



West Virginia
Bureau for Medical Services

2013 Medicaid Adult CAHPS 5.0H.

Executive Summary & Full Report

Note:

This is a sample report created specifically for State of West Virginia's RFQ. While we have created CAHPS reports in the past, Maritz's reporting style has advanced since, and this sample report will be a better showcase of our ability to meet your CAHPS reporting needs.

10/15/13 09:51:06 AM
West Virginia Purchasing Division

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1. Executive Summary

Introduction

As part of its process for evaluating the quality of health care services provided to adult members in the Medicaid Program, the State of West Virginia assesses the perceptions and experiences of members enrolled in the Medicaid health plans on an annual basis.

XXXXXX

XXXXXXXX

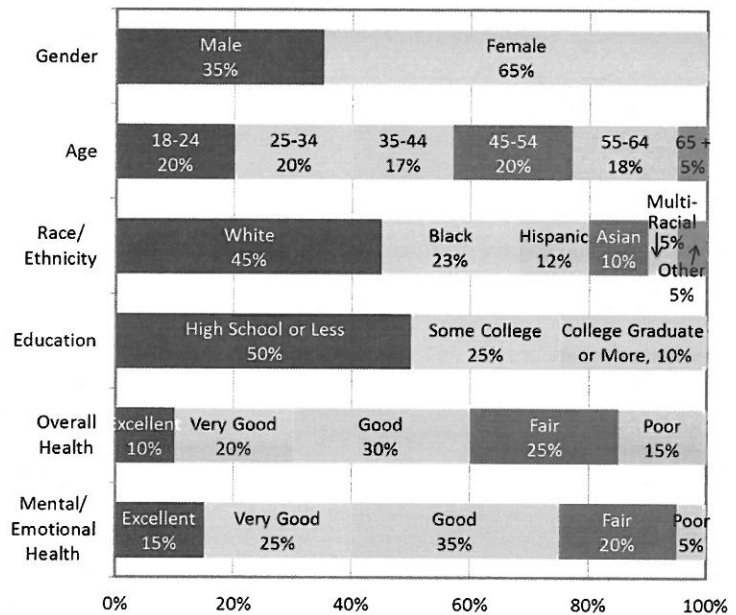
Profile of Survey Respondents

A total of 1,898 Adult Medicaid members were sampled, of which 411 responses were received, yielding a response rate of 22%.

Profile of respondents represented xxxxx

XXXXXXXXXX

XXXXXXXX



Reading the Results

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean scores were compared to the publicly available National Committee for Quality Assurance's (NCQA's) 2013 Healthcare Effectiveness Data and Information Set (HEDIS®) Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.

Medicare Getting Needed Care

Benchmarks and Thresholds (no change from 2012)

NATIONAL	PERCENTILES			
	90th	75th	50th	25th
	2.65	2.61	2.55	2.47

Throughout the report, symbols are used to highlight areas where State of WV is performing much better or much worse than National Benchmark.

★ 90th percentile and above

! 25th percentile and under

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1. Executive Summary – Results Overview

CAHPS Global Ratings

In 2013, State of WV Medicaid did well in xxxxxx compared to the National average

Global Rating Item	State of WV Mean Score	Compared to National Benchmark*
★ Health Care (Q13)	2.40	90 th percentile or above
Personal Doctor (Q23)	2.53	75-89 th percentile
★ Specialist (Q27)	2.63	90 th percentile or above
! Health Plan (Q35)	2.21	25 th percentile or below

CAPHS Composite Measures

XXXXXXXXXX

Global Rating Item	State of WV Mean Score	Compared to National Benchmark*
★ Getting Needed Care	2.42	90 th percentile or above
Getting Care Quickly	2.41	75-89 th percentile
★ How Well Doctors Communicate	2.65	90 th percentile or above
! Customer Service	2.30	25 th percentile or below

* National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2011*. Washington, DC: NCQA; 2011.

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2. Methodology

About CAHPS Health Plan Survey 5.0H – Adult Questionnaire (Medicaid)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a family of surveys designed to assess consumer experiences with care. Different versions of the survey are available for use among various populations, payers, and settings. The version of the CAHPS Survey specified in Medicaid Adult Core Set is the CAHPS Health Plan Survey 5.0H (Medicaid), which is the version used in this report.

CAHPS survey provides information on Medicaid enrollees' experiences with their health care and gives a general indication of how well the health care meets their expectations. Results summarize Medicaid enrollees' experiences through ratings, composites, and question summary rates.

Data Collection Method

NCQA mandates a specific HEDIS survey methodology to ensure the collection of CAHPS data is consistent throughout all plans to allow for comparison. In accordance with NCQA requirements, the sampling procedures and survey protocol were adhered to as described below.

Sampling Procedure

- 1,898 members were initially mailed a survey, as specified by HEDIS® guidelines to achieve a total of 411 completed surveys.
- A sample of 4,000 members were drawn from State of West Virginia BMS' Medicaid plan and assigned a unique ID. Samples were drawn using a random generation program. A "goodness of fit" test was used to determine if there is a good fit on critical variables between the sample and eligible population.
- After drawing the initial samples, the file was sorted by Subscriber ID. If a duplicate Subscriber ID was found, the second and subsequent occurrences were excluded so that two surveys would not be mailed to the same household. The file was then de-duped based on address in case multiple subscriber IDs are at a single address. The final sample was de-duped based on the subscriber ID. After removing the duplicates, the file was sorted back to its original, randomized order.

Survey Protocol

The CAHPS 5.0H Health Plan Survey process employed for the State of West Virginia was a mail-only methodology consisting of mailings to sampled members according to the following schedule.

Survey Vendor Tasks	Time Frame
Send first questionnaire and cover letter to the member	0 days
Send a postcard reminder to non-respondents 4-10 days after mailing the first questionnaire	4-10 days
Send a second questionnaire and second cover letter to non-respondents approximately 35 days after mailing the first questionnaire	35 days
Send a second postcard reminder to non-respondents 4-10 days after mailing the second questionnaire	39-45 days
Send a third questionnaire and third cover letter to non-respondents approximately 25 days after mailing the second questionnaire	60 days
Allow at least 21 days for the third questionnaire to be returned by the member	81 days

2. Methodology

Survey Participants

Eligibility for the survey as defined by CAHPS is as follows:

- Age 18 and older as of December 31 of the measurement year.
- Continuous enrollment in the last six months of the measurement year with no more than 1-month gap in coverage.
- Currently enrolled at the time the survey is completed.

Mechanisms to Ensure Confidentiality

- Maritz prescribes to HIPAA compliance standards to ensure patient confidentiality for this program. Maritz has conducted audits and confirmed compliance for both data security and privacy administration as per the guidelines set forth under the Health Insurance Portability and Accountability Act (HIPAA). This includes the electronic security of all data transfers as it relates to electronic personal health information (ePHI) through our data systems, web technology and personnel assigned to the receipt, processing or transfer of data. Our staff members with access to ePHI or PHI (oral, written, faxed, mailed or e-mailed) are trained on HIPAA guidelines and their roles in the security and privacy arenas, and are certified upon completion of a HIPAA training module. Any additional teammates without this certification will go through training before working on this program.
- All electronic data exchange with NCQA and client health plans takes place through use of ftp sites. Maritz only sends or receives ePHI via a secure ftp site and all files containing ePHI are encrypted.
- The only individuals who will have access to returned mail paper questionnaires will be Maritz employees who have been trained and certified on HIPAA guidelines. These employees signed confidentiality agreements. Once paper questionnaires are processed, Maritz follows HIPAA guidelines pertaining to storage of PHI to ensure patient confidentiality. Maritz stores returned paper questionnaires from this program in a 12 ft. x 12 ft. alarmed vault located in its mail center and will be prepared to store them in this secure environment for the required 3 years.

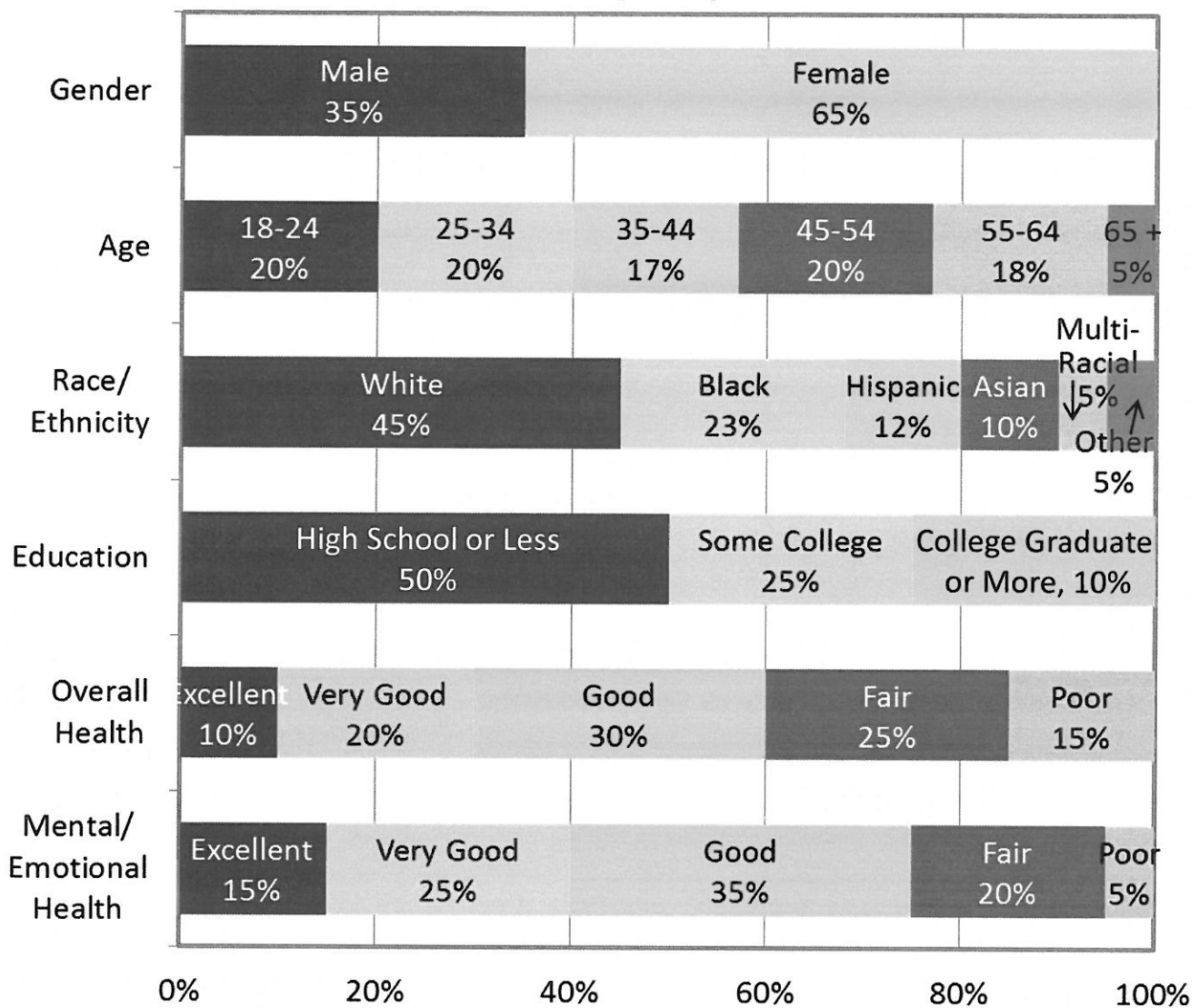
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3. Results

Survey Response

Total Sample	1,898
Total Responses	411
Response Rate	21.7%

Profile of Survey Respondents



MOCK DATA**3. Results****State of West Virginia Performance on Rating Items**

Attribute	Valid n	Top 3 Box Score (8+9+10)	Three-Point Mean Score	National Benchmark*			
				90 th Percentile	75 th Percentile	50 th Percentile	25 th Percentile
Health Care (Q13)	390	72.1%	2.40	2.39	2.33	2.27	2.23
Personal Doctor (Q23)	402	78.3%	2.53	2.54	2.48	2.42	2.38
Specialist (Q27)	161	76.0%	2.63	2.53	2.49	2.44	2.39
Health Plan (Q35)	410	71.8%	2.21	2.54	2.46	2.38	2.31

* National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2011*. Washington, DC: NCQA; 2011.

MOCK DATA**3. Results****State of West Virginia Performance on Rating Items**

Attribute	Valid n	Top 3 Box Score (8+9+10)	Three-Point Mean Score	National Benchmark*			
				90 th Percentile	75 th Percentile	50 th Percentile	25 th Percentile
Getting Needed Care		85.1%	2.42	2.40	2.32	2.24	2.10
Ease of getting necessary care, tests, or treatment needed (Q14)	301	87.7%	2.50	–	–	–	–
Getting appointments with specialists as soon as needed (Q25)	164	80.1%	2.35	–	–	–	–
Getting Care Quickly		82.1%	2.41	2.46	2.41	2.35	2.26
Got care as soon as needed when care was needed right away (Q4)	150	85.0%	2.45	–	–	–	–
Got check-up/routine care appointment as soon as needed (Q6)	300	79.0%	2.38	–	–	–	–
How Well Doctors Communicate		89.8%	2.65	2.64	2.58	2.54	2.48
Personal doctor explained things in an understandable way (Q17)	270	88.9%	2.63	–	–	–	–
Personal doctor listened carefully to you (Q18)	271	92.0%	2.67	–	–	–	–
Personal doctor showed respect for what you had to say (Q19)	280	89.9%	2.65	–	–	–	–
Personal doctor spent enough time with you (Q20)	275	88.5%	2.61	–	–	–	–
Customer Service		82.5%	2.30	2.53	2.47	2.40	2.31
Customer service provided information or help (Q31)	140	81.8%	2.25	–	–	–	–
Customer service treated member with courtesy and respect (Q32)	142	83.0%	2.35	–	–	–	–
Shared Decision Making		52.5%	1.98	–	–	–	–
Doctor/health provider talked about reasons you might want to take medicine (Q10)	125	48.0%	1.97	–	–	–	–
Doctor/health provider talked about reasons you might not want to take medicine (Q11)	119	25.1%	1.24	–	–	–	–
Doctor/health provider asked you what you thought was best when starting or stopping a prescription medicine (Q12)	121	85.1%	2.63	–	–	–	–

* National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2011*. Washington, DC: NCQA; 2011.

MOCK DATA**3. Results****State of West Virginia Performance on Rating Items**

Attribute	Valid n	Top 3 Box Score (8+9+10)	Three-Point Mean Score	National Benchmark*			
				90 th Percentile	75 th Percentile	50 th Percentile	25 th Percentile
Health Promotion and Education (Q8)	315	77.3%	2.25	–	–	–	–
Coordination of Care (Q22)	150	82.6%	2.43	–	–	–	–
Providing Needed Information (Q29)	70	75.3%	2.21	–	–	–	–
Ease of Filling out Forms (Q34)	351	95.8%	2.80	–	–	–	–
Effectiveness of Care Measures							
Advising Smokers and Tobacco Users to Quit	250	81.2%	2.41	–	–	–	–
Discussing Cessation Medications	251	59.5%	2.10	–	–	–	–
Discussing Cessation Strategies	259	52.3%	2.07	–	–	–	–
Aspirin Use	100	47.3%	1.97	–	–	–	–
Discussing Aspirin Risks and Benefits	121	43.6%	1.89	–	–	–	–

* National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2011*. Washington, DC: NCQA; 2011.

4. Recommendations

Key Areas of Focus for State of West Virginia

1. Getting Needed Care

- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

2. How Well Doctors Communicate

- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

3. Coordination of Care

- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

5. Survey Instrument

CAHPS® 5.0H Adult Questionnaire (Medicaid)

SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → If Yes, Go to Question 1

No

{This box should be placed on the Cover Page}

Your privacy is protected. All information that would let someone identify you or your family will be kept private. {SURVEY VENDOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call
{SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

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) \$34,000

Renewal Periods:

				Total Cost for Survey 2
Total Cost Survey 2 for Calendar Year December 2013 – November 2014				(B) \$32,500

Grand Total (Cost A + B Surveys)

\$ 66,500

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.

Maxie Research

(Company)

VP SECRETARIAL

(Representative Name, Title)

636-827-2211

(Contact Phone/Fax Number)

10/10/2013

(Date)



National Committee for Quality Assurance

recognizes

Maritz Research

for fulfilling all necessary requirements to conduct NCQA HEDIS® Surveys



A handwritten signature in black ink, appearing to read 'Margaret E. O'Kane', written over a horizontal line.

MARGARET E. O'KANE
PRESIDENT

NATIONAL COMMITTEE FOR QUALITY ASSURANCE

November 1, 2012

DATE GRANTED

October 31, 2013

EXPIRATION DATE

State of West Virginia 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: MAITZ RESEARCH

Signed: [Signature]

Date: 10/10/2013

Title: VP - JETON LEADER

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 exceed 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: MARIZ RESEARCH

Authorized Signature: [Signature] Date: 10/10/2013

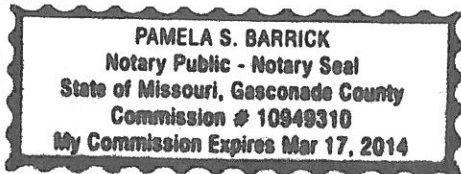
State of Missouri

County of St. Louis, to-wit:

Taken, subscribed, and sworn to before me this 10th day of October, 2013.

My Commission expires March 17, 2014.

AFFIX SEAL HERE



NOTARY PUBLIC Pamela Sue Barrick

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.

Martiz Research
(Company)

[Signature]
(Authorized Signature)

VP Sector Lead
(Representative Name, Title)

636-827-2211 636-827-0097
(Phone Number) (Fax Number)

10/16/2013
(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.

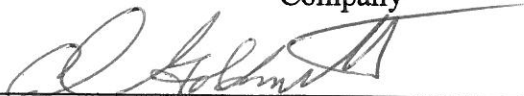
Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|---|--|
| <input 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.

MASTZ RESEARCH
 Company


 Authorized Signature

10/10/2013
 Date

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