/Q55)*



*Multiple responses accepted

Base = Those answering

Survey Results

Overall Ratings

2013 PLAN NAME Adult

- Members were asked to give an overall rating of their Doctors, Health Care and Health Plan using a “0 to 10” scale, where a “0” means the worst possible rating and a “10” means the best possible rating.
- Overall, members give the highest satisfaction ratings to their Specialist (76%).
 - In comparison, slightly fewer members give positive satisfaction ratings to their Personal Doctor and/or Health Plan (73% each) and/or Health Care (71%) overall.

Overall Ratings (continued)

2013 PLAN NAME Adult

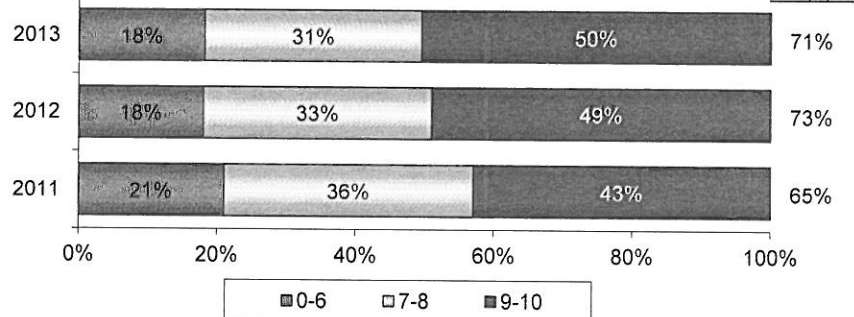
▲ significantly higher than State Aggregate
▼ significantly lower than State Aggregate

↑ significant increase from previous year
↓ significant decrease from previous year

2012 Quality Compass®
xx% rated 8,9,10

Health Care Overall (Q13)

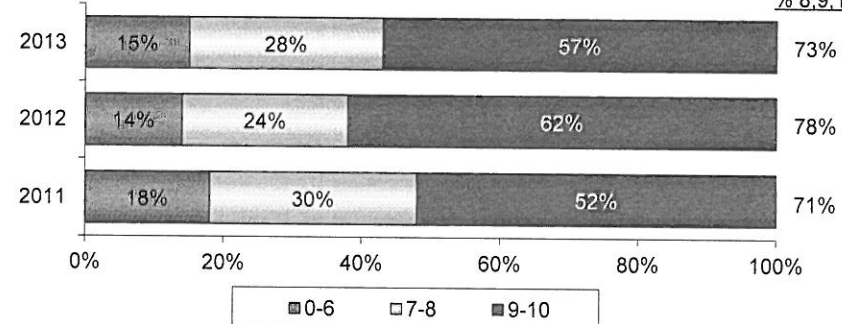
% 8,9,10



2012 Quality Compass®
xx% rated 8,9,10

Personal Doctor (Q23)

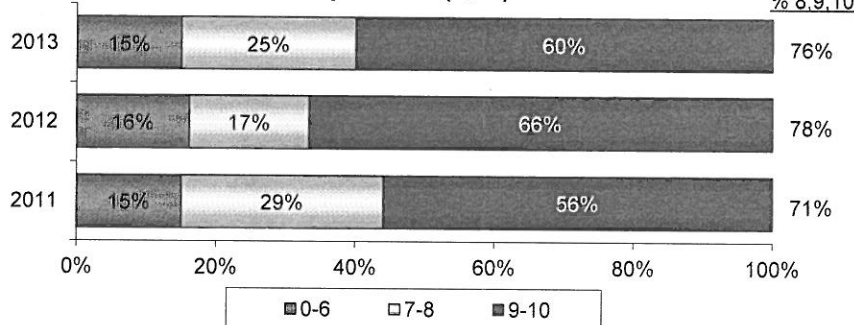
% 8,9,10



2012 Quality Compass®
xx% rated 8,9,10

Specialist (Q27)

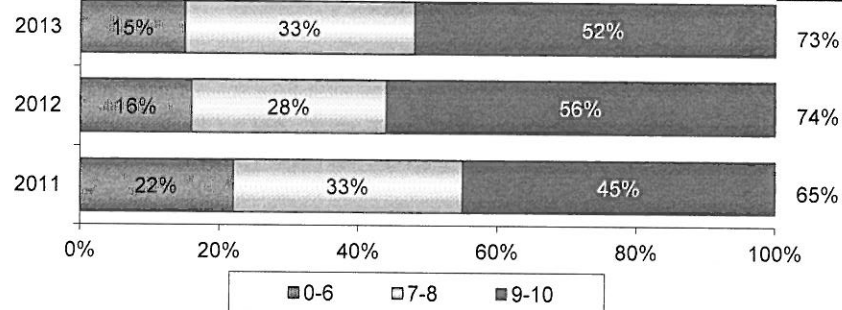
% 8,9,10



2012 Quality Compass®
xx% rated 8,9,10

Health Plan Overall (Q35)

% 8,9,10



Overall Ratings (Summary Rate – 8,9,10)				
	Health Care Overall	Personal Doctor	Specialist	Health Plan Overall
State Aggregate	69%	76%	77%	69%
PLAN NAME	71%	73%	76%	73%

Composite Measures

2013 PLAN NAME Adult

- Composite measures are derived by combining survey results of similar questions (*note: two of the composite measures are comprised of only one question*). The table below shows how each composite measure is defined.

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate ¹
Getting Needed Care	14 and 25	Measures members' experiences in the last 6 months when trying to get care from specialists and through health plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	4 and 6	Measures members' experiences with receiving care and getting appointments as soon as they needed	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	17, 18, 19 and 20	Measures how well personal doctor explains things, listens to them, shows respect for what they have to say and spends enough time with them	% of members who responded "Usually" or "Always"
Customer Service	31 and 32	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"
Shared Decision-Making	10, 11 and 12	Measures members' experiences with doctors discussing the pros and cons of starting or stopping a prescription medicine and asking the member what they thought was best for them	% of members who responded "A lot", "Some" or "Yes"
Health Promotion and Education	8	Measures members' experience with their doctor discussing specific things to do to prevent illness	% of members who responded "Yes"
Coordination of Care	22	Measures members' perception of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	% of members who responded "Usually" or "Always"

¹Summary Rates most often represent the most favorable responses for that question.

Composite Measures (continued)

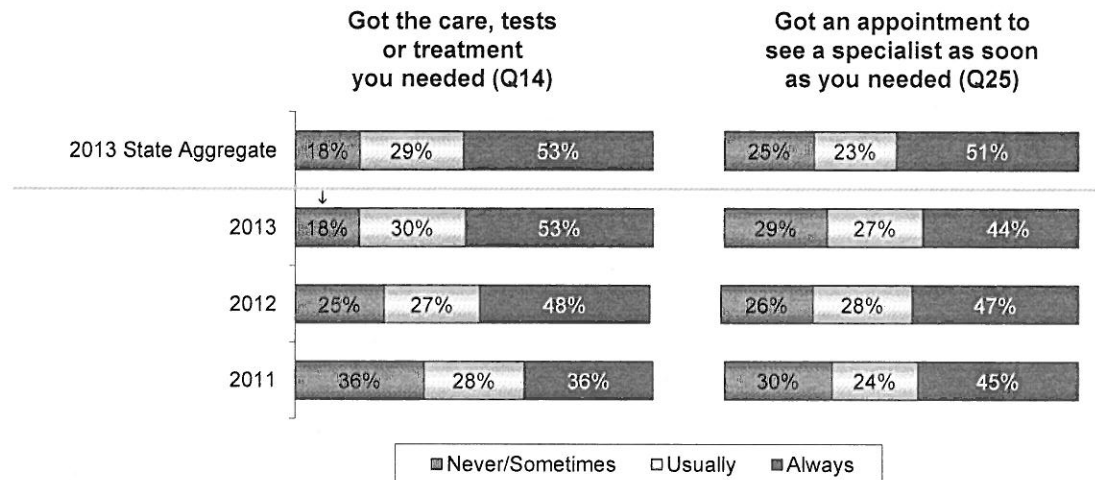
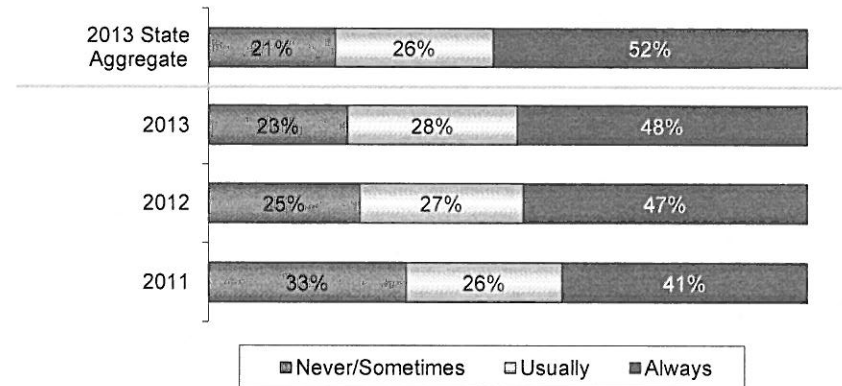
2013 PLAN NAME Adult

▲ significantly higher than State Aggregate
▼ significantly lower than State Aggregate

2012 Quality Compass®
xx% Always/Usually

Getting Needed Care

↑ significant increase from previous year
↓ significant decrease from previous year



Base = For these two questions on "Getting Needed Care", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

Composite Measures (continued)

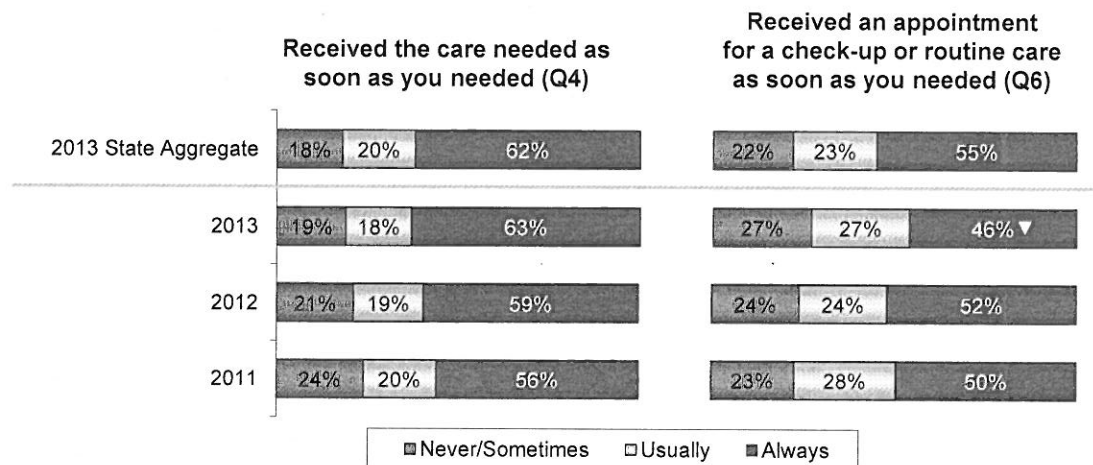
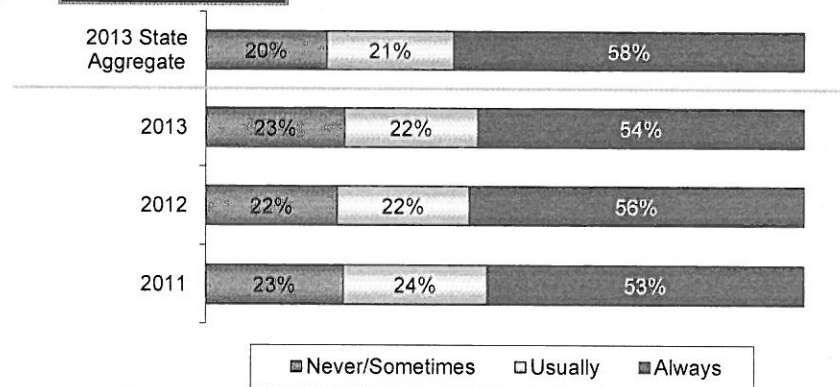
2013 PLAN NAME Adult

▲ significantly higher than State Aggregate
▼ significantly lower than State Aggregate

2012 Quality Compass[®]
xx% Always/Usually

Getting Care Quickly

↑ significant increase from previous year
↓ significant decrease from previous year



Base = For these two questions on "Getting Care Quickly", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

Composite Measures (continued)

2013 PLAN NAME Adult

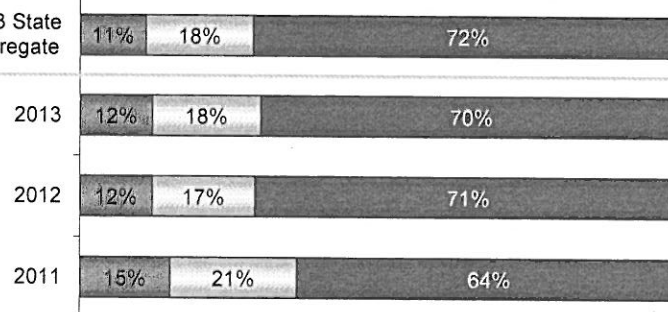
▲ significantly higher than State Aggregate
▼ significantly lower than State Aggregate

2012 Quality Compass®
xx% Always/Usually

How Well Doctors Communicate

↑ significant increase from previous year
↓ significant decrease from previous year

2013 State
Aggregate



■ Never/Sometimes □ Usually ■ Always

Doctor explained things
in a way that was easy to
understand (Q17)

Doctor listened carefully
to you (Q18)

Doctor showed respect
for what you had to say
(Q19)

Doctor spent enough
time with you (Q20)

2013 State Aggregate



2013



2012



2011



■ Never/Sometimes □ Usually ■ Always

Base = For these four questions on "How Well Doctors Communicate", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

Composite Measures (continued)

2013 PLAN NAME Adult

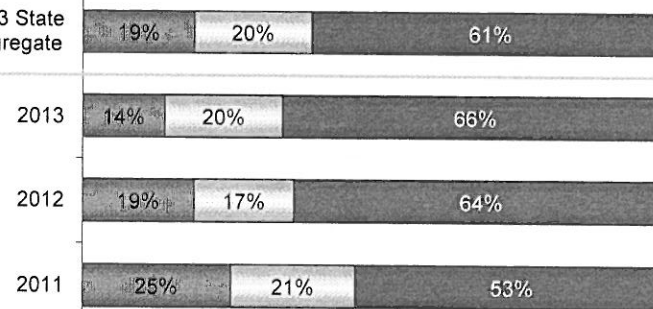
▲ significantly higher than State Aggregate
▼ significantly lower than State Aggregate

2012 Quality Compass®
xx% Always/Usually

Customer Service

↑ significant increase from previous year
↓ significant decrease from previous year

2013 State
Aggregate

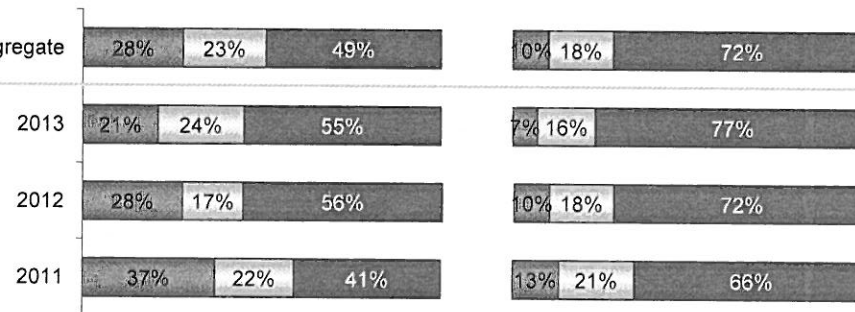


■ Never/Sometimes □ Usually ■ Always

Received information or help
needed from health plan's
Customer Service (Q31)

Treated with courtesy and
respect by health plan's
Customer Service (Q32)

2013 State Aggregate



■ Never/Sometimes □ Usually ■ Always

Base = For these two questions on "Customer Service", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

Composite Measures (continued)

2013 PLAN NAME Adult

▲ significantly higher than State Aggregate
▼ significantly lower than State Aggregate

Shared Decision-Making¹

2013 State Aggregate

26%

74%

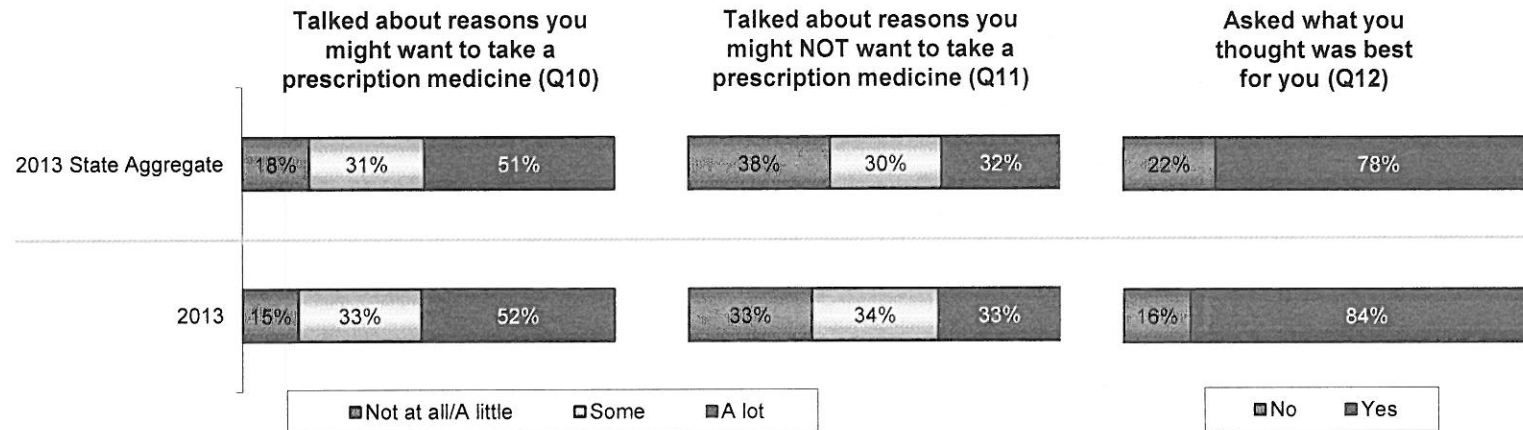
2013

21%

79%

■ Not at all/A little/No

■ Some/A lot/Yes



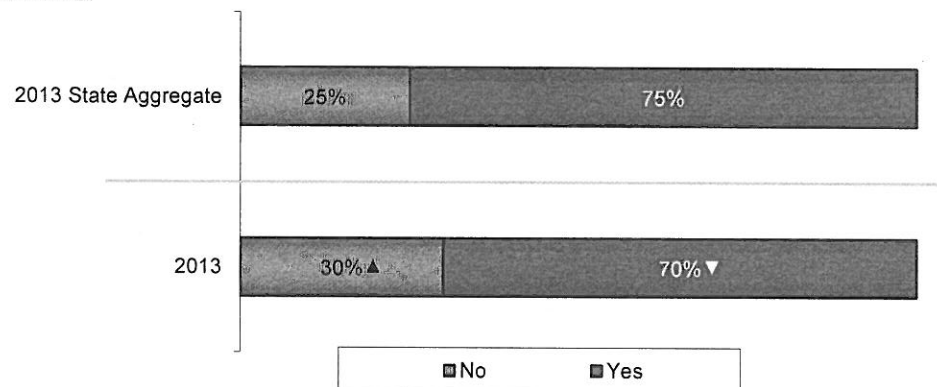
Base = For these three questions on "Shared Decision-Making", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months
¹Shared Decision-Making composite revised in 2013. Added one question and significantly altered the existing questions and response choices. Trending impacted.

Composite Measures (continued)

2013 PLAN NAME Adult

▲ significantly higher than State Aggregate
▼ significantly lower than State Aggregate

Health Promotion and Education² (Q8)

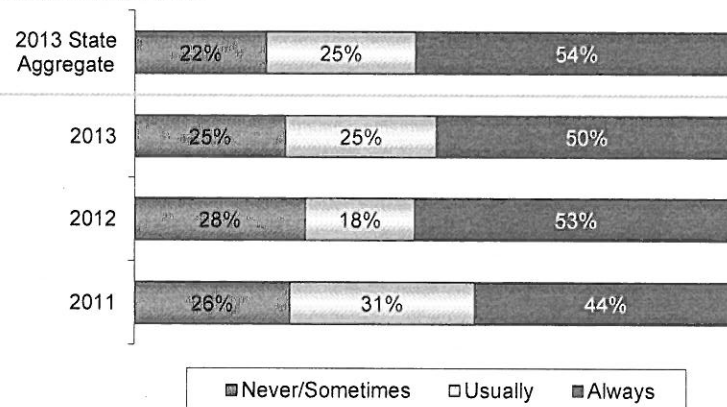


Base = For the question on "Health Promotion and Education", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months
²Health Promotion and Education composite revised in 2013. Question wording and response choices altered. Trending impacted.

2012 Quality Compass[®]
xx% Always/Usually

Coordination of Care (Q22)

↑ significant increase from previous year
↓ significant decrease from previous year



Base = For the question on "Coordination of Care", adult members didn't answer if the question asked about experiences they had *not* had in the previous 6 months

- The tables on the following pages illustrate the proportion of members that fall into each response category for all survey questions.
 - Question Summary topics include:
 - Urgent and Routine Care
 - Discussion of Options/Care and Treatment
 - Personal Doctor
 - Coordination of Care
 - Access to Specialist
 - Information From Health Plan
 - Customer Service
 - Medical Assistance with Smoking and Tobacco Use Cessation
 - Aspirin Use and Discussion
 - Chronic Conditions
 - Completing the Survey
 - Supplemental Questions
- Summary Rates have been calculated and are used to track the results from 2012 to 2013 where appropriate, as well as to make comparisons to the State Aggregate. The Summary Rates shown represent the percentage of respondents who answered in the most positive way. Please keep in mind when reviewing this section that not all questions are designed for Summary Rates (e.g., questions that instruct the respondent to mark all that apply).
- All State supplemental questions are shown together (beginning on page 40), regardless of their placement in the survey instrument.

Question Summaries (continued)

2013 PLAN NAME Adult

Urgent and Routine Care

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
3	Needed care right away in a clinic, emergency room or doctor's office <small>Base=Those answering</small>	451	<p>100% 60% 40% 0% No Yes</p>	40% ▼	45%	46%	
4	Received the care needed as soon as you needed <small>Base=Those who needed care right away and able to rate</small>	159	<p>100% 19% 18% 63% 0% Never/Sometimes Usually Always</p>	81%	79%	82%	
5	Made any appointments for a check-up or routine care at a doctor's office or clinic <small>Base=Those answering</small>	447	<p>100% 26% 74% 0% No Yes</p>	74%	76%	76%	
6	Received an appointment for a check-up or routine care as soon as you needed <small>Base=Those who made an appointment and able to rate</small>	293	<p>100% 27% 27% 46% 0% Never/Sometimes Usually Always</p>	73%	76%	78%	
7	Number of times went to doctor's office or clinic to get health care <small>Base=Those answering</small>	437	<p>100% 22% 17% 20% 14% 9% 11% 6% 0% None 1 2 3 4 5-9 10+</p>	78%	81%	80%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a ▲/▼ by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Discussion of Options/Care and Treatment

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
8	Talked about specific things you could do to prevent illness ⁴ Base=Those who went to a doctor's office or clinic for health care and answering	328	<p>100% 0% No Yes 30% 70%</p>	70% ▼		75%	
9	Talked about starting or stopping a prescription medicine ⁴ Base=Those who went to a doctor's office or clinic for health care and answering	329	<p>100% 0% No Yes 58% 42%</p>	42%		45%	
10	Talked about reasons you might want to take a prescription medicine ⁴ Base=Those who went to a doctor's office or clinic for health care and talked with provider about starting or stopping a prescription medicine and able to rate	128	<p>100% 0% Not at all A little Some A lot 1% 14% 33% 52%</p>	85%		82%	
11	Talked about reasons you might NOT want to take a prescription medicine ⁴ Base=Those who went to a doctor's office or clinic for health care and talked with provider about starting or stopping a prescription medicine and able to rate	128	<p>100% 0% Not at all A little Some A lot 16% 17% 34% 33%</p>	67%		62%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a ▲/▼ by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

⁴Questions and response choices related to Discussion of Options significantly altered in 2013. Trending impacted.

Question Summaries (continued)

2013 PLAN NAME Adult

Discussion of Options/Care and Treatment (continued)

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ^{3,4}
				2013	2012	2013 HC Aggregate	
12	Asked what you thought was best for you ⁴ Base=Those who went to a doctor's office or clinic for health care and talked with provider about starting or stopping a prescription medicine and answering	129	<p>100% 84% 16% 0% No Yes</p>	84%		78%	
14	Got the care, tests or treatment you needed Base=Those who went to a doctor's office or clinic for health care and able to rate	321	<p>100% 53% 30% 18% 0% Never/Sometimes Usually Always</p>	82% [↑]	75%	82%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a [↑]/_↓ by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a [▲]/_▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

⁴Questions and response choices related to Discussion of Options significantly altered in 2013. Trending impacted.

Question Summaries (continued)

2013 PLAN NAME Adult

Personal Doctor

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
15	Have a personal doctor <small>Base=Those answering</small>	432	<p>100% 0% No Yes 15% 85%</p>	85%	84%	83%	
16	Number of visits to personal doctor to get care <small>Base=Those who have a personal doctor and answering</small>	347	<p>100% 0% None 1 2 3 4 5-9 10+ 19% 23% 23% 14% 8% 11% 2%</p>	81%	83%	82%	
17	Doctor explained things in a way that was easy to understand <small>Base=Those who visited their personal doctor and able to rate</small>	277	<p>100% 0% Never/Sometimes Usually Always 13% 18% 68%</p>	87%	86%	90%	
18	Doctor listened carefully to you <small>Base=Those who visited their personal doctor and able to rate</small>	276	<p>100% 0% Never/Sometimes Usually Always 11% 16% 72%</p>	89%	88%	89%	
19	Doctor showed respect for what you had to say <small>Base=Those who visited their personal doctor and able to rate</small>	277	<p>100% 0% Never/Sometimes Usually Always 9% 16% 75%</p>	91%	91%	91%	
20	Doctor spent enough time with you <small>Base=Those who visited their personal doctor and able to rate</small>	274	<p>100% 0% Never/Sometimes Usually Always 14% 24% 63%</p>	86%	85%	86%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a \uparrow/\downarrow by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a $\blacktriangle/\blacktriangledown$ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Coordination of Care

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
21	Got care from doctor or other health provider besides personal doctor <small>Base=Those who visited their personal doctor and answering</small>	275	<p>100% 43% 57% 0% No Yes</p>	57%	55%	58%	
22	How often personal doctor seemed informed/up-to-date about care received from other providers <small>Base=Those who visited their personal doctor and have received care from other providers and able to rate</small>	151	<p>100% 25% 25% 50% 0% Never/Sometimes Usually Always</p>	75%	72%	78%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a ↑/↓ by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Access to Specialist

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ^{®3}
				2013	2012	2013 HC Aggregate	
24	Made appointment to see a specialist <small>Base=Those answering</small>	425	<p>100% 63% 37% 0% No Yes</p>	37%	41%	42%	
25	Got an appointment to see a specialist as soon as you needed <small>Base=Those who made an appointment to see a specialist and able to rate</small>	150	<p>100% 29% 27% 44% 0% Never/Sometimes Usually Always</p>	71%	74%	75%	
26	Number of specialists seen <small>Base=Those who made an appointment to see a specialist and answering</small>	151	<p>100% 7% 55% 21% 10% 4% 4% 0% None 1 2 3 4 5 or more</p>	93%	90%	92%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a \uparrow/\downarrow by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a $\blacktriangle/\blacktriangledown$ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass[®] is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Information from Health Plan

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
28	Looked for information in written materials or on the Internet about how your health plan works <small>Base=Those answering</small>	419	<p>100% 83% 17% 0% No Yes</p>	17%↓	23%	19%	
29	How often provided with information you needed about how your health plan works <small>Base=Those who looked for information in written materials or on the Internet and able to rate</small>	68	<p>100% 41% 19% 40% 0% Never/Sometimes Usually Always</p>	59%	50%	63%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a ↑/↓ by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Customer Service

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
30	Got information or help from health plan's Customer Service <small>Base=Those answering</small>	410	<p>100% 68% 32% 0% No Yes</p>	32%	32%	31%	
31	Received information or help needed from health plan's Customer Service <small>Base=Those who got information or help from their health plan's Customer Service and able to rate</small>	129	<p>100% 21% 24% 55% 0% Never/Sometimes Usually Always</p>	79%	72%	72%	
32	Treated with courtesy and respect by Customer Service <small>Base=Those who got information or help from their health plan's Customer Service and able to rate</small>	129	<p>100% 7% 16% 77% 0% Never/Sometimes Usually Always</p>	93%	90%	90%	
33	Received forms from health plan to fill out <small>Base=Those answering</small>	414	<p>100% 72% 28% 0% No Yes</p>	28%	30%	26%	
34	Forms from health plan were easy to fill out <small>Base=Those able to rate</small>	411	<p>100% 6% 9% 85% 0% Never/Sometimes Usually Always</p>	94%	95%	95%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a ↑/↓ by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Medical Assistance with Smoking and Tobacco Use Cessation

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
38	Frequency of smoking cigarettes/using tobacco <small>Base=Those answering</small>	417	<p>100% 73% 11% 15% 2% 0% Don't know Not at all Some days Every day</p>	26%▼	27%	37%	
39	How often advised to quit smoking/ using tobacco <small>Base=Those who currently smoke cigarettes or use tobacco every day or some days and able to rate</small>	104	<p>100% 47% 13% 39% 0% Never/Sometimes Usually Always</p>	53%↓	70%	58%	
40	How often medication was recommended or discussed to assist with quitting smoking/using tobacco <small>Base=Those who currently smoke cigarettes or use tobacco every day or some days and able to rate</small>	102	<p>100% 81% 7% 12% 0% Never/Sometimes Usually Always</p>	19%	30%	26%	
41	How often doctor or health provider discussed/provided methods/ strategies to assist with quitting smoking/using tobacco <small>Base=Those who currently smoke cigarettes or use tobacco every day or some days and able to rate</small>	101	<p>100% 81% 7% 12% 0% Never/Sometimes Usually Always</p>	19%	22%	22%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a ▲/▼ by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Aspirin Use and Discussion

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
42	Take aspirin daily/every other day <small>Base=Those answering</small>	416		17%	13%	20%	
43	Have a health problem/Take medication that makes taking aspirin unsafe <small>Base=Those answering</small>	415		5%↓▼	9%	8%	
44	Ever discussed with doctor/health provider the risks/benefits of aspirin to prevent heart attack or stroke <small>Base=Those answering</small>	415		32%	31%	37%	
45	Aware of having specific conditions <small>Base=Total sample Multiple responses accepted</small>	464					
46	Ever informed by doctor that have specific conditions <small>Base=Total sample Multiple responses accepted</small>	464					

■ 2013
■ 2012
■ 2013 Aggregate

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a ↑/↓ by the 2013 percentage. Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question. ²Summary Rates most often represent the most favorable responses for that question. ³2012 Quality Compass® is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Chronic Conditions

#	Question	n size ¹	Response Categories (Blue indicates inclusion in Summary Rate responses)	Summary Rate ²			2012 Quality Compass ³
				2013	2012	2013 HC Aggregate	
47	Seen a doctor or other health provider 3 or more times for same condition or problem <small>Base=Those answering</small>	414	<p>100% 71% 29% 0% No Yes</p>	29%	34%	33%	
48	Condition or problem has lasted for at least 3 months <small>Base=Those who have seen a doctor or other health provider 3 or more times for the same condition or problem and answering</small>	112	<p>100% 23% 77% 0% No Yes</p>	77%	78%	81%	
49	Now need or take medicine prescribed by a doctor <small>Base=Those answering</small>	418	<p>100% 48% 52% 0% No Yes</p>	52%▼	54%	61%	
50	Need or take medicine to treat a condition that has lasted for at least 3 months <small>Base=Those who need or take medicine prescribed by a doctor and answering</small>	208	<p>100% 14% 86% 0% No Yes</p>	86%	87%	90%	

Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from the 2012 Summary Rate to the 2013 Summary Rate is indicated by a 1/4 by the 2013 percentage.

Significant differences between the 2013 Summary Rate and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 Summary Rate.

¹n size=The number of respondents answering a particular question.

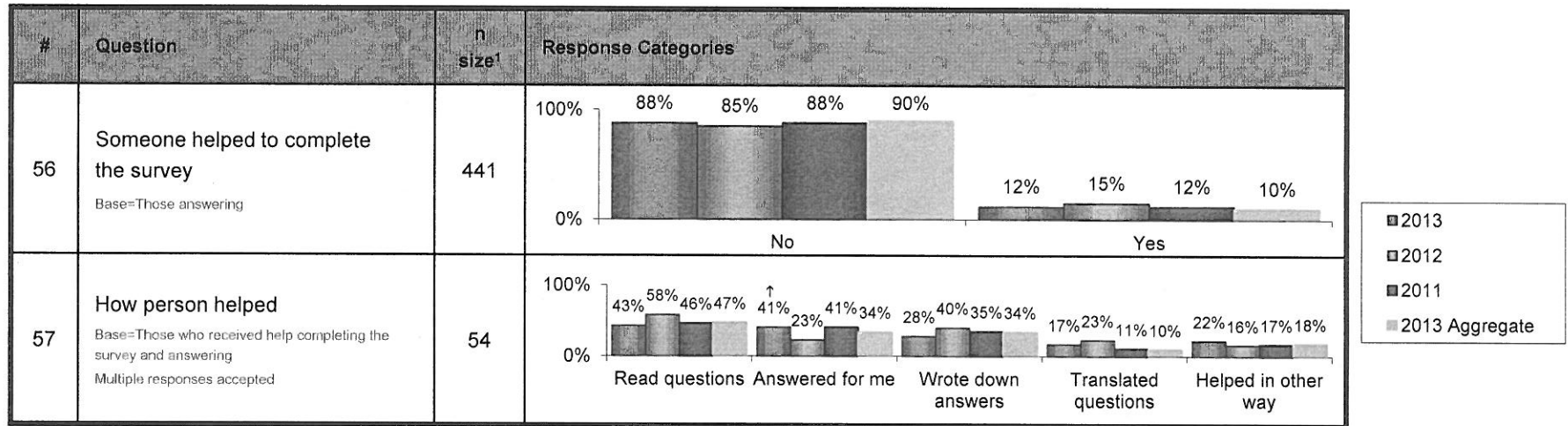
²Summary Rates most often represent the most favorable responses for that question.

³2012 Quality Compass® is a registered trademark of NCQA.

Question Summaries (continued)

2013 PLAN NAME Adult

Completing the Survey



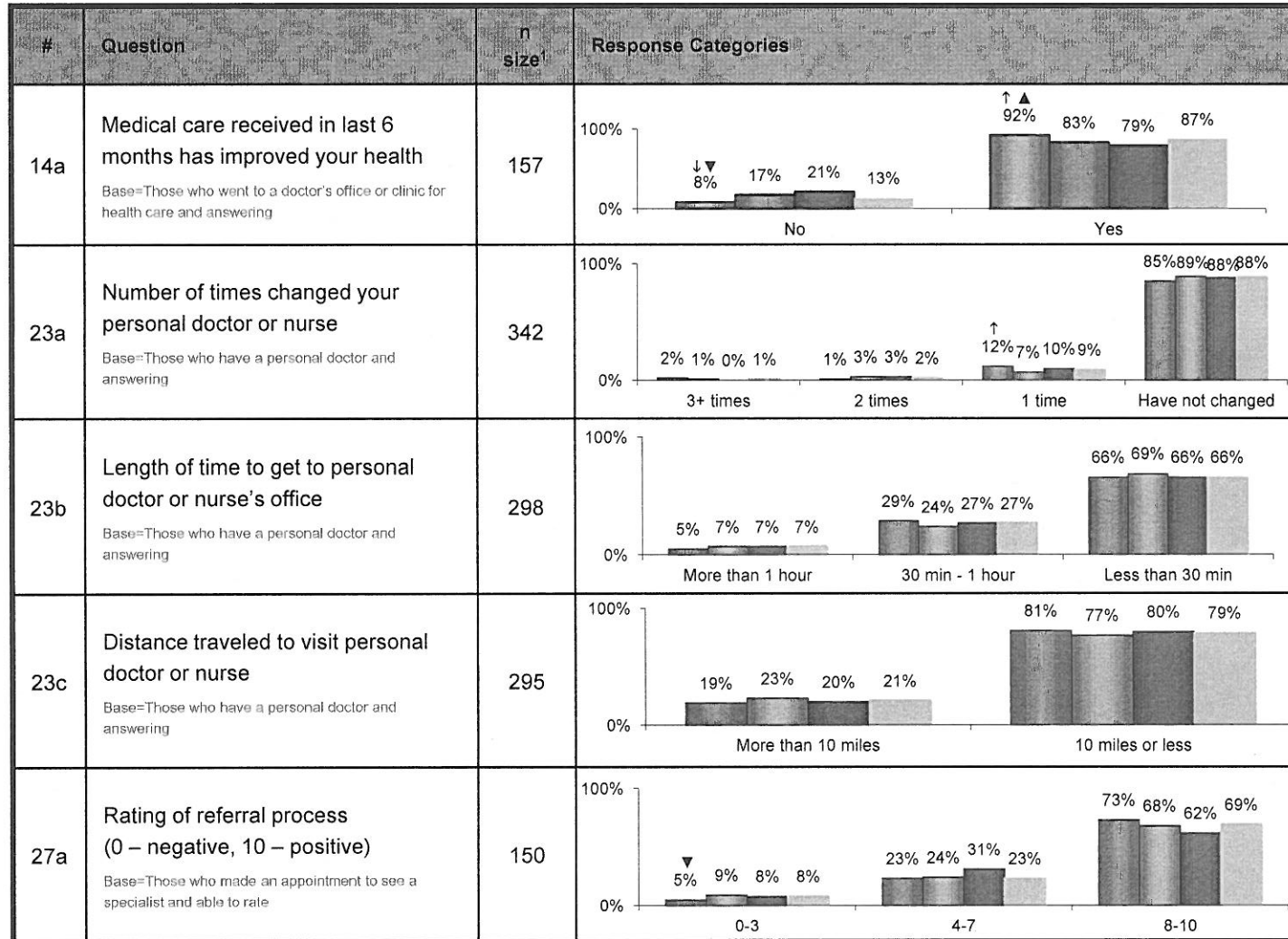
Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from 2012 to 2013 is indicated by a ↑/↓ by the 2013 percentage.
Significant differences between the 2013 percentage and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 percentage.

¹n size=The number of respondents answering a particular question.

Question Summaries (continued)

2013 PLAN NAME Adult

Supplemental Questions



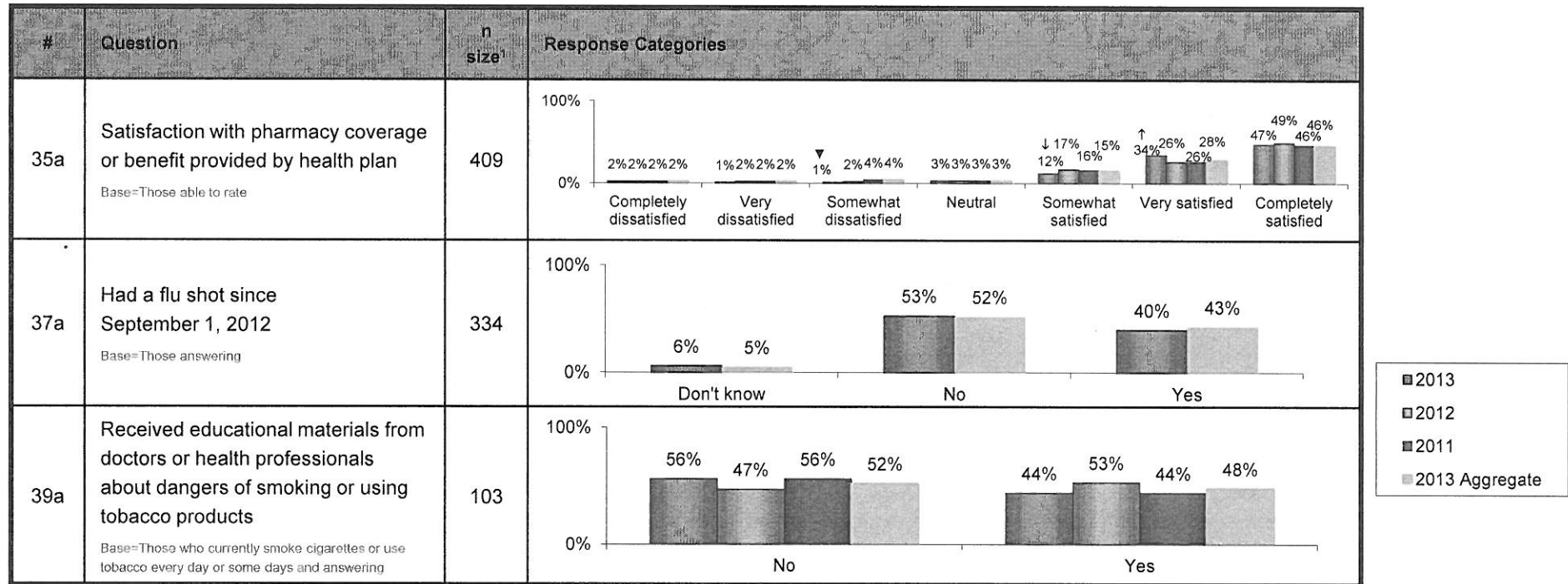
Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from 2012 to 2013 is indicated by a \uparrow/\downarrow by the 2013 percentage. Significant differences between the 2013 percentage and the 2013 State Aggregate are indicated by a $\blacktriangle/\blacktriangledown$ next to the 2013 percentage.

¹n size=The number of respondents answering a particular question.

Question Summaries (continued)

2013 PLAN NAME Adult

Supplemental Questions (continued)



Significant differences at the 95% confidence level are shown through the use of symbols. Therefore, a significant increase/decrease from 2012 to 2013 is indicated by a ↑/↓ by the 2013 percentage.

Significant differences between the 2013 percentage and the 2013 State Aggregate are indicated by a ▲/▼ next to the 2013 percentage.

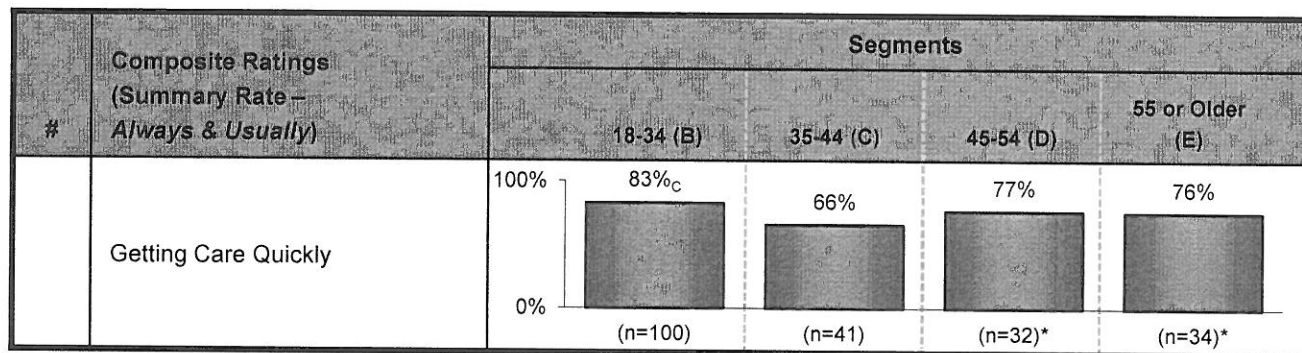
¹n size=The number of respondents answering a particular question.

Segmentation Analysis

Segmentation Analysis

2013 PLAN NAME Adult

- The CAHPS® 5.0H Survey asks various demographic questions about the respondent. As part of the analysis, several of these questions have been cross-tabulated with the overall ratings, composite measures and their attributes. In doing this, it can be determined whether PLAN NAME is meeting the needs of a particular segment of the population.
- On the following pages Summary Rates for overall ratings, composite measures and their attributes are analyzed by the following demographics:
 - Age (Q51)
 - Education (Q53)
 - Race (Q55)
 - Ethnicity (Q54)
 - Overall Health Status (Q36)
 - Method of Completing Survey (Mail or Telephone)
- The percentages shown represent the Summary Rate for each segment of a demographic category. In the example below, the Summary Rate for the Getting Care Quickly composite is the percentage of respondents who gave a rating of "Always" or "Usually". The interpretation would be that 83% of respondents aged 18-34 always or usually got care quickly, which is a significantly higher proportion than among respondents aged 35-44 (66%).

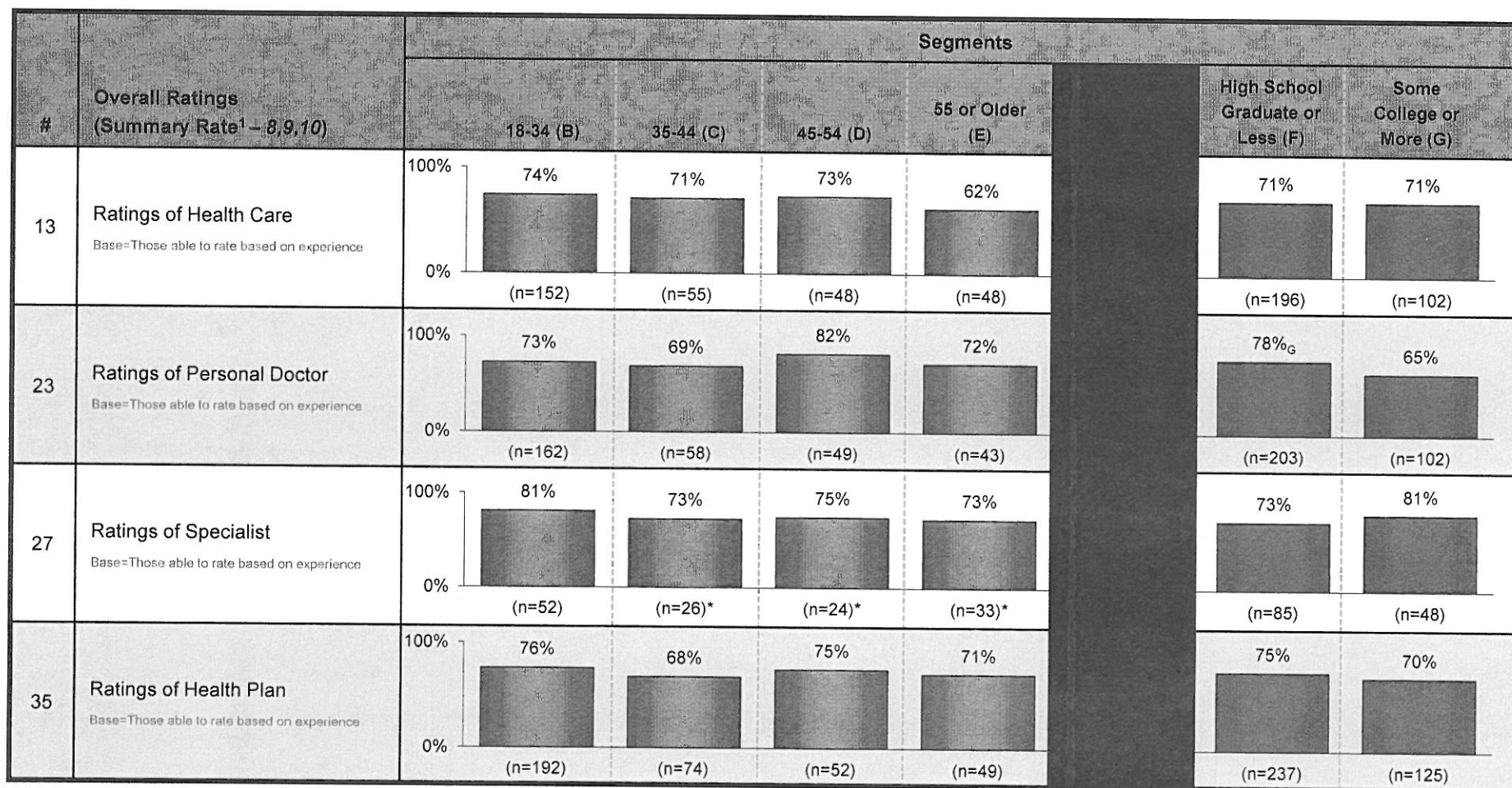


Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, the percentage that is significantly higher will have a letter next to it to show which segment it is significantly higher than.

*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult



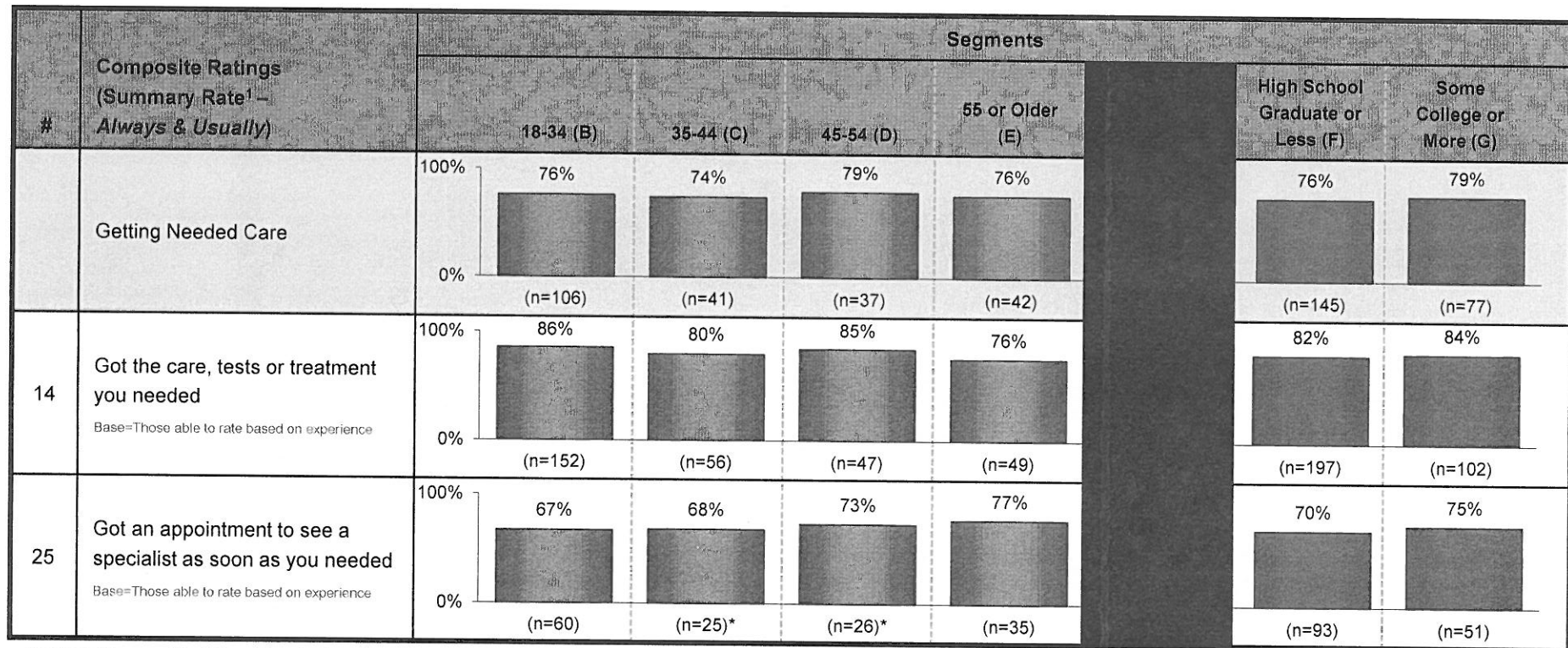
Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2013 CAHPS® 5.0H guidelines.

*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult



Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2013 CAHPS® 5.0H guidelines.

*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult

#	Composite Ratings (Summary Rate ¹ – Always & Usually)	Segments					
		18-34 (B)	35-44 (C)	45-54 (D)	55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)
	Getting Care Quickly	<p>83%_C (n=100)</p>	<p>66% (n=41)</p>	<p>77% (n=32)*</p>	<p>76% (n=34)*</p>	<p>74% (n=129)</p>	<p>86%_F (n=75)</p>
4	Received the care needed as soon as you needed <small>Base=Those able to rate based on experience</small>	<p>88% (n=69)</p>	<p>73% (n=26)*</p>	<p>78% (n=23)*</p>	<p>74% (n=27)*</p>	<p>79% (n=85)</p>	<p>88% (n=57)</p>
6	Received an appointment for a check-up or routine care as soon as you needed <small>Base=Those able to rate based on experience</small>	<p>78%_C (n=131)</p>	<p>59% (n=56)</p>	<p>75% (n=40)</p>	<p>78%_C (n=41)</p>	<p>68% (n=173)</p>	<p>84%_F (n=92)</p>

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2013 CAHPS® 5.0H guidelines.

*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult

#	Composite Ratings (Summary Rate ¹ — Always & Usually)	Segments					High School Graduate or Less (F)	Some College or More (G)
		18-34 (B)	35-44 (C)	45-54 (D)	55 or Older (E)			
	How Well Doctors Communicate	100% 90% (n=129)	87% (n=48)	90% (n=42)	82% (n=40)		88% (n=168)	89% (n=84)
17	Doctor explained things in a way that was easy to understand <small>Base=Those able to rate based on experience</small>	100% 89% (n=129)	88% (n=48)	88% (n=41)	78% (n=40)		85% (n=168)	90% (n=84)
18	Doctor listened carefully to you <small>Base=Those able to rate based on experience</small>	100% 92% (n=129)	89% (n=47)	88% (n=42)	82% (n=39)		89% (n=167)	89% (n=84)
19	Doctor showed respect for what you had to say <small>Base=Those able to rate based on experience</small>	100% 94% (n=129)	88% (n=48)	90% (n=42)	85% (n=40)		92% (n=169)	88% (n=84)
20	Doctor spent enough time with you <small>Base=Those able to rate based on experience</small>	100% 87% (n=128)	83% (n=47)	95% (n=42)	82% (n=40)		86% (n=167)	87% (n=84)

Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2013 CAHPS® 5.0H guidelines.

Segmentation Analysis (continued)

2013 PLAN NAME Adult

#	Composite Ratings (Summary Rate ¹ – Always & Usually)	Segments					
		18-34 (B)	35-44 (C)	45-54 (D)	55 or Older (E)	High School Graduate or Less (F)	Some College or More (G)
	Customer Service	90% (n=53)	88% (n=30)*	74% (n=20)*	87% (n=23)*	84% (n=82)	88% (n=43)
31	Received information or help needed from health plan's Customer Service <small>Base=Those able to rate based on experience</small>	83% (n=53)	83% (n=30)*	63% (n=19)*	78% (n=23)*	77% (n=82)	81% (n=43)
32	Treated with courtesy and respect by health plan's Customer Service <small>Base=Those able to rate based on experience</small>	96% (n=53)	93% (n=29)*	85% (n=20)*	96% (n=23)*	91% (n=82)	95% (n=43)

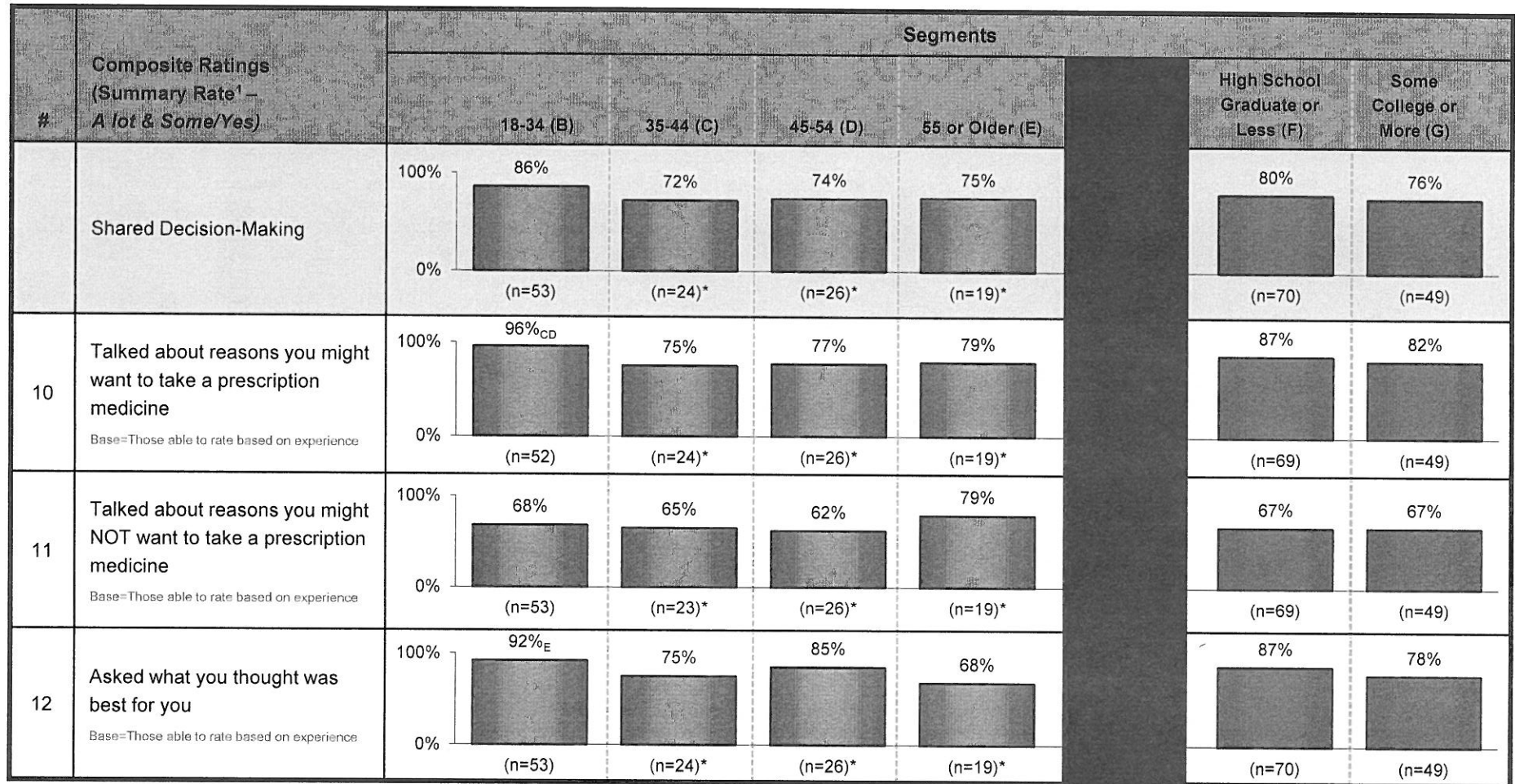
Significant differences at the 95% confidence level are shown through the use of letters. Therefore, if there is a significant difference between two segments' percentages, there would be a letter with the significantly higher segment's percentage.

¹Summary Rates most often represent the most favorable responses for that question and are defined by the HEDIS 2013 CAHPS® 5.0H guidelines.

*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult



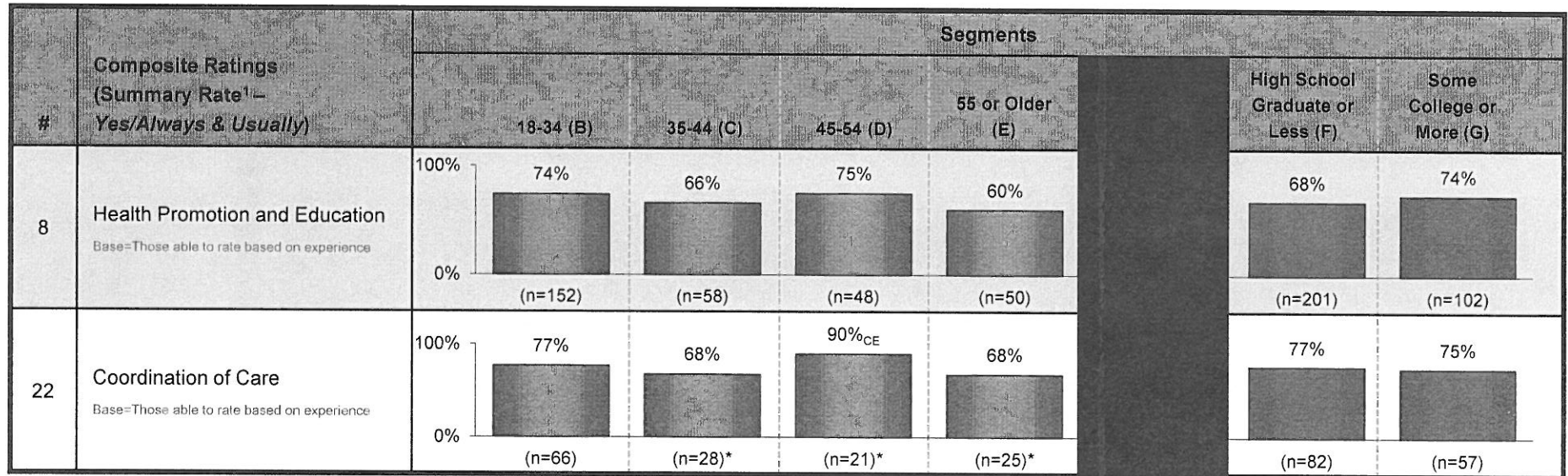
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*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult



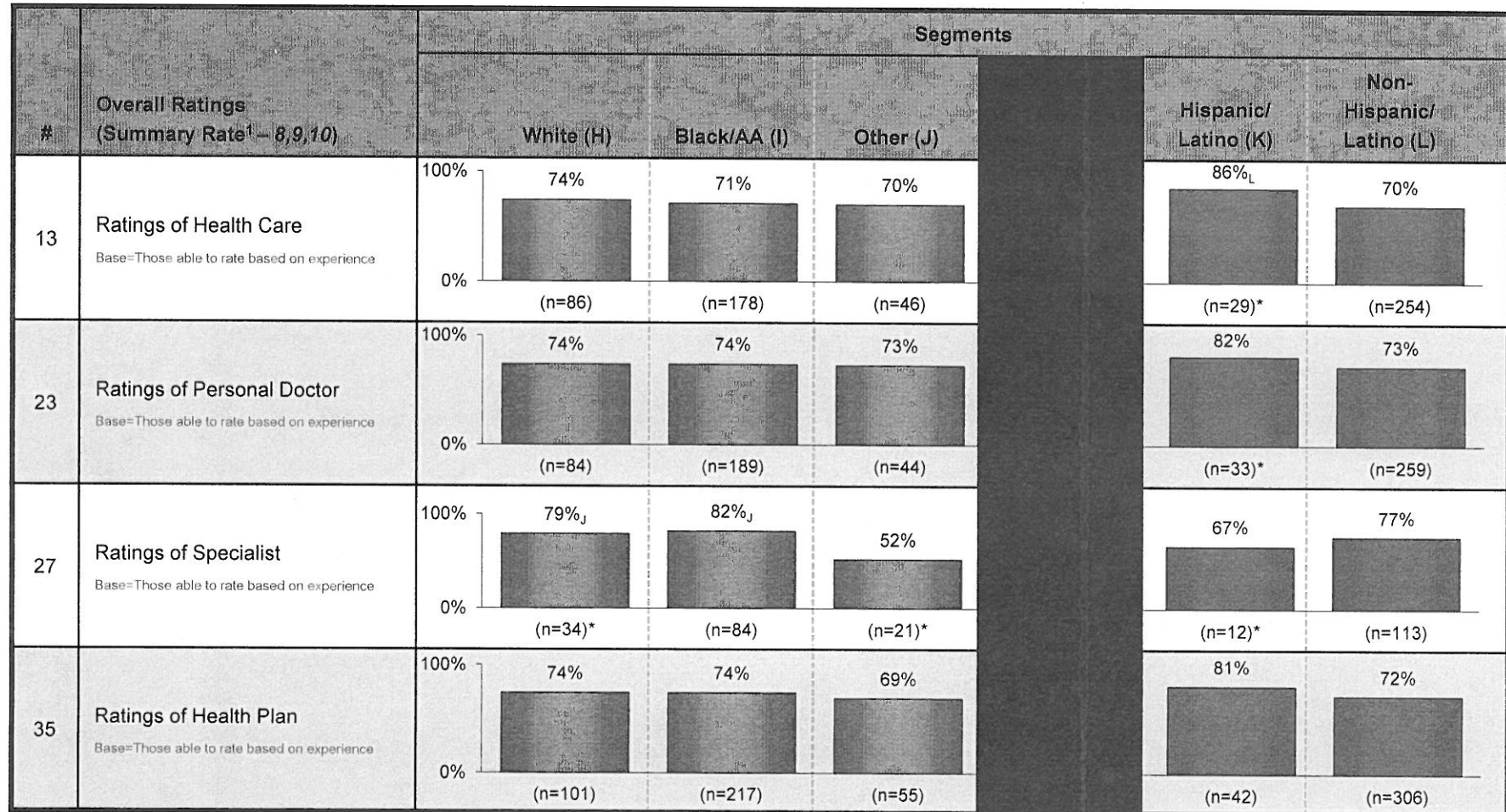
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Segmentation Analysis (continued)

2013 PLAN NAME Adult



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*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult

#	Composite Ratings (Summary Rate ¹ – Always & Usually)	Segments				
		White (H)	Black/AA (I)	Other (J)	Hispanic/ Latino (K)	Non- Hispanic/ Latino (L)
	Getting Needed Care	<p>100% 87%_{IJ} 75% 66% 0%</p> <p>(n=63) (n=136) (n=33)*</p>			<p>75% 78% (n=21)* (n=189)</p>	
14	Got the care, tests or treatment you needed <small>Base=Those able to rate based on experience</small>	<p>100% 92%_{IJ} 82% 76% 0%</p> <p>(n=86) (n=180) (n=45)</p>			<p>83% 83% (n=30)* (n=254)</p>	
25	Got an appointment to see a specialist as soon as you needed <small>Base=Those able to rate based on experience</small>	<p>100% 82%_J 68% 57% 0%</p> <p>(n=39) (n=91) (n=21)*</p>			<p>67% 72% (n=12)* (n=123)</p>	

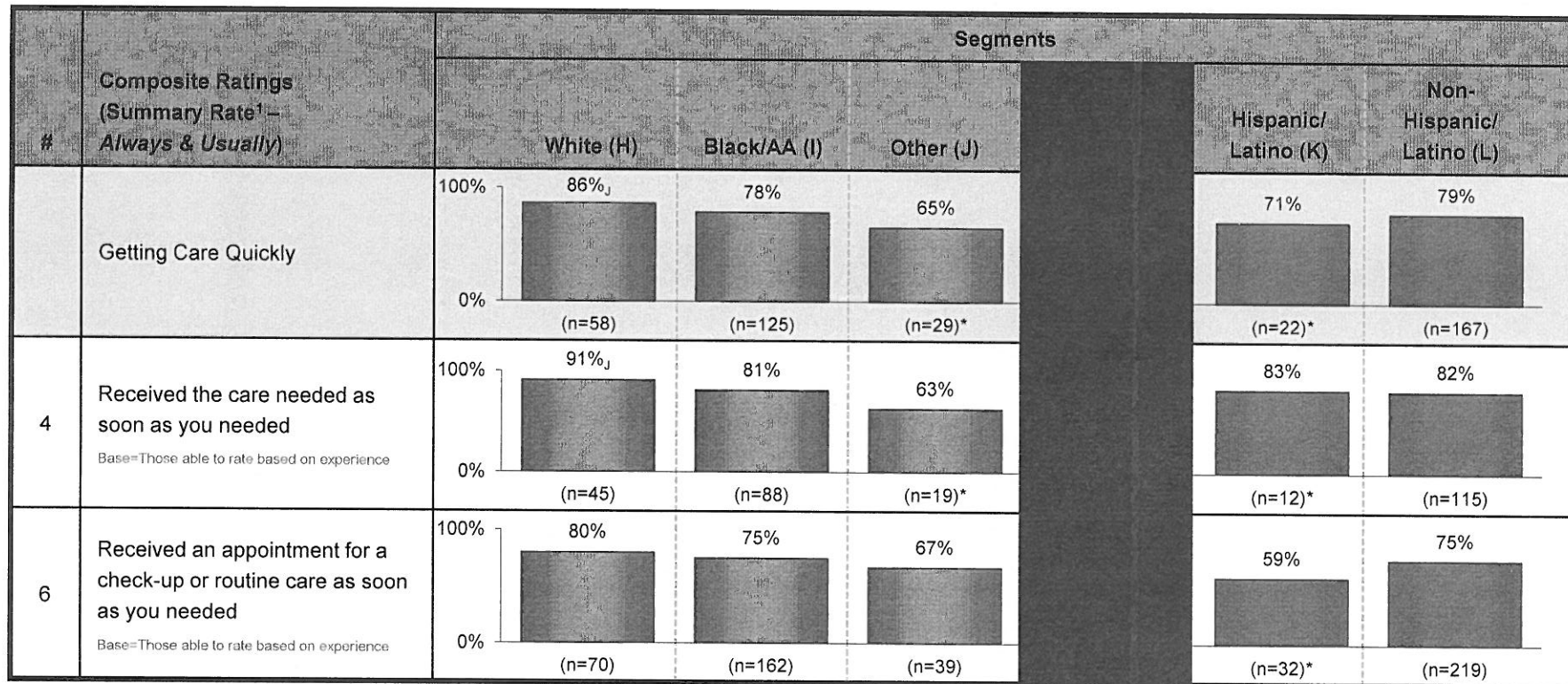
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Segmentation Analysis (continued)

2013 PLAN NAME Adult



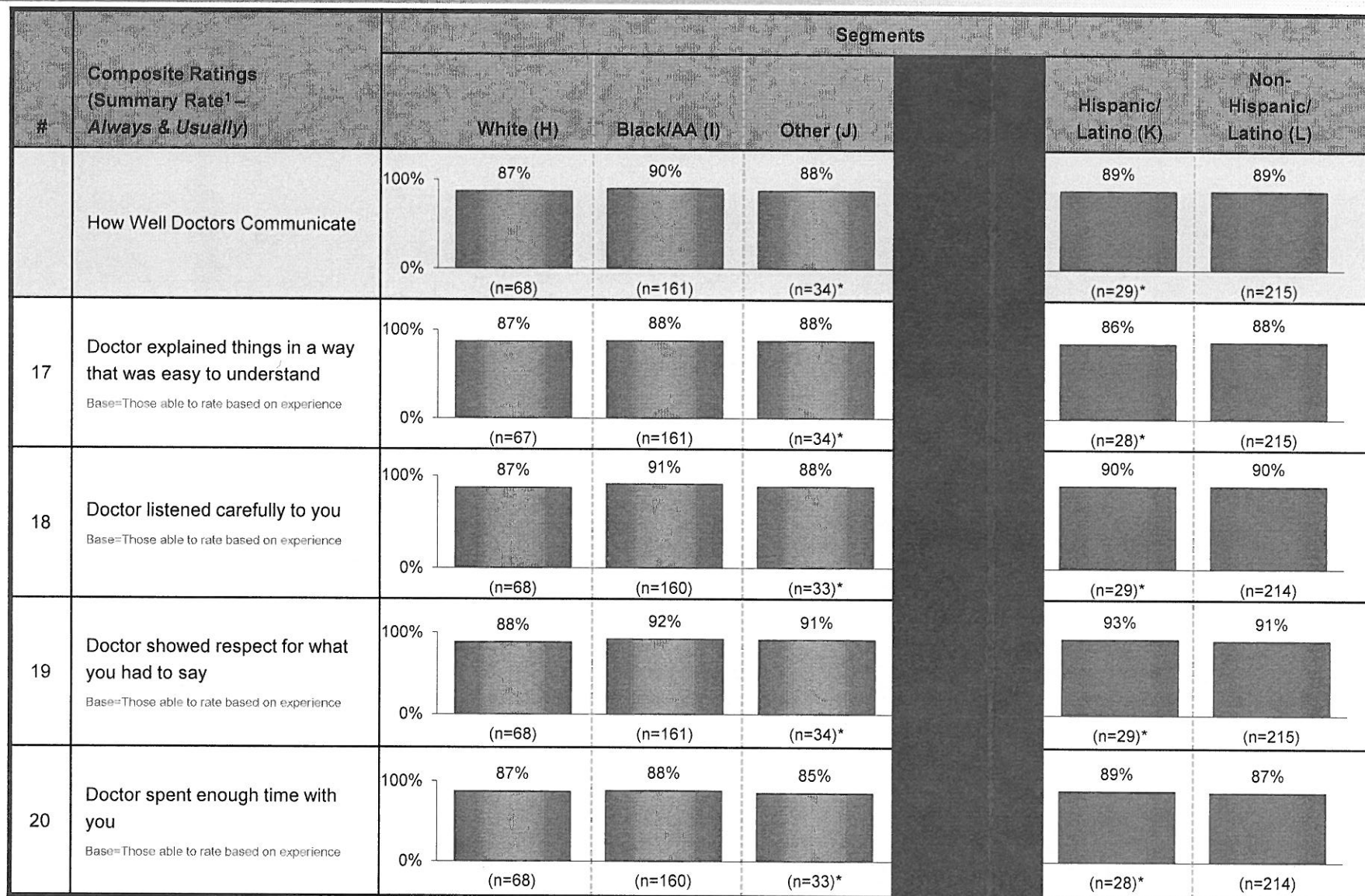
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*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult



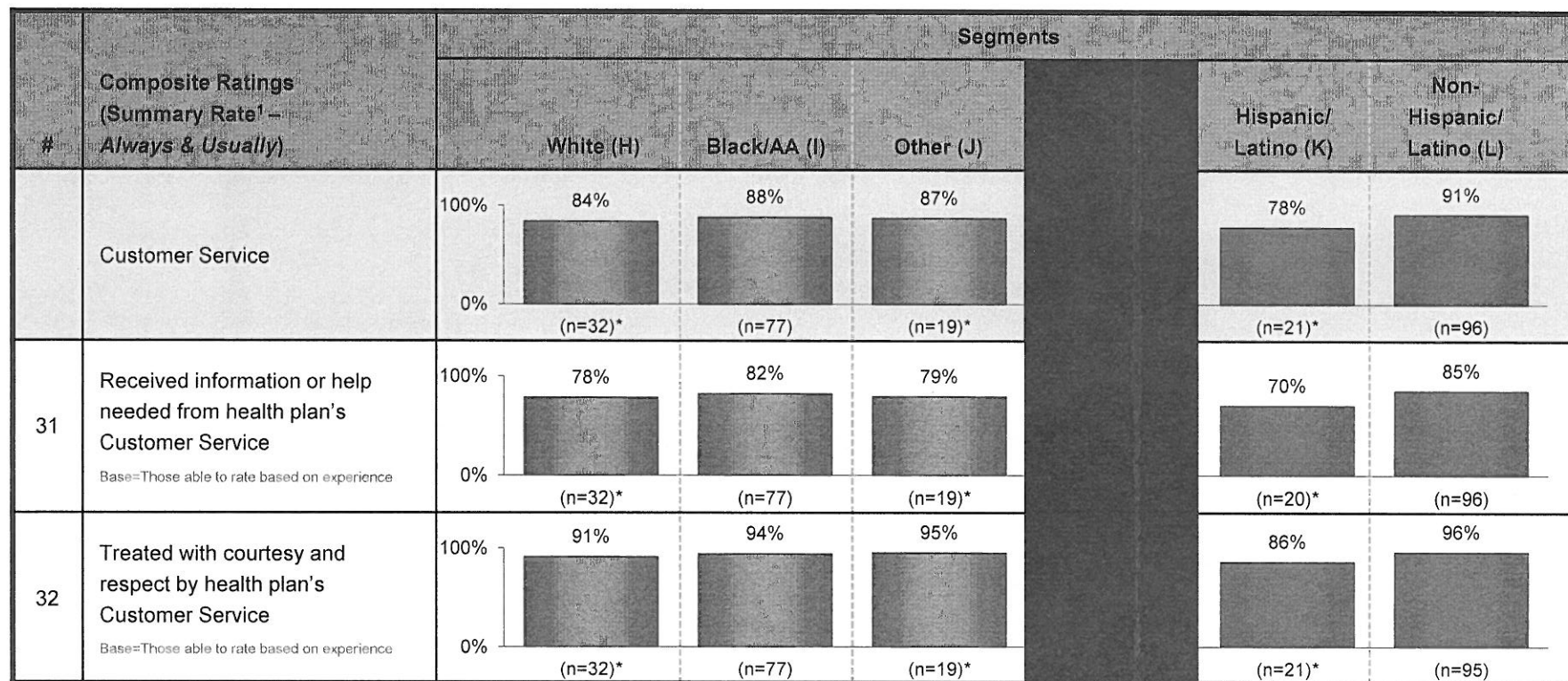
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Segmentation Analysis (continued)

2013 PLAN NAME Adult



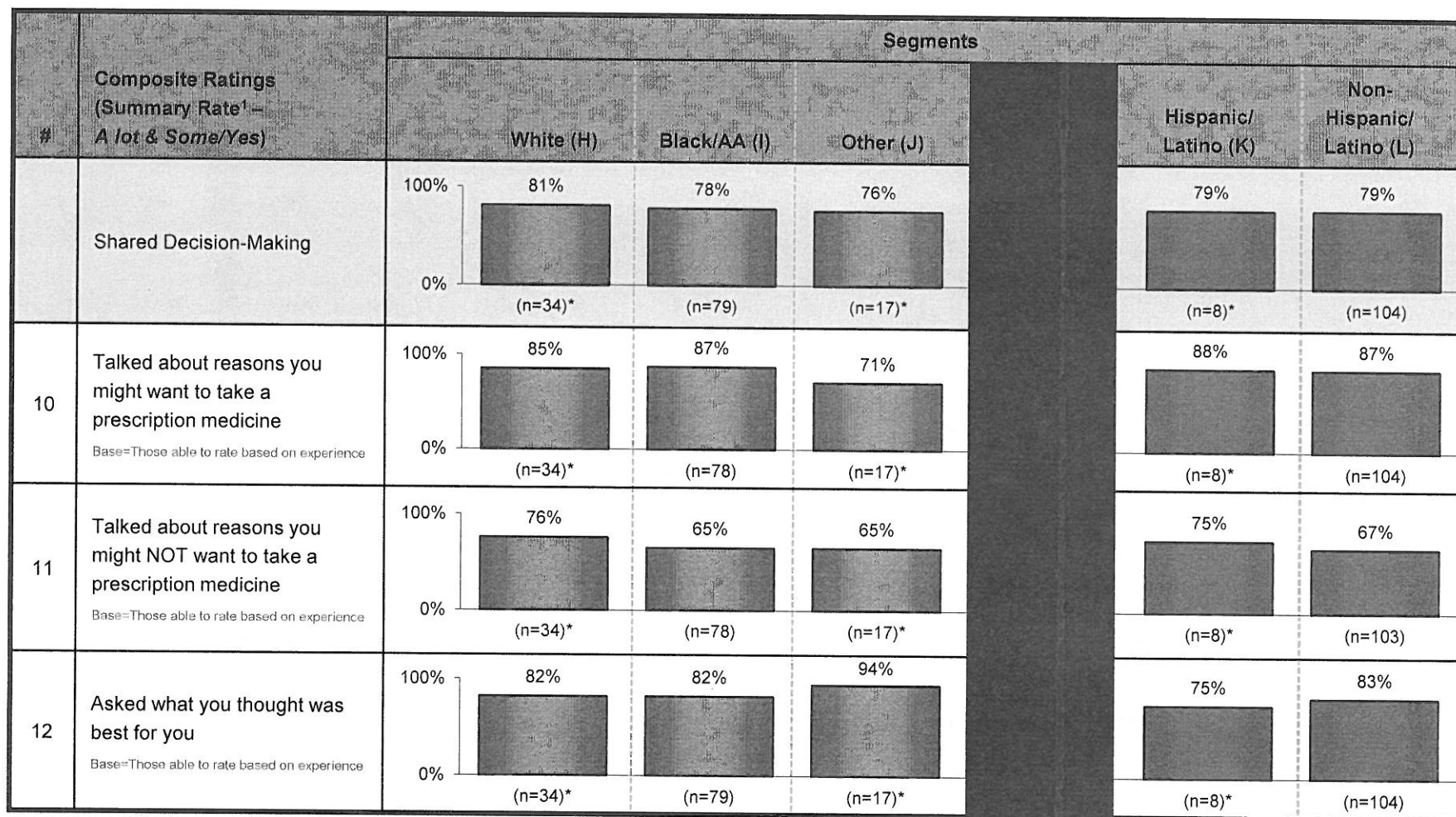
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Segmentation Analysis (continued)

2013 PLAN NAME Adult



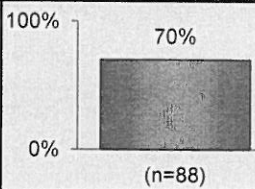
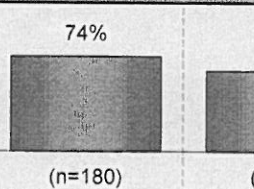
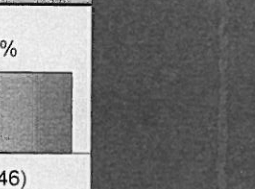
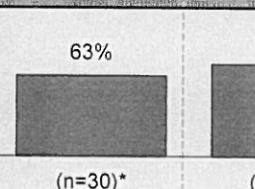
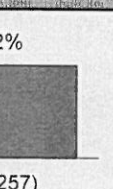
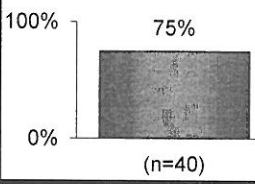
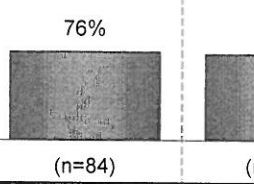
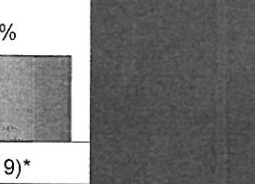
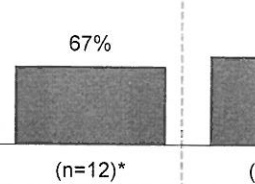

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*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult

#	Composite Ratings (Summary Rate ¹ – Yes/Always & Usually)	Segments				
		White (H)	Black/AA (I)	Other (J)	Hispanic/ Latino (K)	Non- Hispanic/ Latino (L)
8	Health Promotion and Education <small>Base=Those able to rate based on experience</small>	 <p>70% (n=88)</p>	 <p>74% (n=180)</p>	 <p>63% (n=46)</p>	 <p>63% (n=30)*</p>	 <p>72% (n=257)</p>
22	Coordination of Care <small>Base=Those able to rate based on experience</small>	 <p>75% (n=40)</p>	 <p>76% (n=84)</p>	 <p>74% (n=19)*</p>	 <p>67% (n=12)*</p>	 <p>76% (n=118)</p>

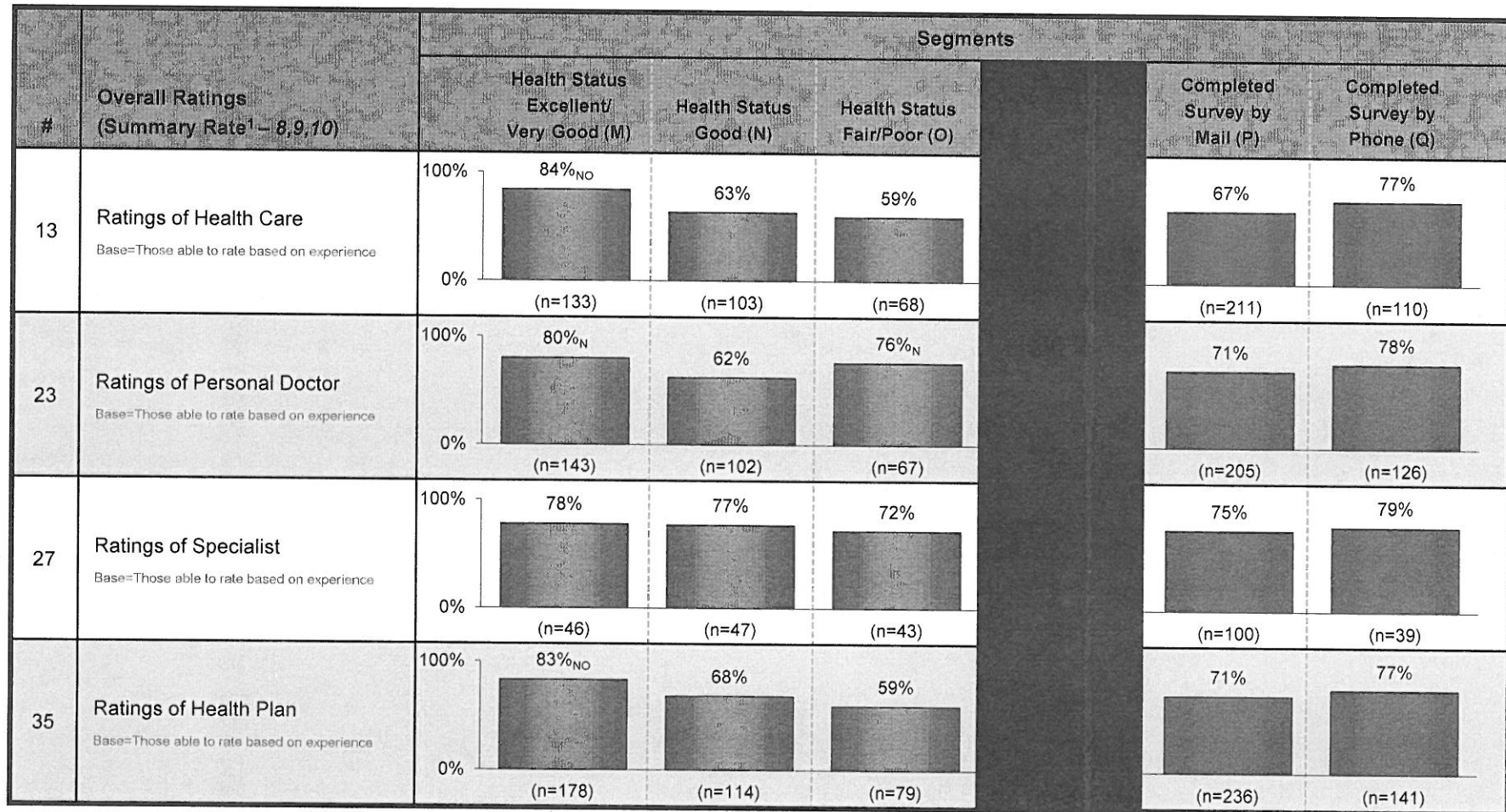
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Segmentation Analysis (continued)

2013 PLAN NAME Adult

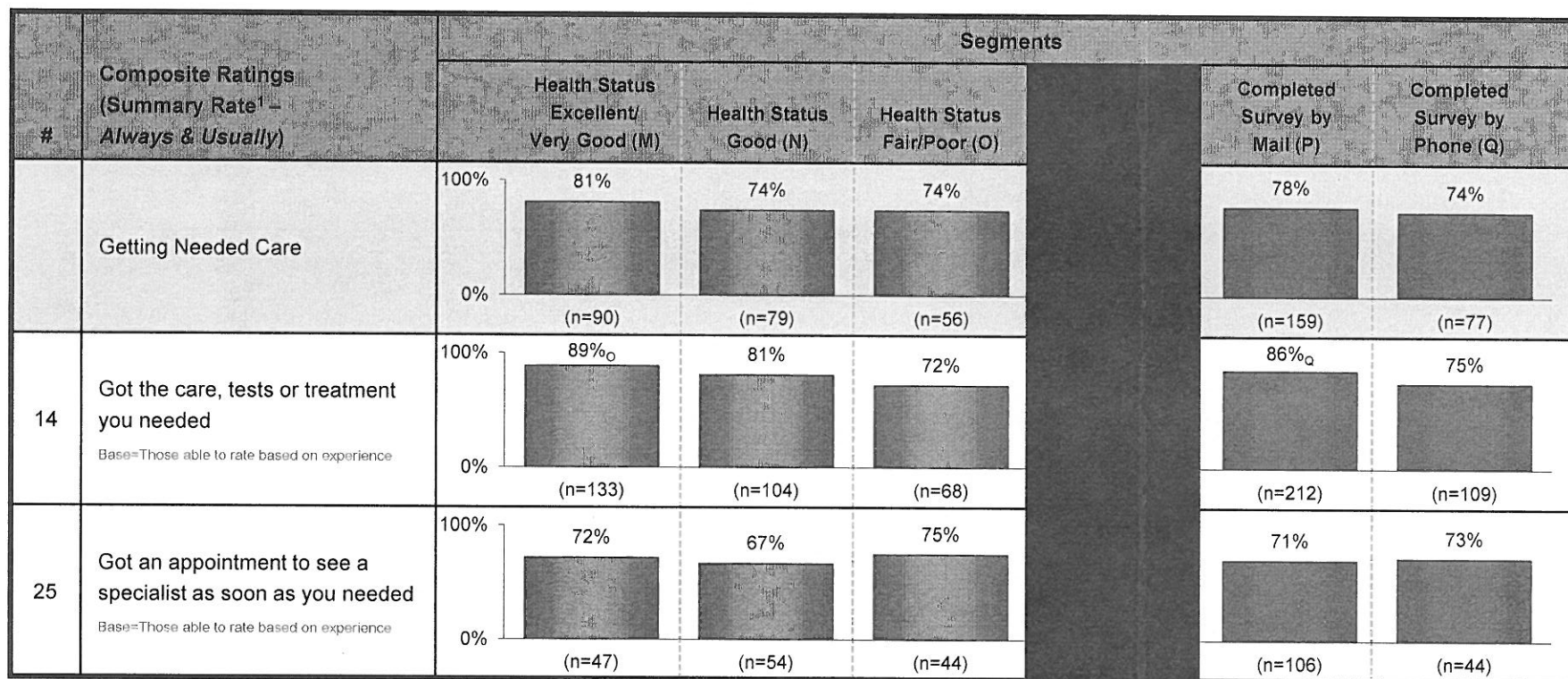


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Segmentation Analysis (continued)

2013 PLAN NAME Adult

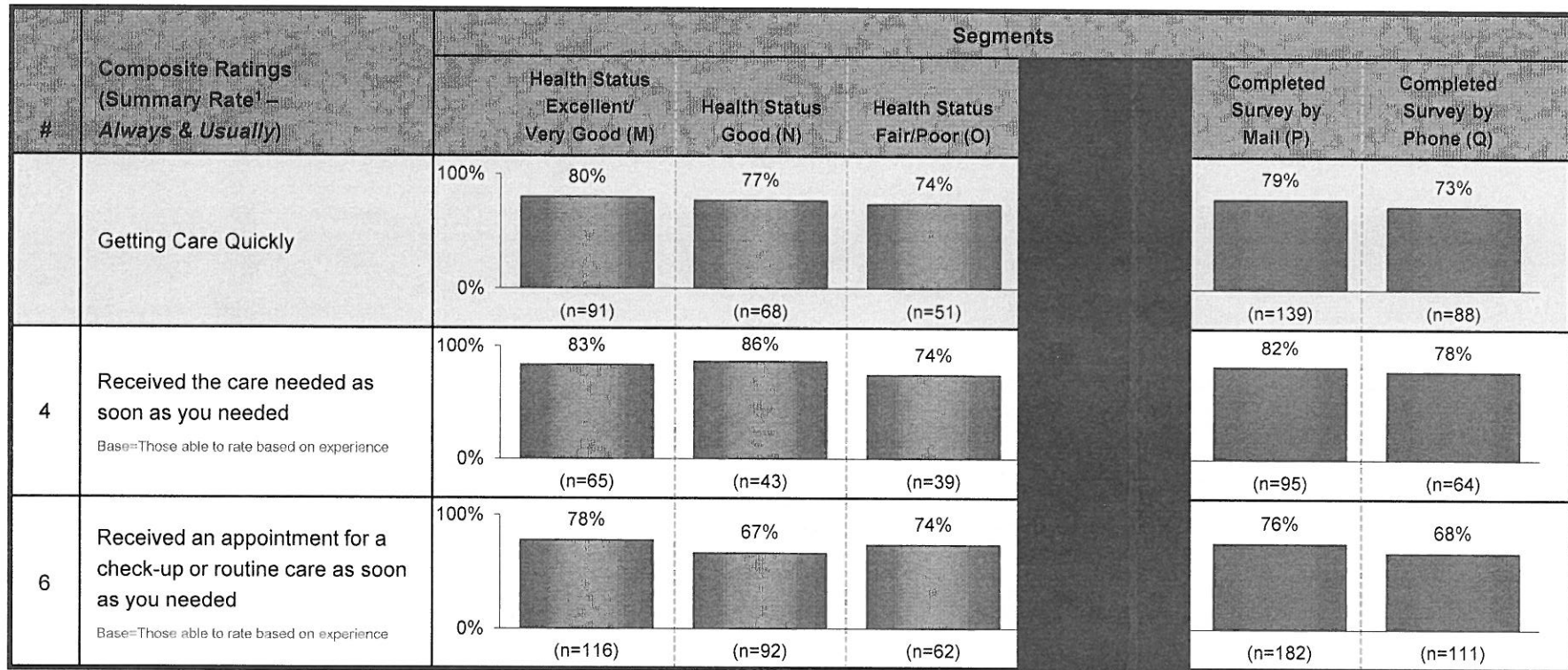


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Segmentation Analysis (continued)

2013 PLAN NAME Adult

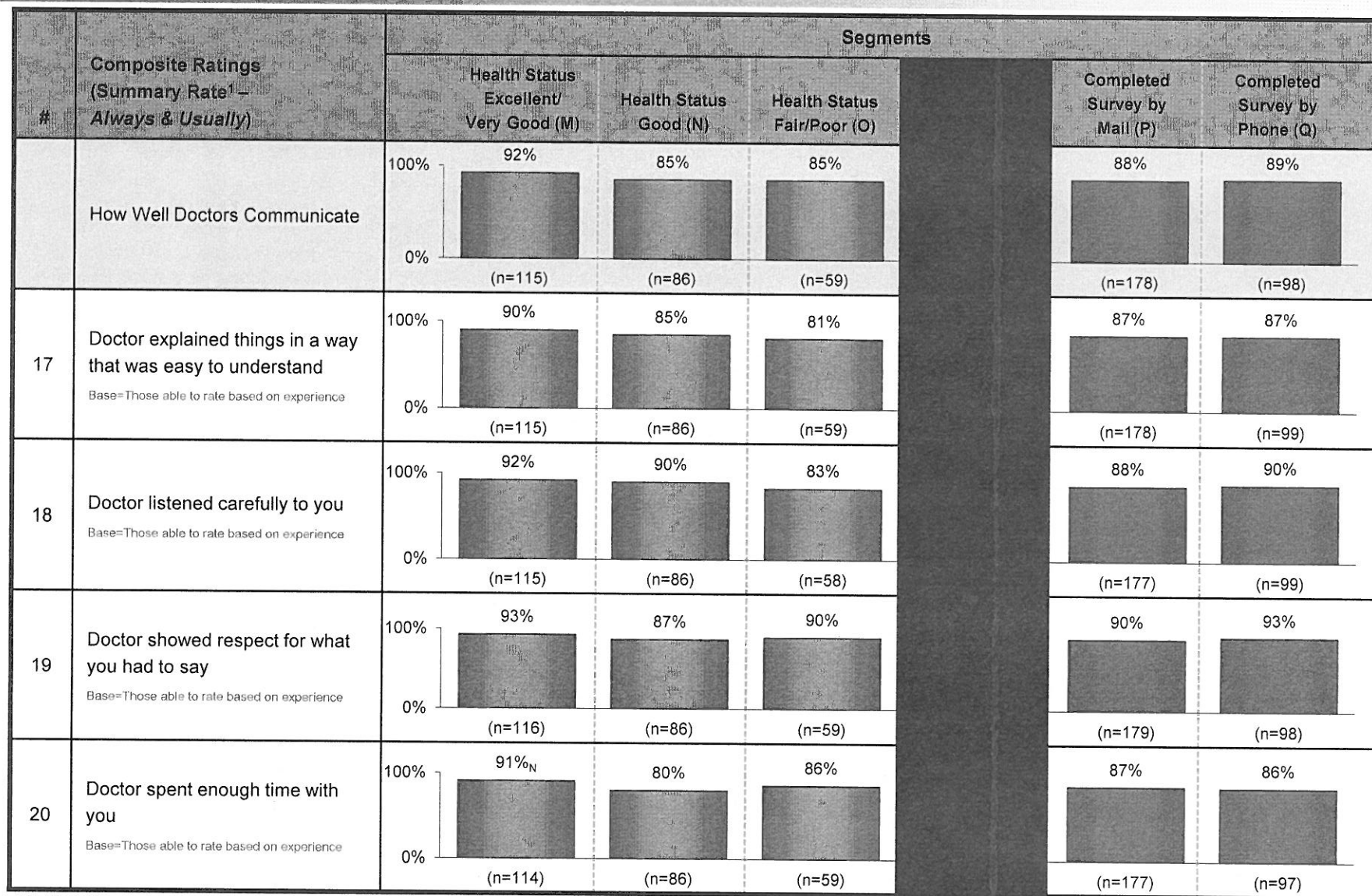


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Segmentation Analysis (continued)

2013 PLAN NAME Adult

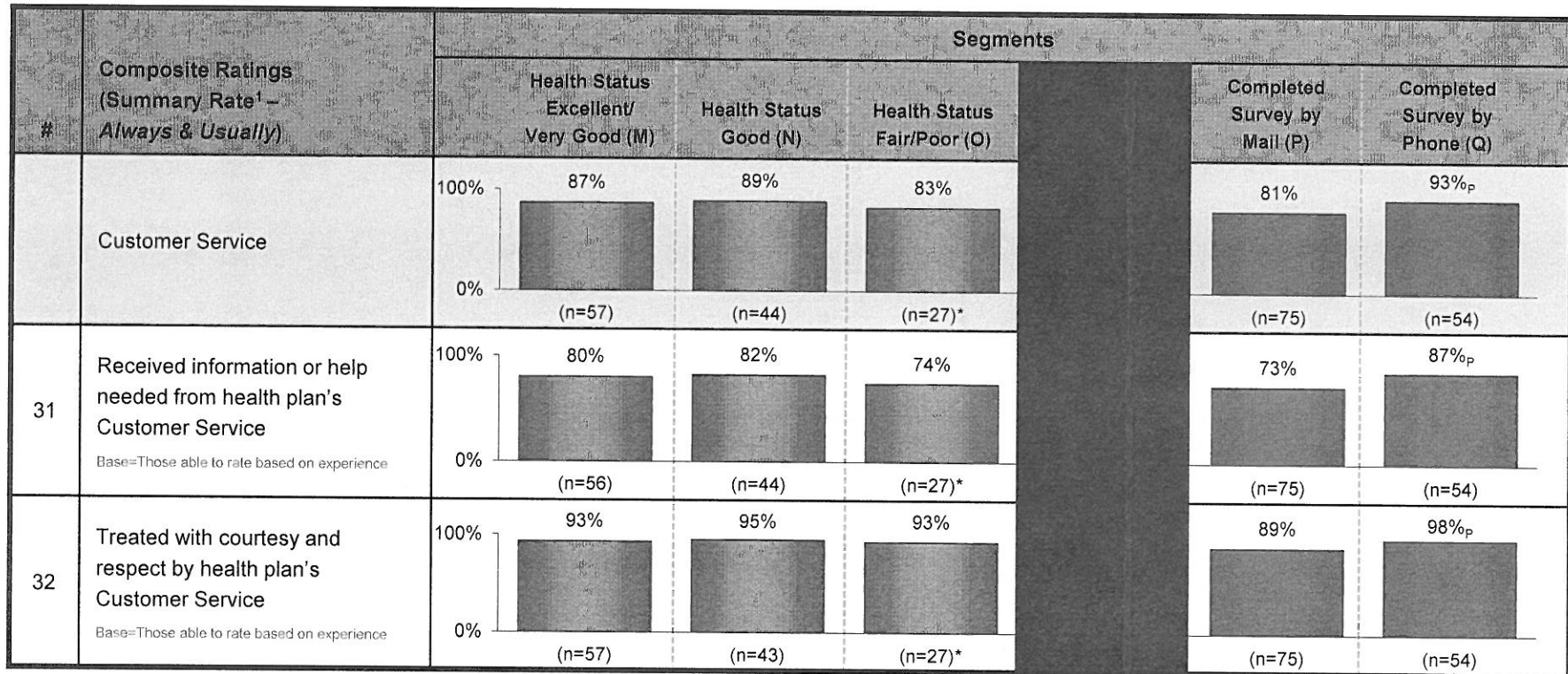


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Segmentation Analysis (continued)

2013 PLAN NAME Adult



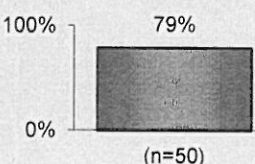
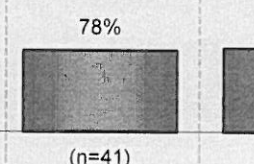
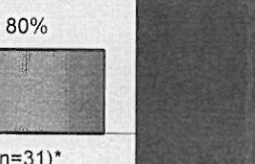
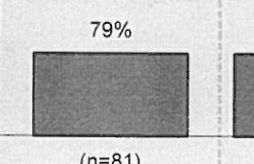
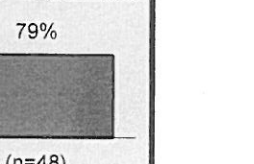
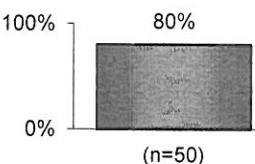
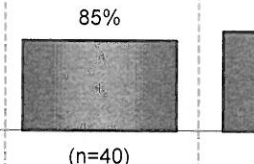
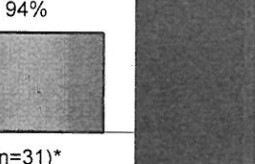
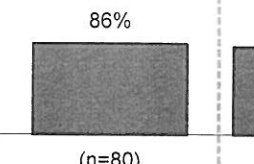
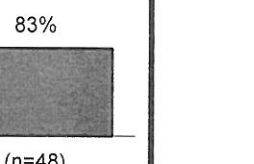
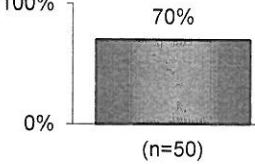
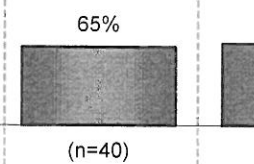
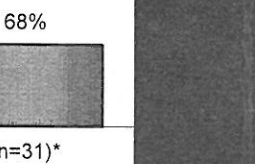
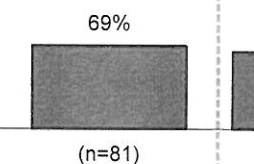
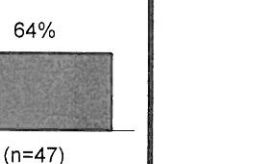
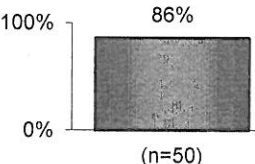
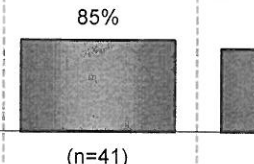
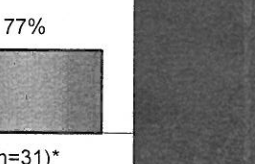
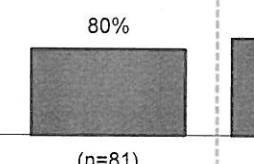
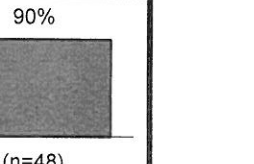
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* Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult

#	Composite Ratings (Summary Rate ¹ – A lot & Some/Yes)	Segments					Completed Survey by Mail (P)	Completed Survey by Phone (Q)
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)				
	Shared Decision-Making	 <p>79% (n=50)</p>	 <p>78% (n=41)</p>	 <p>80% (n=31)*</p>			 <p>79% (n=81)</p>	 <p>79% (n=48)</p>
10	Talked about reasons you might want to take a prescription medicine <small>Base=Those able to rate based on experience</small>	 <p>80% (n=50)</p>	 <p>85% (n=40)</p>	 <p>94% (n=31)*</p>			 <p>86% (n=80)</p>	 <p>83% (n=48)</p>
11	Talked about reasons you might NOT want to take a prescription medicine <small>Base=Those able to rate based on experience</small>	 <p>70% (n=50)</p>	 <p>65% (n=40)</p>	 <p>68% (n=31)*</p>			 <p>69% (n=81)</p>	 <p>64% (n=47)</p>
12	Asked what you thought was best for you <small>Base=Those able to rate based on experience</small>	 <p>86% (n=50)</p>	 <p>85% (n=41)</p>	 <p>77% (n=31)*</p>			 <p>80% (n=81)</p>	 <p>90% (n=48)</p>

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*Caution: Small Base

Segmentation Analysis (continued)

2013 PLAN NAME Adult

#	Composite Ratings (Summary Rate ¹ – Yes/Always & Usually)	Segments					Completed Survey by Mail (P)	Completed Survey by Phone (Q)
		Health Status Excellent/ Very Good (M)	Health Status Good (N)	Health Status Fair/Poor (O)				
8	Health Promotion and Education <small>Base=Those able to rate based on experience</small>	<p>69% (n=134)</p>	<p>71% (n=106)</p>	<p>72% (n=68)</p>			<p>71% (n=216)</p>	<p>67% (n=112)</p>
22	Coordination of Care <small>Base=Those able to rate based on experience</small>	<p>71% (n=52)</p>	<p>80% (n=49)</p>	<p>79% (n=42)</p>			<p>78% (n=106)</p>	<p>67% (n=45)</p>

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Regression Analysis

- Regression analysis is a statistical technique used to determine which influences, or “independent variables” (composite measures), have the greatest impact on an overall attribute, or “dependent variable” (overall rating of Health Plan or Health Care).
- Regression analysis produces a set of coefficients (“beta scores”), which show the ranking of the independent variables by their ability to influence, or drive, the dependent variable.
- The composite measures found to have a significant impact on the overall rating of Health Plan or Health Care are reported as Key Drivers – the larger the coefficient, the greater the influence. The remaining composite measures have been categorized as either having a “moderate impact” or “low impact” on the overall rating of Health Plan or Health Care.
- The tables on the following pages illustrate this analysis. Specifically, the independent variables for this analysis are the composite measures (“Getting Needed Care”, “Getting Care Quickly”, “How Well Doctors Communicate”, “Customer Service” and “Shared Decision-Making”), while the dependent variable is measured by either the overall rating of their Health Plan (Q35) or Health Care (Q13).

- The "Customer Service" composite measure is identified as having the most significant impact on members' overall rating of their Health Plan.

RELATIONSHIP WITH RATING OF HEALTH PLAN

<i>Key Drivers</i>	
Customer Service ($\beta=.718$)	
<i>Moderate Impact</i>	
Getting Care Quickly ($\beta=.246$)	
Shared Decision-Making ($\beta=.153$)	
<i>Low Impact</i>	
How Well Doctors Communicate ($\beta=.035$)	
Getting Needed Care ($\beta=.031$)	

- The “Customer Service” and “Shared Decision-Making” composite measures are identified as having the most significant impact on members’ overall rating of their Health Care.

RELATIONSHIP WITH RATING OF HEALTH CARE

<i>Key Drivers</i>
Customer Service ($\beta=.493$)
Shared Decision-Making ($\beta=.325$)
<i>Moderate Impact</i>
Getting Needed Care ($\beta=.194$)
Getting Care Quickly ($\beta=.181$)
<i>Low Impact</i>
How Well Doctors Communicate ($\beta=.124$)

Key Driver/Correlation Analysis

Key Driver Analysis

- In an effort to identify the underlying components of members' ratings of their Health Plan (Q35) and Health Care (Q13), advanced statistical techniques were employed. Correlation analyses were conducted between each composite measure attribute and overall rating of their Health Plan and Health Care in order to ascertain which attributes have the greatest impact.

Prioritizing Actions

- A key objective of any member satisfaction research is to identify priorities for improving member satisfaction. Doing this will allow PLAN NAME to focus resources on areas that are most important to members and where improvement is needed. These areas are referred to as *unmet needs*. In addition, areas that are very important to members and on which PLAN NAME performs well are the *driving strengths*. Insights can be gained by plotting these attributes based on their impact on members' overall rating of their Health Plan or Health Care, as shown on the following pages.
- "Higher" performance is defined by at least 90% of respondents rating the attribute as "Always or Usually"/"A lot or Some"/"Yes". "Moderate" performance is defined by between 80% and 89% of respondents giving similar ratings. "Lower" performance is defined by less than 80% of respondents rating the attribute as "Always or Usually"/"A lot or Some"/"Yes".

Attribute Relationship with Rating of Health Plan

- The attributes “Treated with courtesy and respect by health plan’s Customer Service” and “Received information or help needed from health plan’s Customer Service” are identified as key drivers that are of high importance to members where they perceive PLAN NAME to be performing at a lower level.
 - These attributes are referred to as *unmet needs* and should be considered priority areas for PLAN NAME. If performance on these attributes is improved, it could have a positive impact on members’ overall rating of their Health Plan.
- The attributes “Got the care, tests or treatment you needed” and “Talked about reasons you might want to take a prescription medicine” are identified as key drivers that are of high importance to members where they perceive PLAN NAME to be performing at a moderate level. If performance on these attributes is improved, it could have a positive impact on members’ overall rating of their Health Plan.

Key Driver/Correlation Analysis (continued)

2013 PLAN NAME Adult

- ❖ Getting Needed Care
- ❖ Getting Care Quickly
- ❖ How Well Doctors Communicate
- ❖ Customer Service
- ❖ Shared Decision-Making

ATTRIBUTE RELATIONSHIP WITH RATING OF HEALTH PLAN

Impact on Rating of Health Plan	High	<ul style="list-style-type: none"> ❖ Treated with courtesy and respect by health plan's Customer Service ❖ Received information or help needed from health plan's Customer Service 	<ul style="list-style-type: none"> ❖ Got the care, tests or treatment you needed ❖ Talked about reasons you might want to take a prescription medicine 	
	Moderate		<ul style="list-style-type: none"> ❖ Doctor spent enough time with you ❖ Received the care needed as soon as you needed ❖ Doctor listened carefully to you ❖ Doctor explained things in a way that was easy to understand 	<ul style="list-style-type: none"> ❖ Doctor showed respect for what you had to say
	Low	<ul style="list-style-type: none"> ❖ Talked about reasons you might NOT want to take a prescription medicine ❖ Got an appointment to see a specialist as soon as you needed ❖ Received an appointment for a check-up or routine care as soon as you needed 	<ul style="list-style-type: none"> ❖ Asked what you thought was best for you 	
		Lower Ratings	Moderate Ratings	Higher Ratings

Performance

Attribute Relationship with Rating of Health Care

- The attributes “Got the care, tests or treatment you thought necessary”, “Doctor listened carefully to you”, “Doctor spent enough time with you” and “Received the care needed as soon as you needed” are identified as key drivers that are of high importance to members where they perceive PLAN NAME to be performing at a moderate level. If performance on these attributes is improved, it could have a positive impact on members’ overall rating of their Health Care.
- The attribute “Received an appointment for a check-up or routine care as soon as you needed” is an area that has a moderate impact on members’ overall rating of their Health Care where they perceive PLAN NAME to be performing at a lower level. This should be considered a secondary priority area for PLAN NAME’s improvement efforts.
- The attribute “Doctor showed respect for what you had to say” is identified as a key driver that is of high importance to members where they perceive PLAN NAME to be performing at a higher level. This is considered a *driving strength*.

Key Driver/Correlation Analysis (continued)

2013 PLAN NAME Adult

- ❖ Getting Needed Care
- ❖ Getting Care Quickly
- ❖ How Well Doctors Communicate
- ❖ Customer Service
- ❖ Shared Decision-Making

ATTRIBUTE RELATIONSHIP WITH RATING OF HEALTH CARE

Impact on Rating of Health Care	High		<ul style="list-style-type: none"> ❖ Got the care, tests or treatment you needed ❖ Doctor listened carefully to you ❖ Doctor spent enough time with you ❖ Received the care needed as soon as you needed 	<ul style="list-style-type: none"> ❖ Doctor showed respect for what you had to say
	Moderate	<ul style="list-style-type: none"> ❖ Received an appointment for a check-up or routine care as soon as you needed 	<ul style="list-style-type: none"> ❖ Asked what you thought was best for you ❖ Doctor explained things in a way that was easy to understand 	
	Low	<ul style="list-style-type: none"> ❖ Got an appointment to see a specialist as soon as you needed ❖ Talked about reasons you might NOT want to take a prescription medicine ❖ Treated with courtesy and respect by health plan's Customer Service ❖ Received information or help needed from health plan's Customer Service 	<ul style="list-style-type: none"> ❖ Talked about reasons you might want to take a prescription medicine 	
		Lower Ratings	Moderate Ratings	Higher Ratings

Glossary of Terms

Glossary of Terms

2013 PLAN NAME Adult

- **Attributes** are the questions that relate to a specific service area or composite.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Category** is the final status given to a member record within the sample surveyed. The category signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (M21=Mail, Ineligible; T10=Phone, Complete).
- **Key Drivers** are composite measures that have been found to impact ratings of overall Health Plan (Q35) and Health Care (Q13) among State MCO members as determined by regression analysis.
- **NCQA Accreditation** is a comprehensive evaluation of health plans in the nation based on results achieved on a set of clinical measures and consumer experience measures.
- **Over-Sampling** is sampling more than the minimum required sample size. The NCQA required sample size for adult Medicaid MCOs is 1,350 and the target number of completed surveys is 411. The Department may choose to over-sample to achieve this target if necessary. NCQA allows over-sampling of up to 30% of the required sample size to aid in collecting a suitable amount of survey returns.
- **Rating Mean Scores** are calculated for the four Overall Rating questions as well as each composite measure. These scores are the basis for NCQA accreditation scoring. In order to calculate rating means on a uniform 3-point scale, the different scales used throughout the CAHPS survey are translated as follows:

Original Rating	0-6	7-8	9-10
	Never/Sometimes	Usually	Always
	No		Yes
	Not at all/Little	Some	A lot
Score Value:	1 point	2 points	3 points

- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (i.e., *Always and Usually*; 8, 9 or 10; *Yes; A lot/Some/Yes*). Keep in mind that every question is not assigned a Summary Rate.
- **Trending** is the practice of examining several years of data in a comparative way to identify common attributes.

Survey Tool

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. Application is made for 2.5% resident vendor preference for the reason checked:

____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,

____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,

____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

2. Application is made for 2.5% resident vendor preference for the reason checked:

____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

3. Application is made for 2.5% resident vendor preference for the reason checked:

____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

4. Application is made for 5% resident vendor preference for the reason checked:

____ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:

____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.

____ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Widener-Burrows & Associates, Inc.
(dba WBA Research)

Signed: [Signature]

Date: October 15, 2013

Title: President

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Widener-Burrows & Associates, Inc. (dba WBA Research)

Authorized Signature: *Susan J. Landis* Date: October 11, 2013

State of Maryland

County of Anne Arundel, to-wit:

Taken, subscribed, and sworn to before me this 11 day of October, 2013.

My Commission expires 3/25, 2016.

AFFIX SEAL HERE

NOTARY PUBLIC

Bert S...

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Widener-Burrows & Associates, Inc.
(dba WBA Research)

(Company)

(Authorized Signature)

Stephen M. Stern
Senior Vice President

(Representative Name, Title)

410.721.0500

(Phone Number)

410.721.7571

(Fax Number)

October 11, 2013

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS14056

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Widener-Burrows & Associates, Inc.
 (dba WBA Research)

 Company

 Authorized Signature

October 11, 2013

 Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.