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

Solicitation

NUMBER	PAGE
BMS14056	2

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

RFQ COPY
TYPE NAME/ADDRESS HERE

VENDOR
Thoroughbred Research Group
David A. Bryant
804 Potomac Ridge Court
Sterling, VA 20164

SHIP TO
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	9.4837	$18,000.00
	CALENDAR YEAR 2012 HEDIS SURVEY					
0002	1,898	EA		961-60	9.7471	$18,500.00
	CALENDAR YEAR 2013 HEDIS SURVEY					
	****** THIS IS THE END OF RFQ BMS14056 ****** TOTAL:					$36,500.00

10/16/13 09:31:05 AM
West Virginia Purchasing Division

SIGNATURE David A Bryant
TELEPHONE 703-444-9867
DATE 10/14/13
TITLE Vice President
FEIN 610 993 142
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) $18,000

Renewal Periods:

	Total Cost for Survey 2
Total Cost Survey 2 for Calendar Year December 2013 – November 2014	(B) $18,500

Grand Total (Cost A + B Surveys)

$ $36,500

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.

Thoroughbred Research Group
(Company)

David A. Bryant, Healthcare Policy Research
(Representative Name, Title)

(703) 444-9867/ (502) 459-8392
(Contact Phone/Fax Number)

10/14/2013
(Date)

NCQA
Measuring quality.
Improving health care.

National Committee for Quality Assurance

recognizes

Thoroughbred Research Group

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

2012 Adult Commercial CAHPS® Report

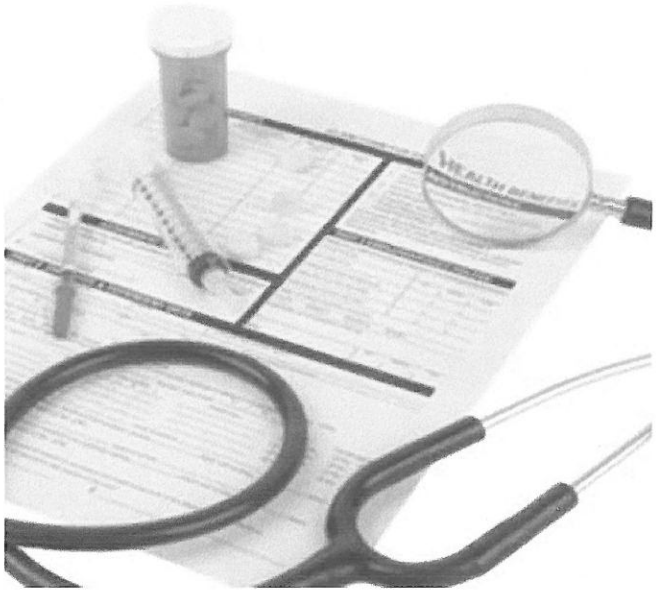
Prepared for:

YOUR MCO

Prepared by:

THOROUGHBRED™
RESEARCH GROUP
1941 Bishop Lane, Suite 1017 • Louisville, KY 40218

July, 2013



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Executive Summary

Compared to other plans nationally, YOUR MCO performs neither significantly worse or better on the 4 overall ratings. Compared to historical data, YOUR MCO has not changed significantly from Year 2012 or Year 2011.

	Plan 2013	Plan 2012		Plan 2011		Nat'l Average 2012	
	%	%	Signif.	%	Signif.	%	Signif.
Health Plan	40.7%	34.3%		38.4%		38.7%	
Health Care	46.7%	47.1%		47.6%		50.1%	
Doctor	62.5%	62.5%		62.9%		64.5%	
Specialist	63.9%	60.7%		62.9%		63.8%	

YOUR MCO continues to perform in line or better than the national average on 5 of 7 CAHPS composite measures. YOUR MCO performs significantly better on How Well Doctors Communicate and Customer Service composites compared to the 2011 national average.

YOUR MCO has not changed significantly in any of the measures below compared to 2012 and 2011. Full analysis of these trends will appear later in this report.

	Plan 2013	Plan 2012		Plan 2011		Nat'l Average 2012	
	%	%	Signif.	%	Signif.	%	Signif.
Getting Needed Care	87.7%	90.5%		89.8%		86.6%	
Getting Care Quickly	87.8%	87.3%		84.3%		86.7%	
How Well Doctors Communicate	96.3%	94.2%		95.3%		94.2%	▲
Customer Service	90.2%	90.0%		87.4%		83.6%	▲
Claims Processing	90.9%	89.6%		91.3%		88.4%	
Shared Decision Making	93.2%	95.3%		96.8%		92.8%	
Plan Information on Costs	72.0%	67.7%		65.6%		65.4%	

Improving and Maintaining Performance

Thoroughbred Research Group conducted a key driver analysis called attributable effects analysis to determine what attributes drive overall rating of Your MCO's health plan. This analysis identifies 2 types of drivers. Potential drivers are attributes where the greatest benefit can be realized through improvements in quality. Maintenance drivers are those that would result in the greatest loss of overall health plan rating if quality declined in these attributes.

Customer Service attributes appear among the strongest Potential and Maintenance drivers. **Access to Care** and **Doctor Communication** drivers are also top potential drivers. Your MCO should focus on improving the ease of completing forms, the ease of getting appointments with specialists, and doctor's knowledge of care from specialists in order to improve its overall rating. Your MCO should focus on maintaining the information or help given by customer service, the courtesy and respect of customer service, and settling complaints to members' satisfaction.

Top 3 Potential Drivers	Top 3 Maintenance Drivers
In the last 12 months, how often were the forms from your health plan easy to fill out? (63%)	In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? (57%)
In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service of equipment (43%)?	In the last 12 months, how often did your health plan handle your claims correctly? (57%)
In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works? (32%)	In the last 12 months, how often did your health plan handle your claims quickly? (51%)

Introduction and Background

The Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA) developed the Consumer Assessment of Health Plans Study (CAHPS® 4.0H) as the most comprehensive tool for assessing patient satisfaction with the experience of care. The adult commercial CAHPS® 4.0H survey is one of four standardized surveys. Surveys for child commercial, adult Medicaid, and child Medicaid health plans are also part of the family of CAHPS® surveys. The CAHPS® 4.0H surveys reflect overall satisfaction with the experience of care using four global rating questions and seven composite categories, summarizing responses in key areas of managed care. The results in this report are based on a randomly selected sample of adult members from your Commercial Managed Care Organization (MCO). The NCQA has adopted this version of the adult commercial survey for MCO accreditation purposes.

Thoroughbred Research Group is an NCQA certified CAHPS® vendor. YOUR MCO contracted with Ipsos to conduct the adult commercial CAHPS® survey in 2012.

Key Driver Analysis

Attributable Effects Analysis is an analytic tool that is designed to yield actionable information about key drivers that is more robust than normal correlation or regression analysis. Attributable Effects is a probability-based analysis that partitions the impact of each possible driver into two components: loss and potential. Briefly, potential estimates the degree to which improvement in a particular driver (say, Dr. Listened Carefully to You) would increase patients' overall rating of care in the last 12 months (outcome). *Loss* estimates the degree to which a decrease in the driver would reduce the overall rating among affected patients.

The power of Attributable Effects is that it focuses on differences in outcomes between those who are satisfied with care and those who are not. This analysis is performed one question at a time and provides direction on where to focus quality improvement (QI) efforts. It identifies attributes of care that can have an impact on overall satisfaction in both directions: potential improvement areas as well as where current efforts must be maintained so that scores do not decline.

Loss: The loss score represents the proportion of patients who are currently satisfied with the outcome, but would cease to be satisfied if a positive experience with the attribute were to completely disappear. A positive experience is defined when the driver event "always" occurs" or is considered "very good" or "excellent." An attribute that has a relatively high loss score is referred to as a maintenance driver. For instance, in the data shown in Chart A below, 60% of patients who currently rate their healthcare as 9 or 10 (top two ratings on a scale from 0 to 10) would cease to be satisfied if they no longer believed that "providers at this medical office [always] listen to them carefully."

Potential. Another important feature of the Attributable Effects analysis is that it provides information about both the drivers of existing satisfaction and the drivers that have potential to bring about increases in satisfaction. Potential scores represent the proportion of affected patients who are not currently satisfied with their care but who would become satisfied if the driver were improved such that everyone was having a positive experience. For instance, in Chart A below, 55% of patients who do not currently rate their healthcare as 9 or 10 would become satisfied if they all felt that it was easy "getting treatment."

Applicable Population: In interpreting the results, it is important to consider that some questions are not asked and/or answered by all respondents because they are not applicable to the individual patient's experience.

Potential

The three features with highest potential to improve overall ratings of this health plan include:

- Having easy to complete forms (51%)
- Making it easy to get appointments with specialists (38%)
- Having personal doctors who are knowledgeable about care received from specialists (37%)

This indicates that one can effectively improve member rating of their health plan by improving their satisfaction in these domains.

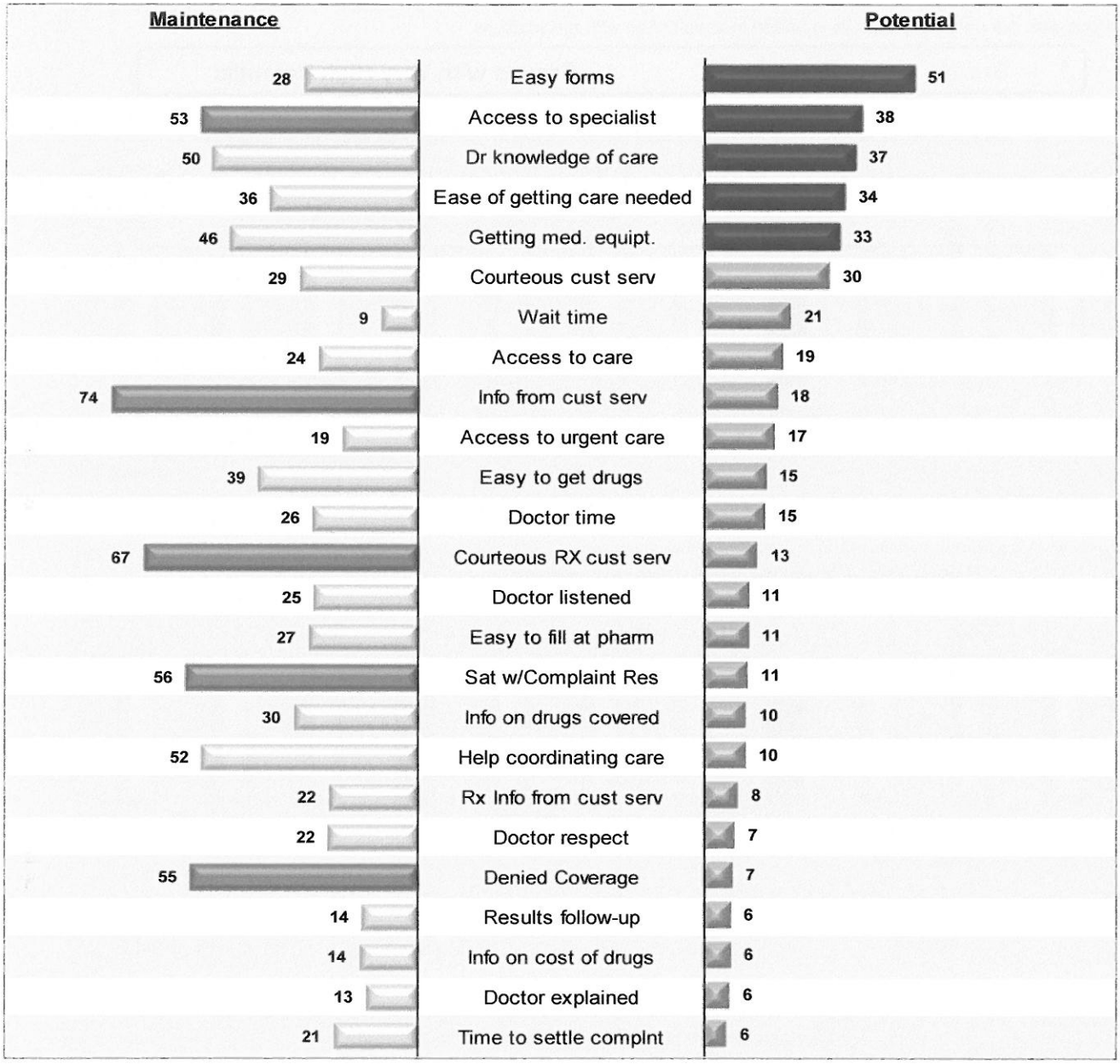
Maintenance

The three features with highest importance for maintaining overall rating of this health plan include:

- Making it easy to get needed information or help from customer service (74%)
- Having courteous and respectful PDP customer service (67%)
- Resolving complaints to members' satisfaction (56%)

This indicates that one should focus on maintaining current levels of member satisfaction with these attributes, because a decline would have likely have a negative effect on overall rating of the health plan.

Attributable Effects Chart

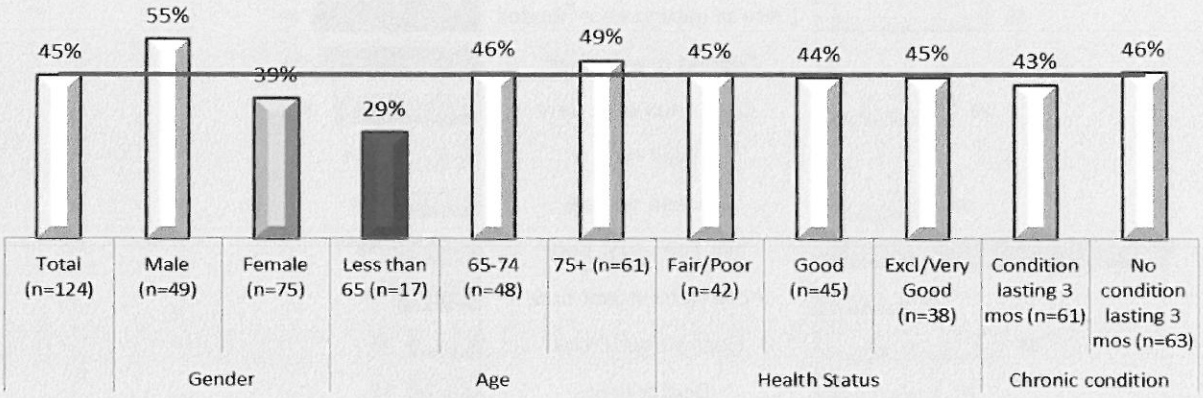


Experience Improvement Model

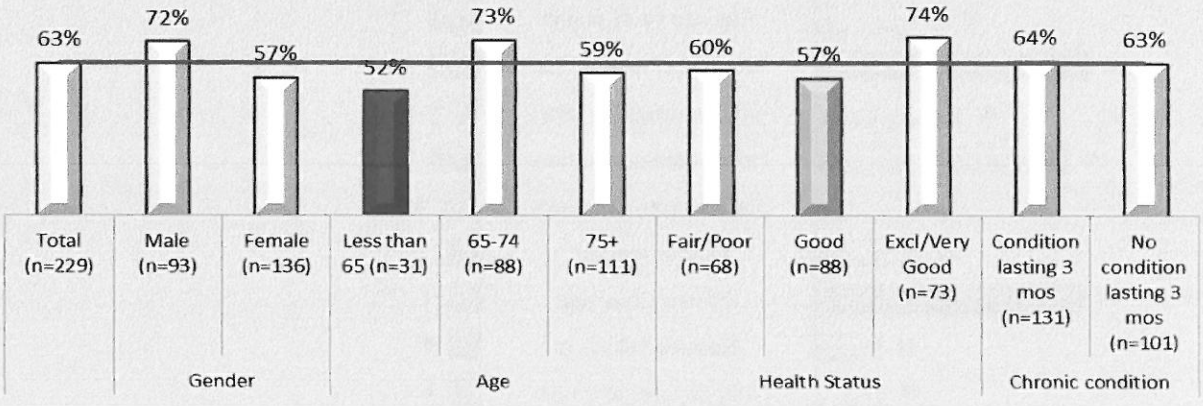
The Experience Improvement Model (EIM) is designed to identify those members with the greatest potential to become "likers" on the attributes with the greatest potential to drive overall rating of the health plan. Your MCO should focus on groups with the greatest potential increase in satisfaction with the attribute.

Groups with High Potential **Groups with Very High Potential**

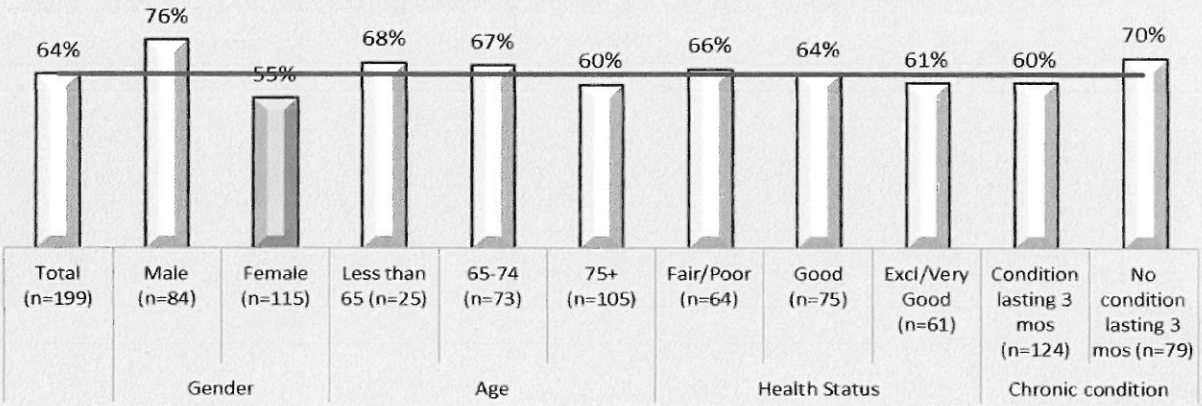
In the last 6 months, how often were the forms from your health plan easy to fill out?

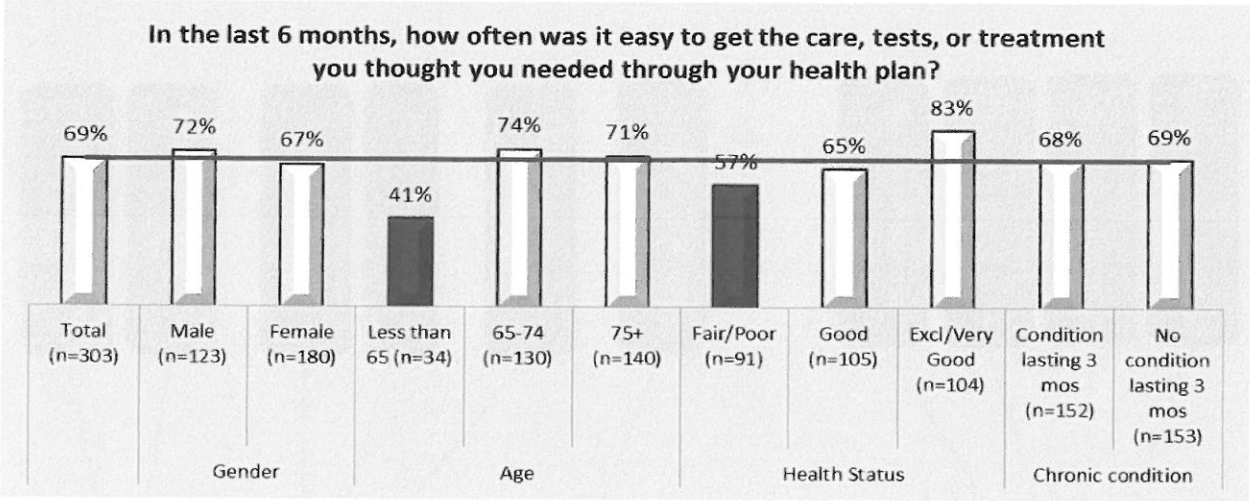


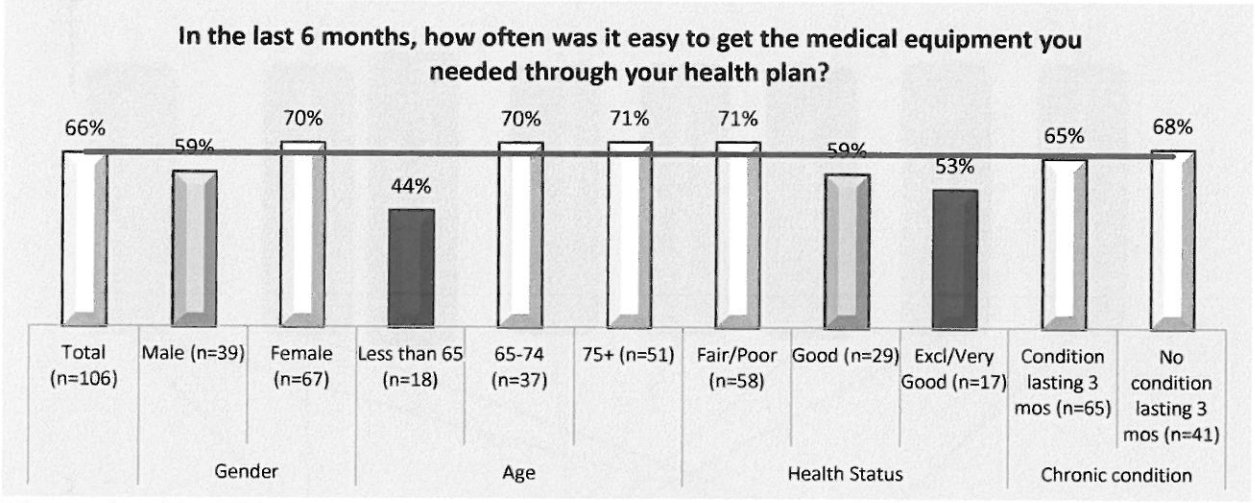
In the last 6 months, how often was it easy to get appointments with specialists?



In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?



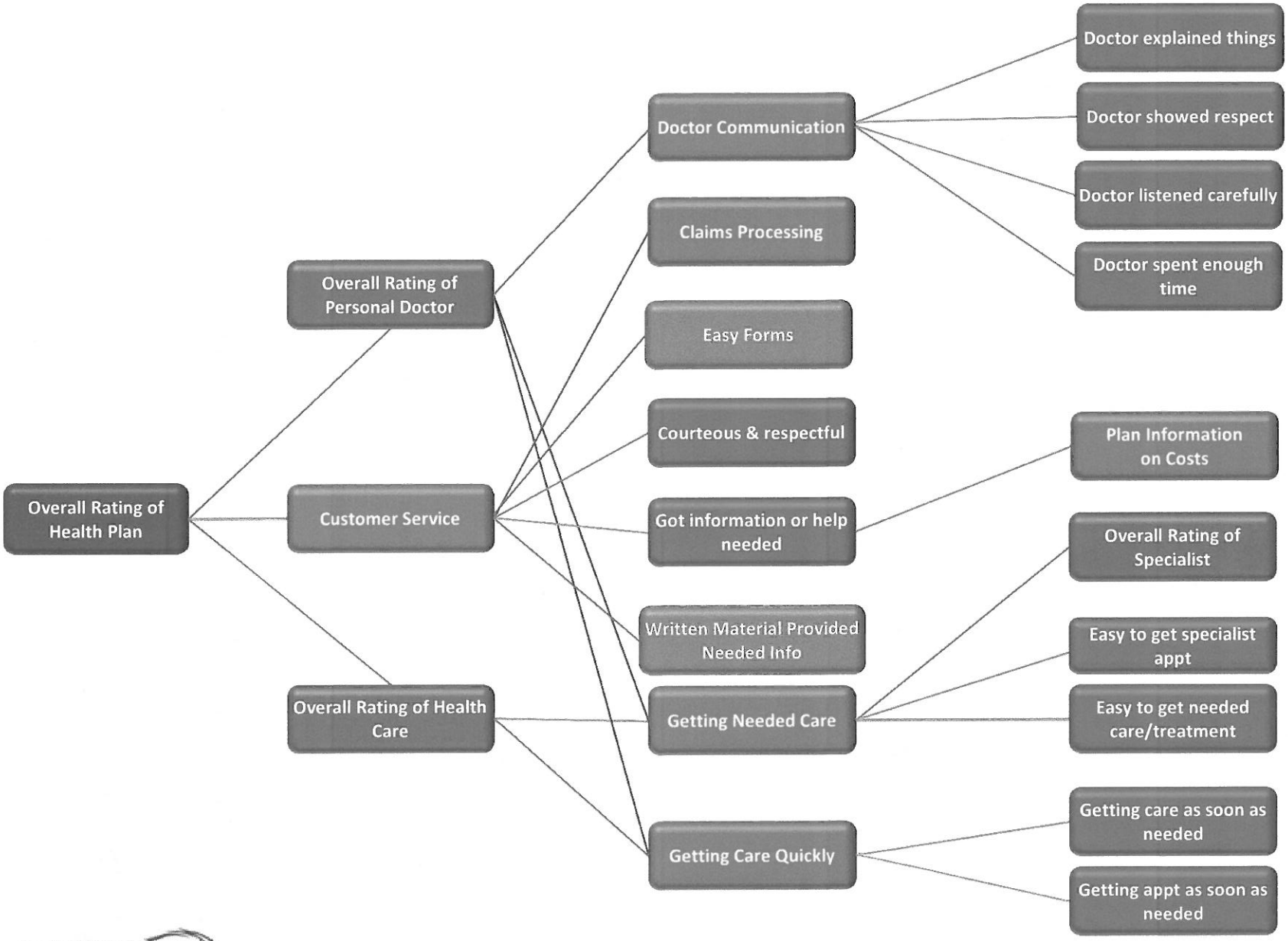




The results of the MRM suggest which demographic groups to focus on to increase satisfaction with key attributes:

- **Easy to complete forms** – focus on women and members less than 65 years of age
- **Getting access to specialist appointments** – focus on members less than 65 years of age and members in good overall health
- **Having personal doctors who are knowledgeable about care received from specialists** – focus on women
- **Getting easy access to needed care** – focus on members less than 65 years of age and members in poor or fair overall health
- **Getting easy access to medical equipment** – focus on men, members less than 65 years of age, and members in good, very good, or excellent overall health

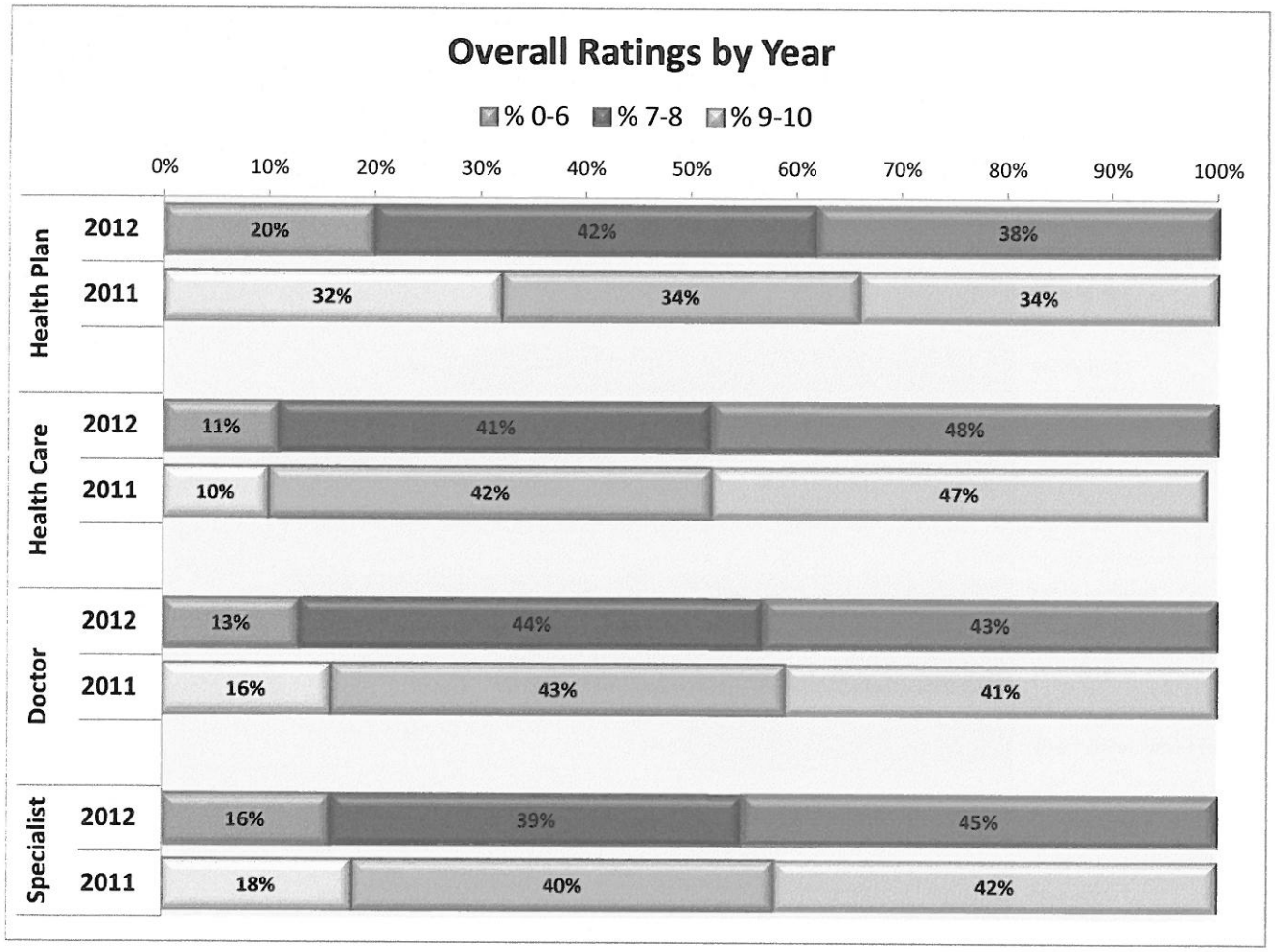
Graphical Modeling

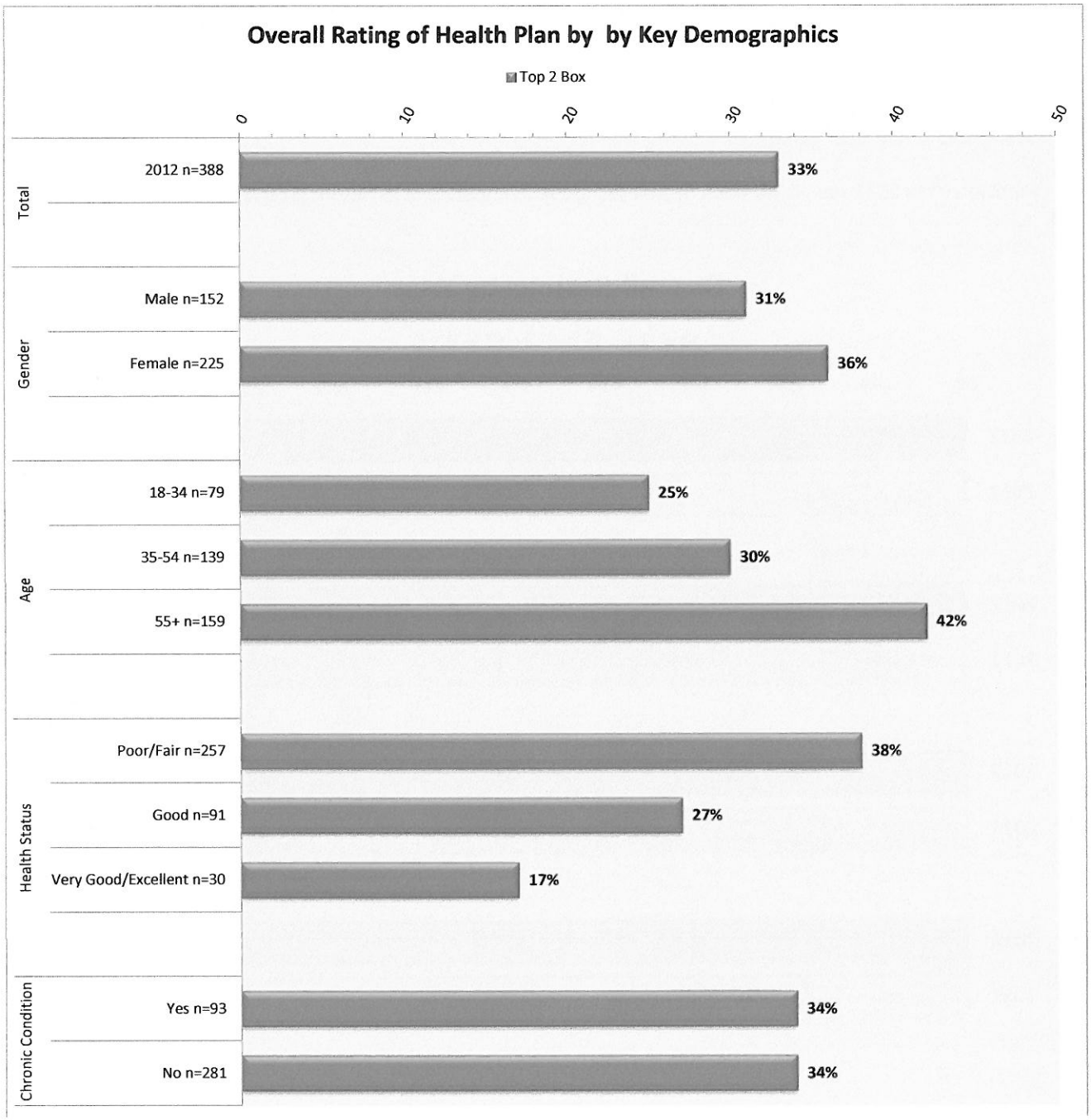


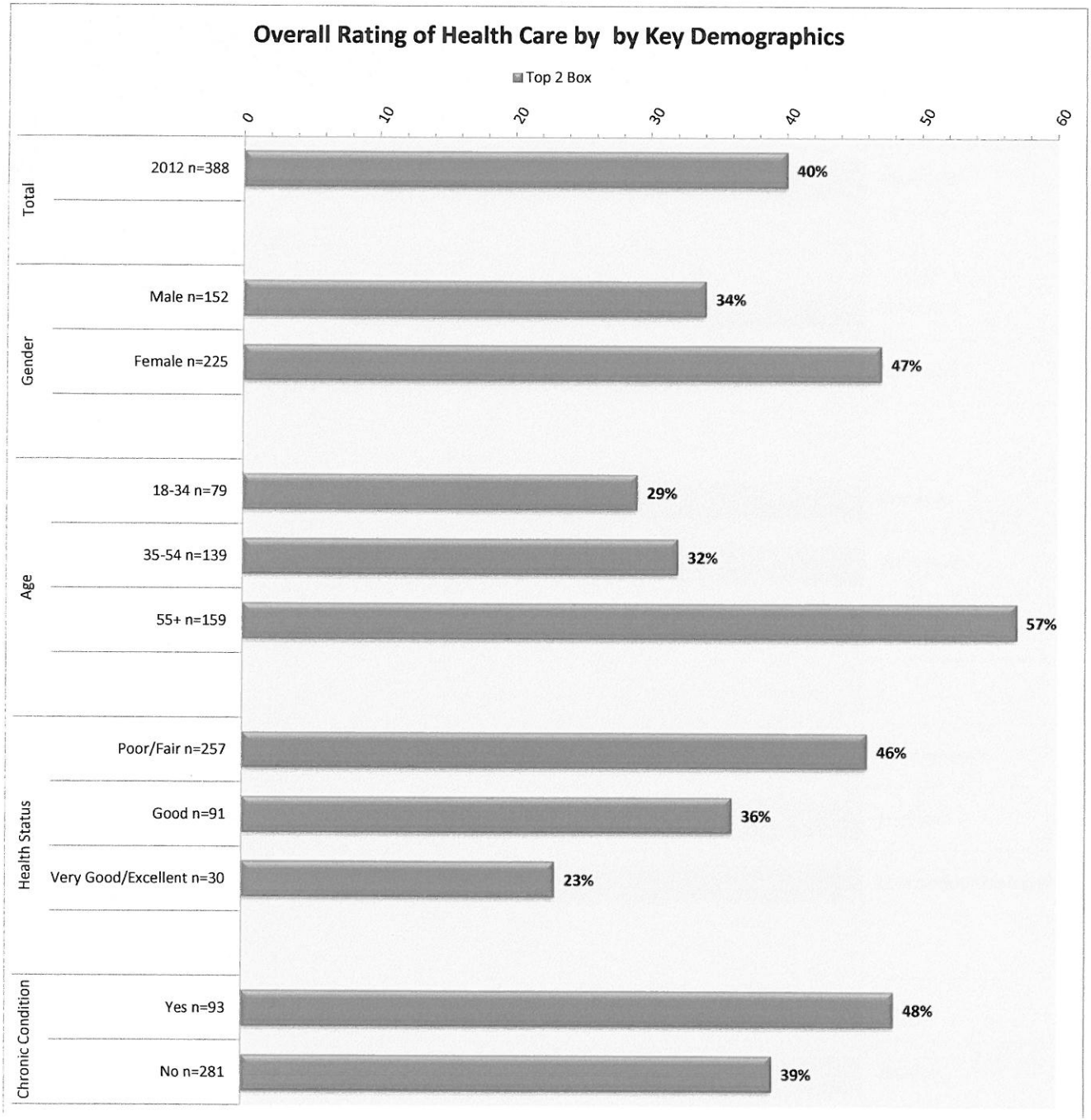
Overall Ratings

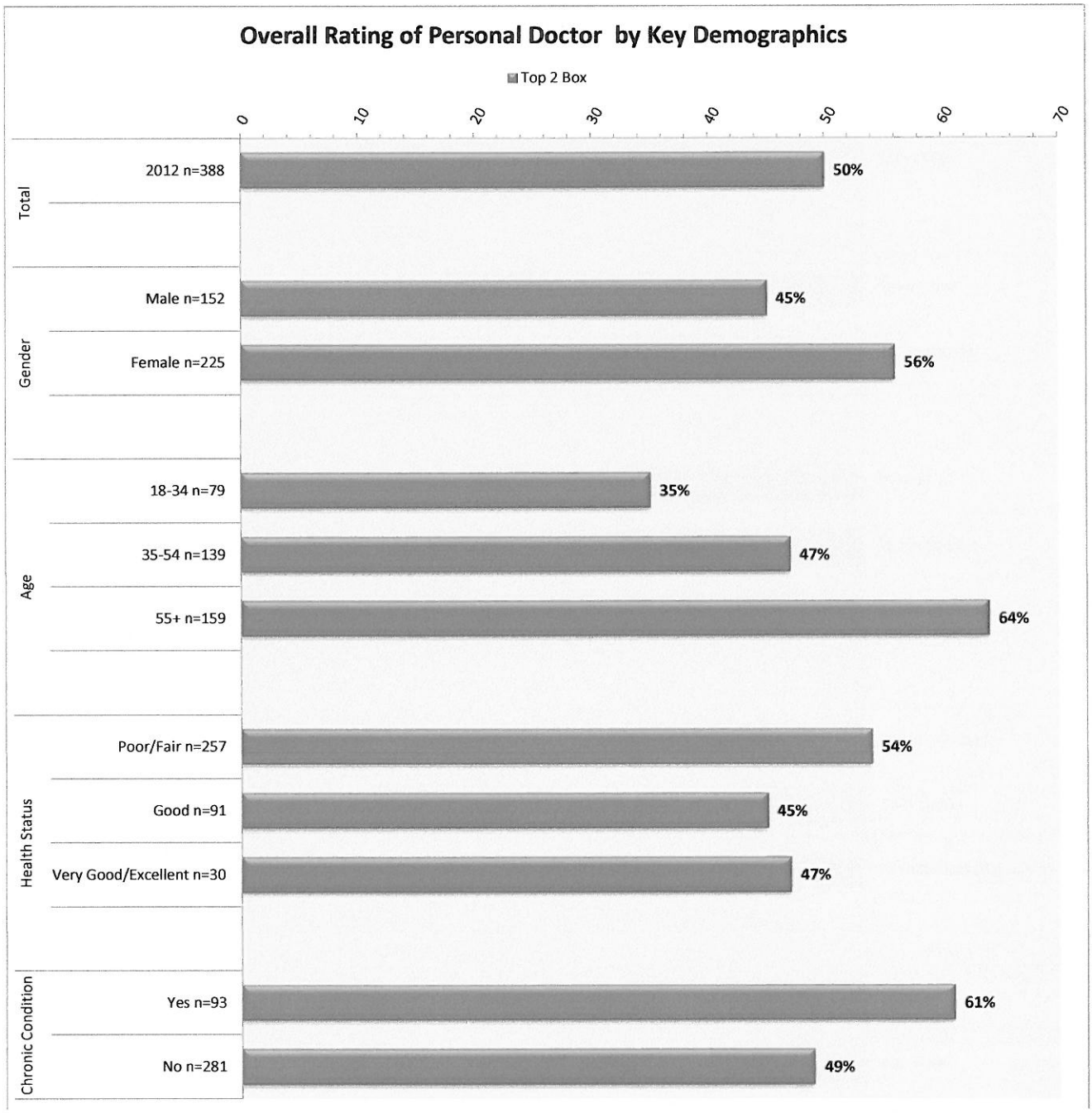
The Adult Commercial questionnaire contains 4 overall rating items: Overall Rating of Health Care, Overall Rating of Doctor, Overall Rating of Specialist, Overall Rating of Health Plan, and Overall Rating of Prescription Drug Plan. On all overall rating questions, respondents rate their MCOs on an 11-point scale with 0 representing the worst rating and 10 the best rating.

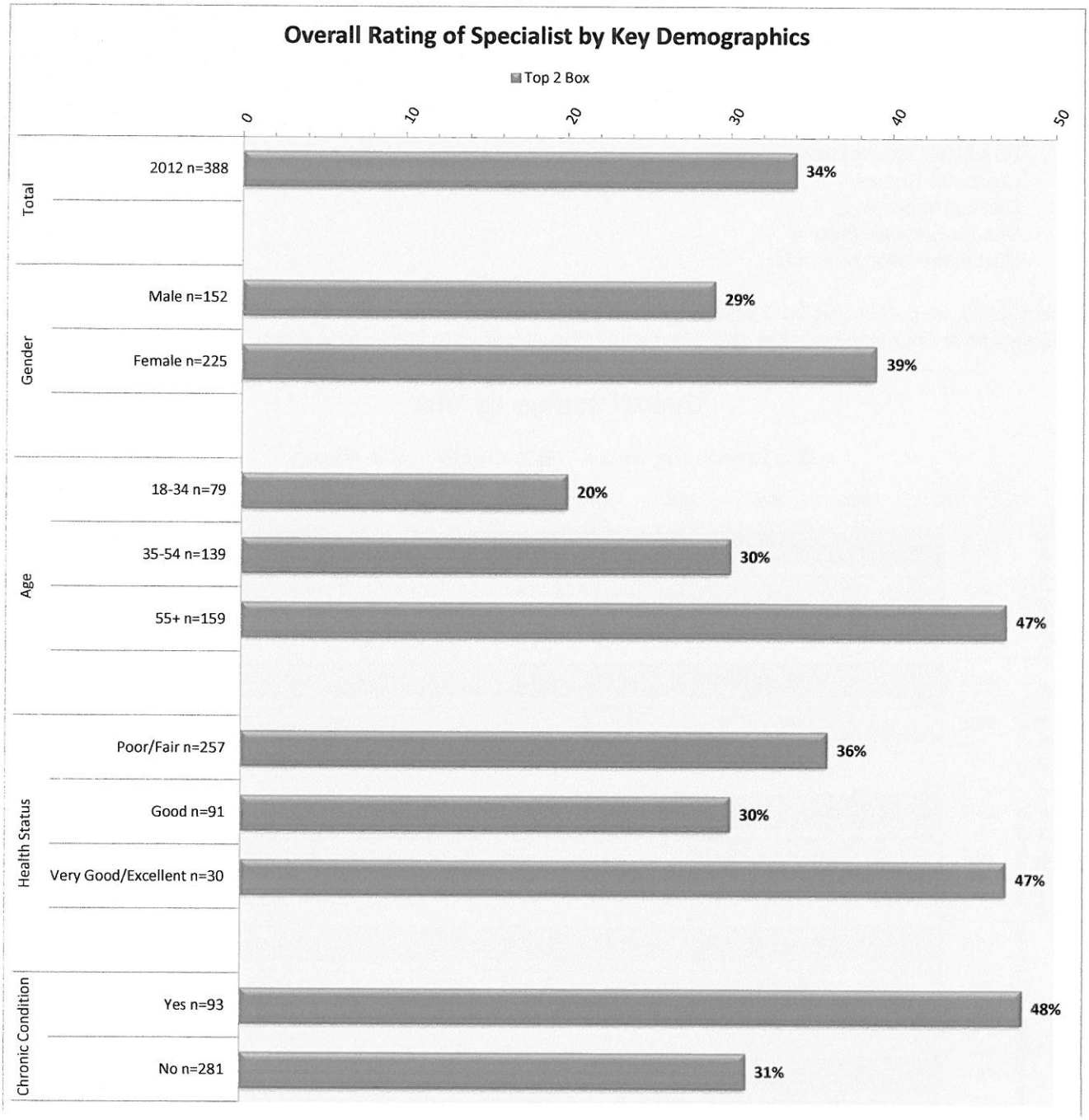
Here we display the 2012 results for each overall rating and comparisons to historical plan data and 2011 national data.




Overall Rating of Health Plan by by Key Demographics
Top 2 Box
0
10
20
30
40
50
Total
2012 n=388
33%
Gender
Male n=152
31%
Female n=225
36%
Age
18-34 n=79
25%
35-54 n=139
30%
55+ n=159
42%
Health Status
Poor/Fair n=257
38%
Good n=91
27%
Very Good/Excellent n=30
17%
Chronic Condition
Yes n=93
34%
No n=281
34%


Overall Rating of Health Care by by Key Demographics
Top 2 Box
0
10
20
30
40
50
60
Total
2012 n=388
40%
Gender
Male n=152
34%
Female n=225
47%
Age
18-34 n=79
29%
35-54 n=139
32%
55+ n=159
57%
Health Status
Poor/Fair n=257
46%
Good n=91
36%
Very Good/Excellent n=30
23%
Chronic Condition
Yes n=93
48%
No n=281
39%


Overall Rating of Personal Doctor by Key Demographics
Top 2 Box
0
10
20
30
40
50
60
70
Total
2012 n=388
50%
Gender
Male n=152
45%
Female n=225
56%
Age
18-34 n=79
35%
35-54 n=139
47%
55+ n=159
64%
Health Status
Poor/Fair n=257
54%
Good n=91
45%
Very Good/Excellent n=30
47%
Chronic Condition
Yes n=93
61%
No n=281
49%

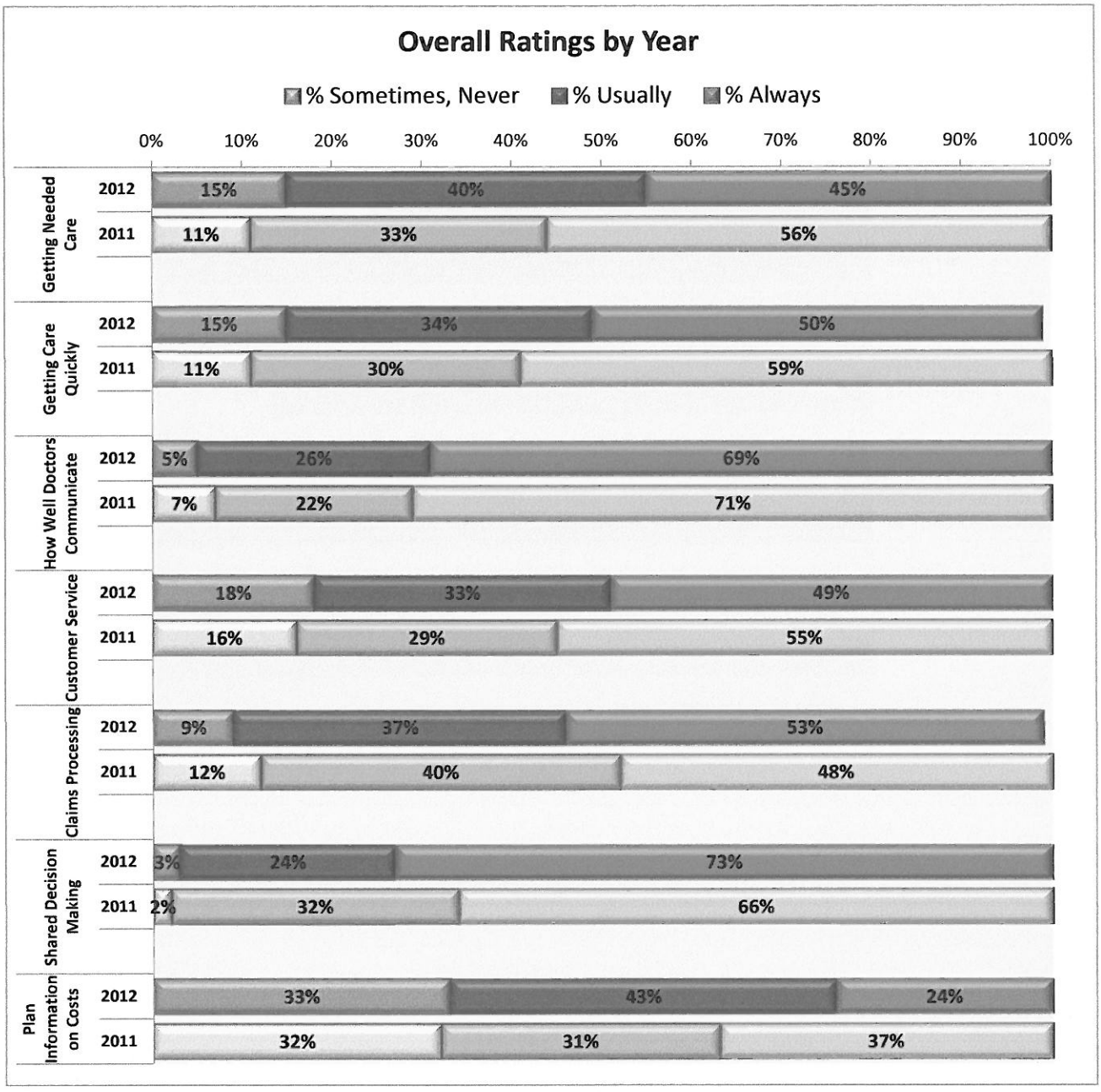

Overall Rating of Specialist by Key Demographics
Top 2 Box
0
10
20
30
40
50
Total
2012 n=388
34%
Gender
Male n=152
29%
Female n=225
39%
Age
18-34 n=79
20%
35-54 n=139
30%
55+ n=159
47%
Health Status
Poor/Fair n=257
36%
Good n=91
30%
Very Good/Excellent n=30
47%
Chronic Condition
Yes n=93
48%
No n=281
31%

Composites

The Adult Commercial questionnaire contains seven (7) composite measures:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Claims Processing
- Shared Decision Making
- Plan Information on Costs

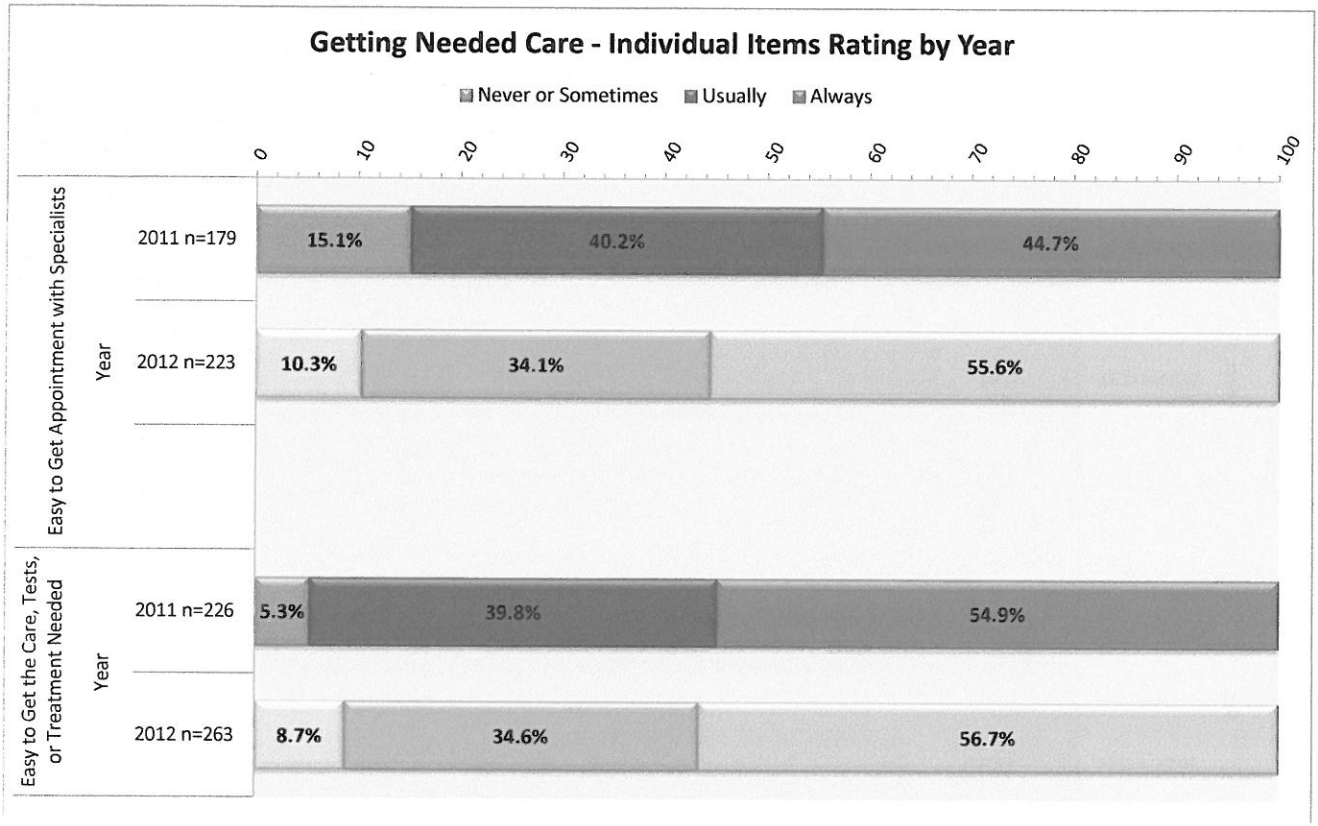
In this section, we present the 2012 results for each composite and for each item comprising the composite. Comparisons are made to historical data when applicable as well as to 2011 national data.



Getting Needed Care - Individual items

In the last 12 months, how often was it easy to get appointments with specialists?

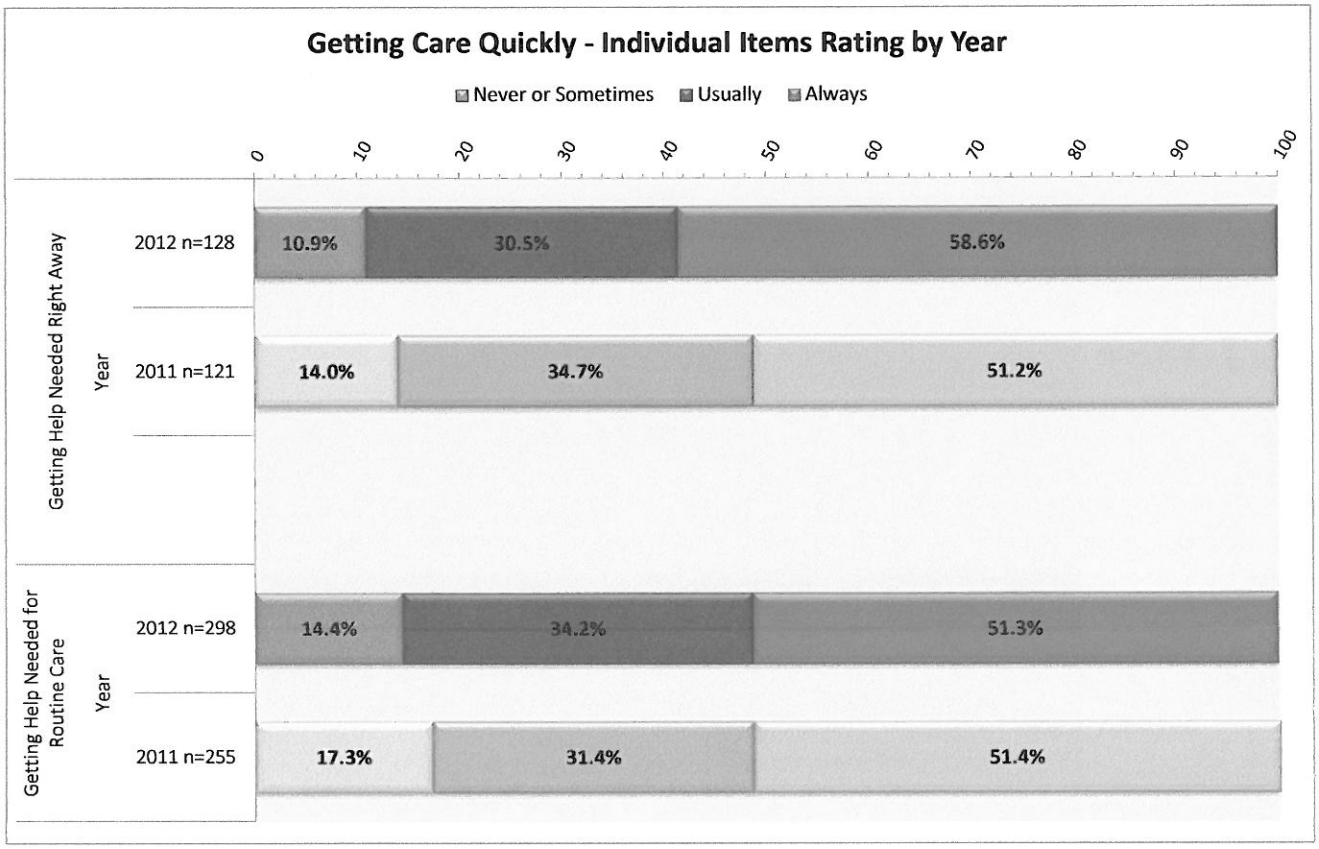
In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?



Getting Care Quickly - Individual items

In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?

In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?



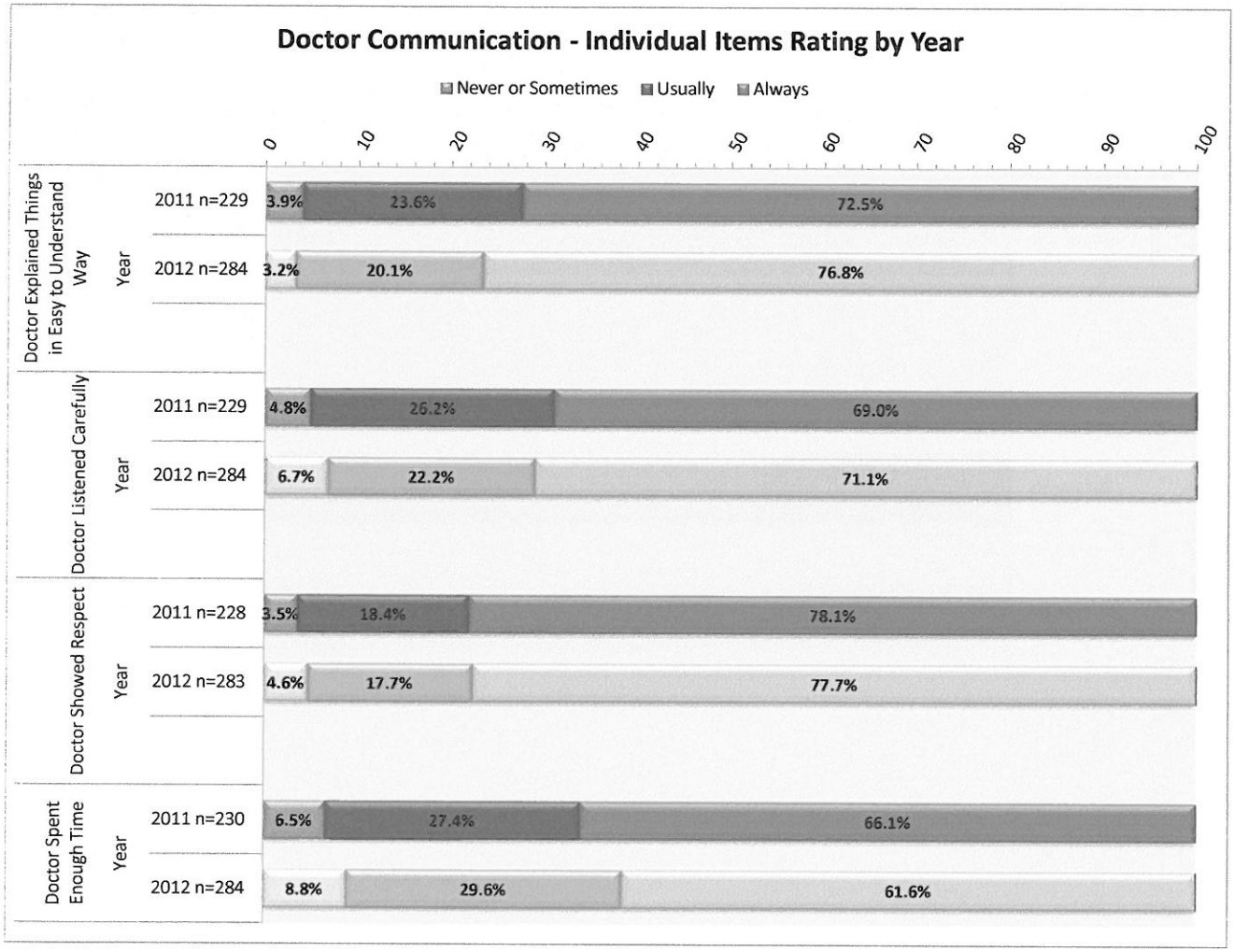
Doctor Communication - Individual items

In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

In the last 12 months, how often did your personal doctor listen carefully to you?

In the last 12 months, how often did your personal doctor show respect for what you had to say?

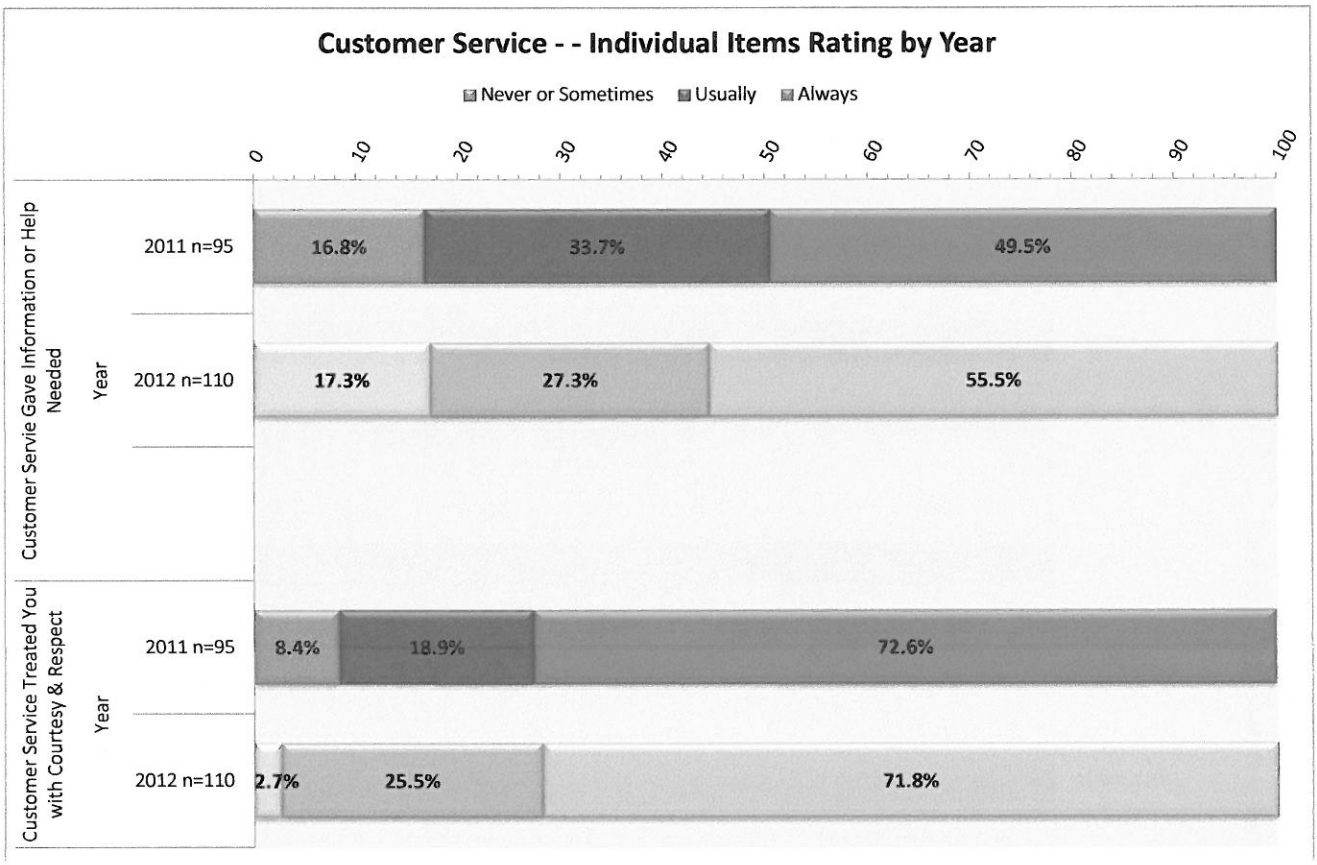
In the last 12 months, how often did your personal doctor spend enough time with you?



Customer Service - Individual items

In the last 12 months, how often did your health plan's customer service give you the information or help you needed?

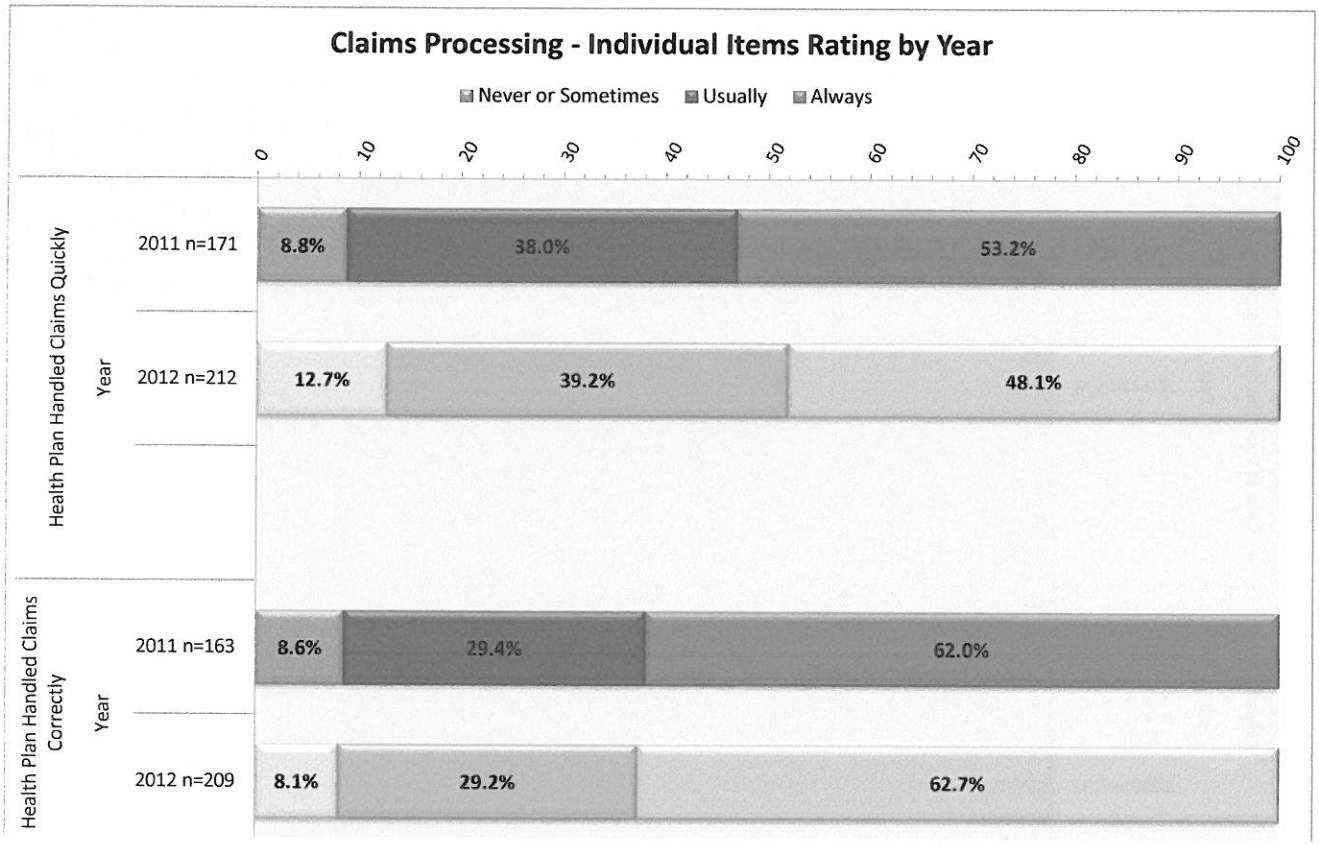
In the last 12 months, how often did your health plan's customer service treat you with courtesy and respect?



Claims Processing - Individual items

In the last 12 months, how often did your health plan handle your claims quickly?

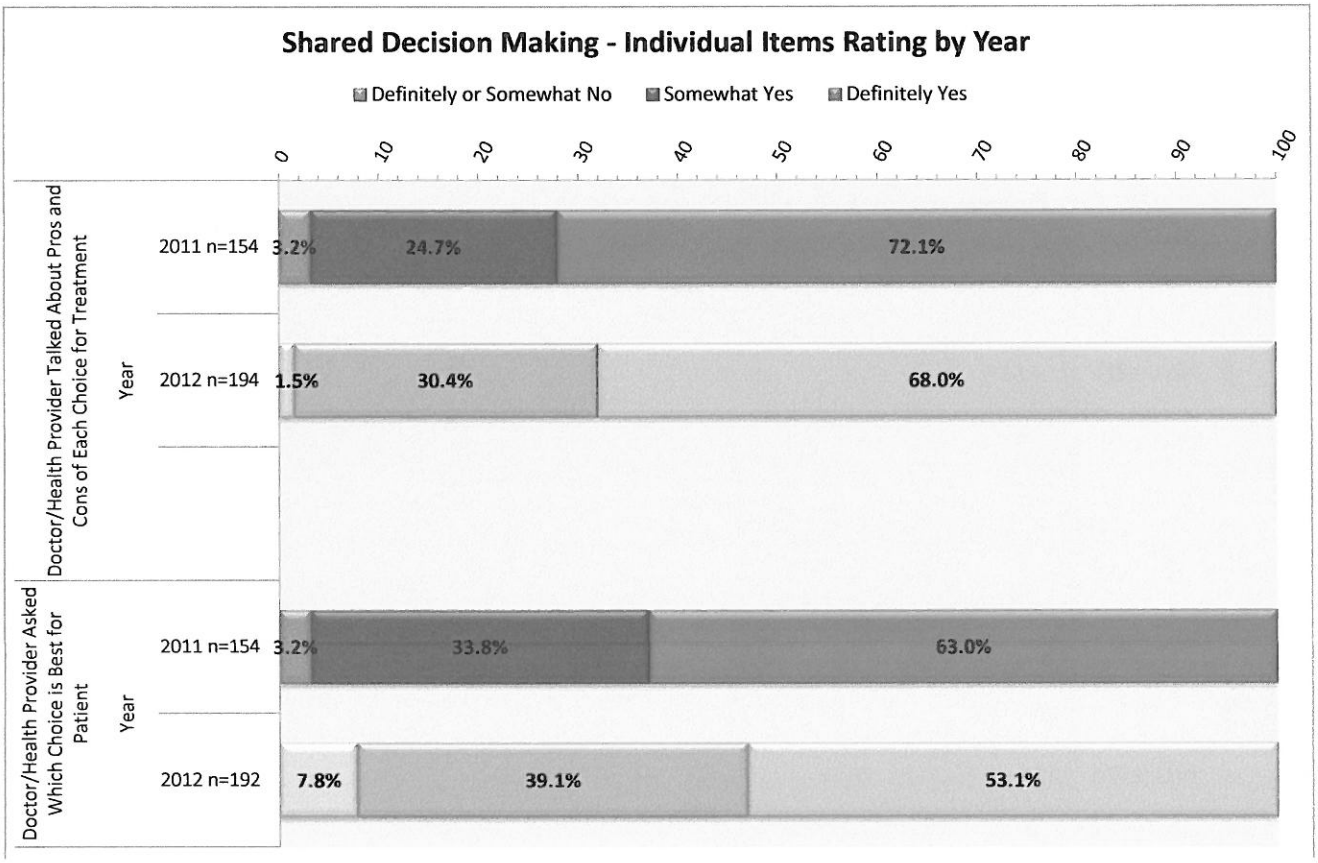
In the last 12 months, how often did your health plan handle your claims correctly?



Shared Decision Making - Individual items

In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

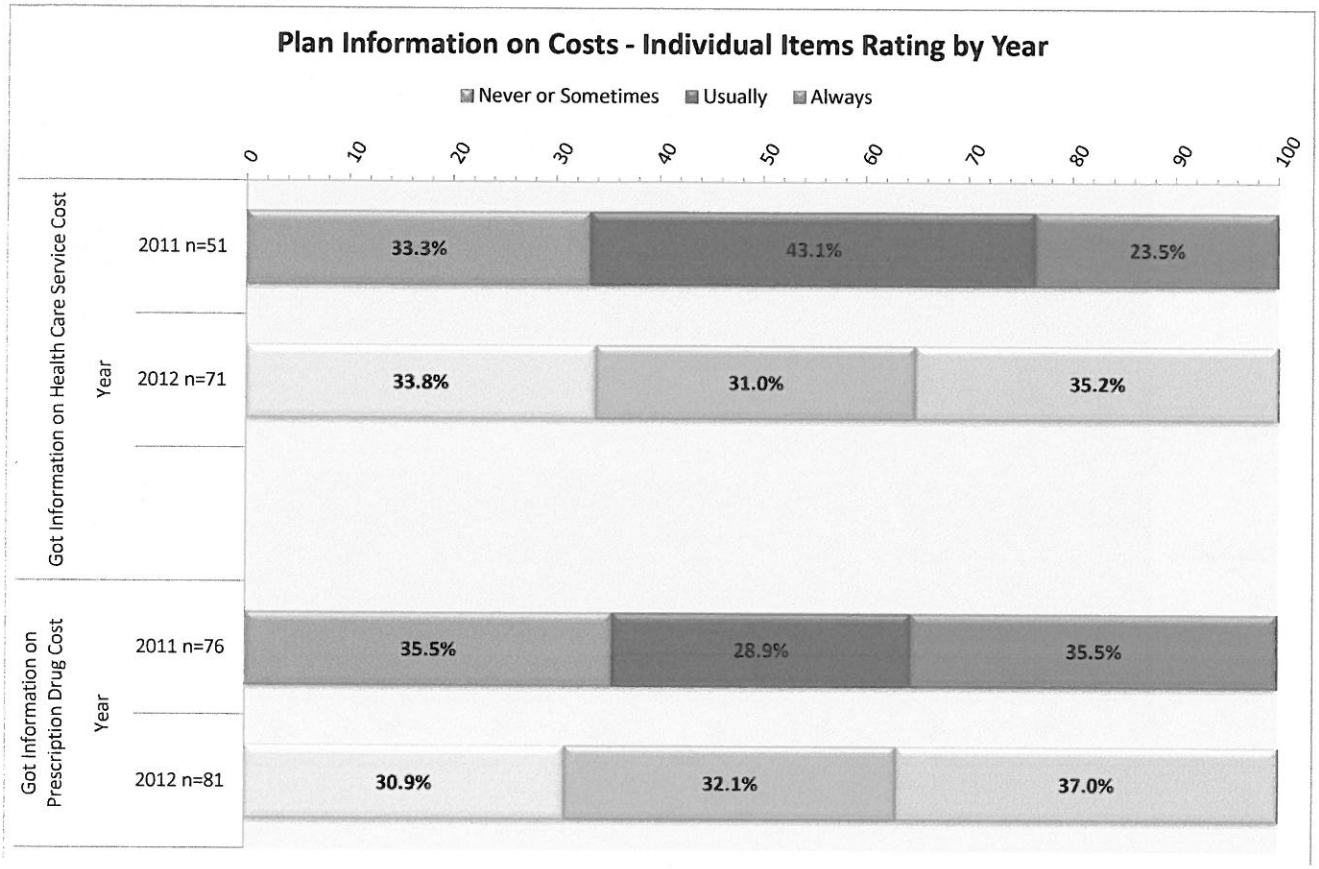
In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?



Plan Information on Costs - Individual items

In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?

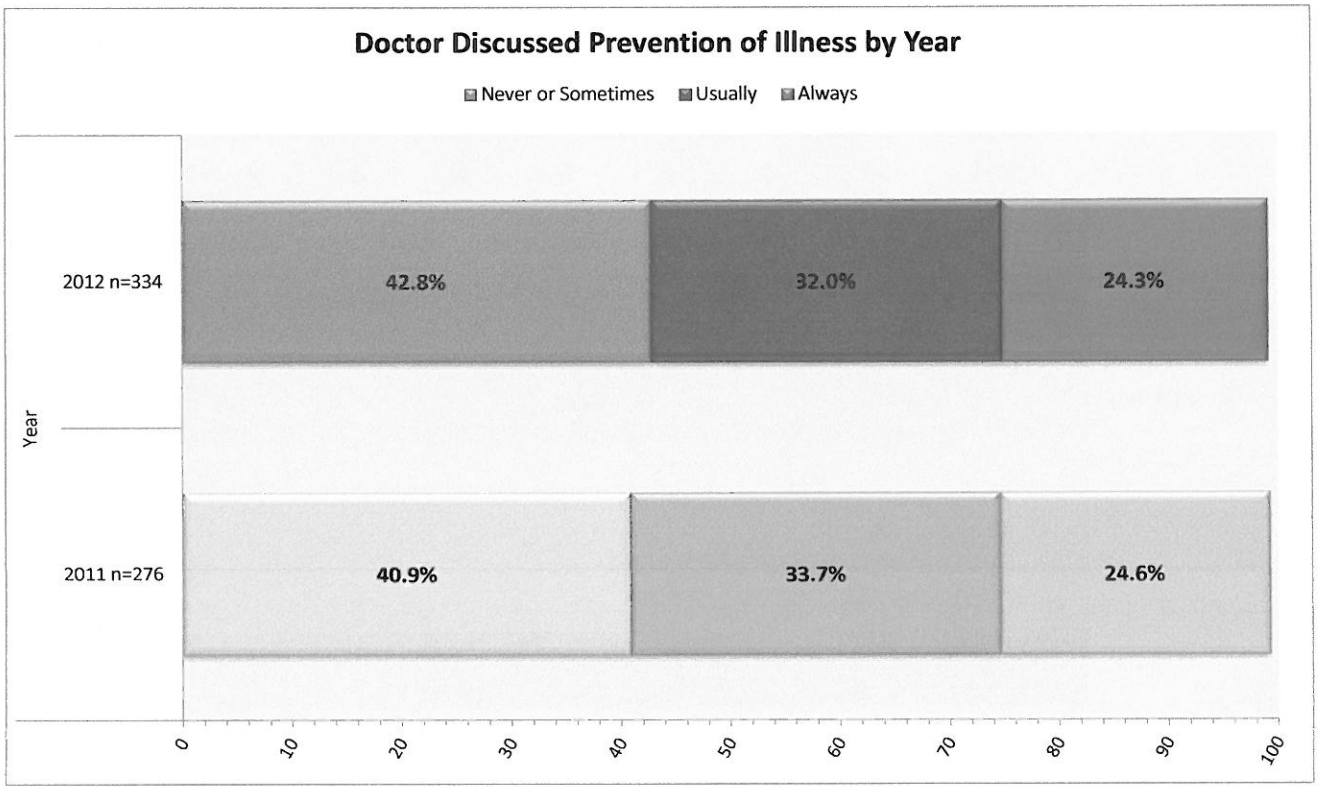
In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?



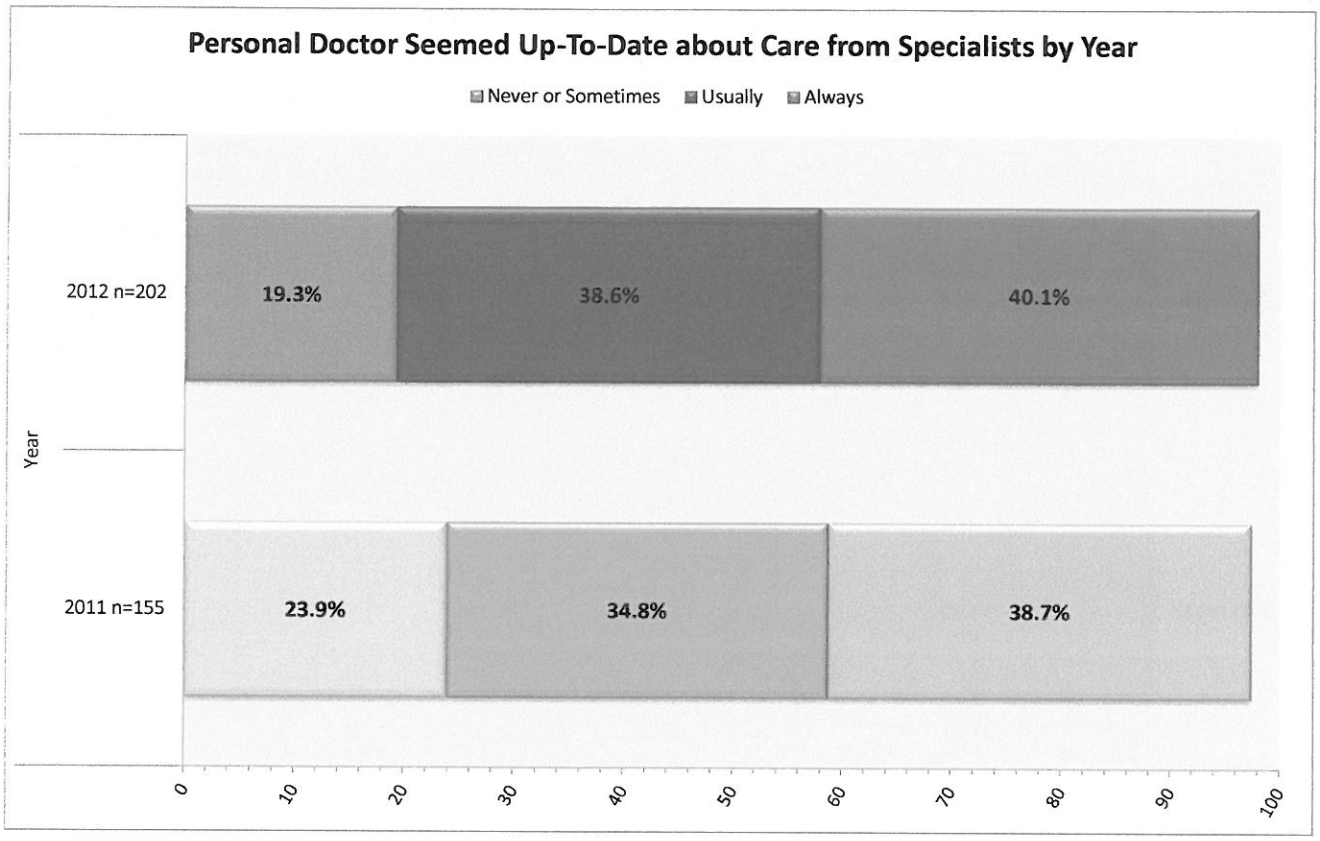
Individual Questions

Illness Prevention

In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

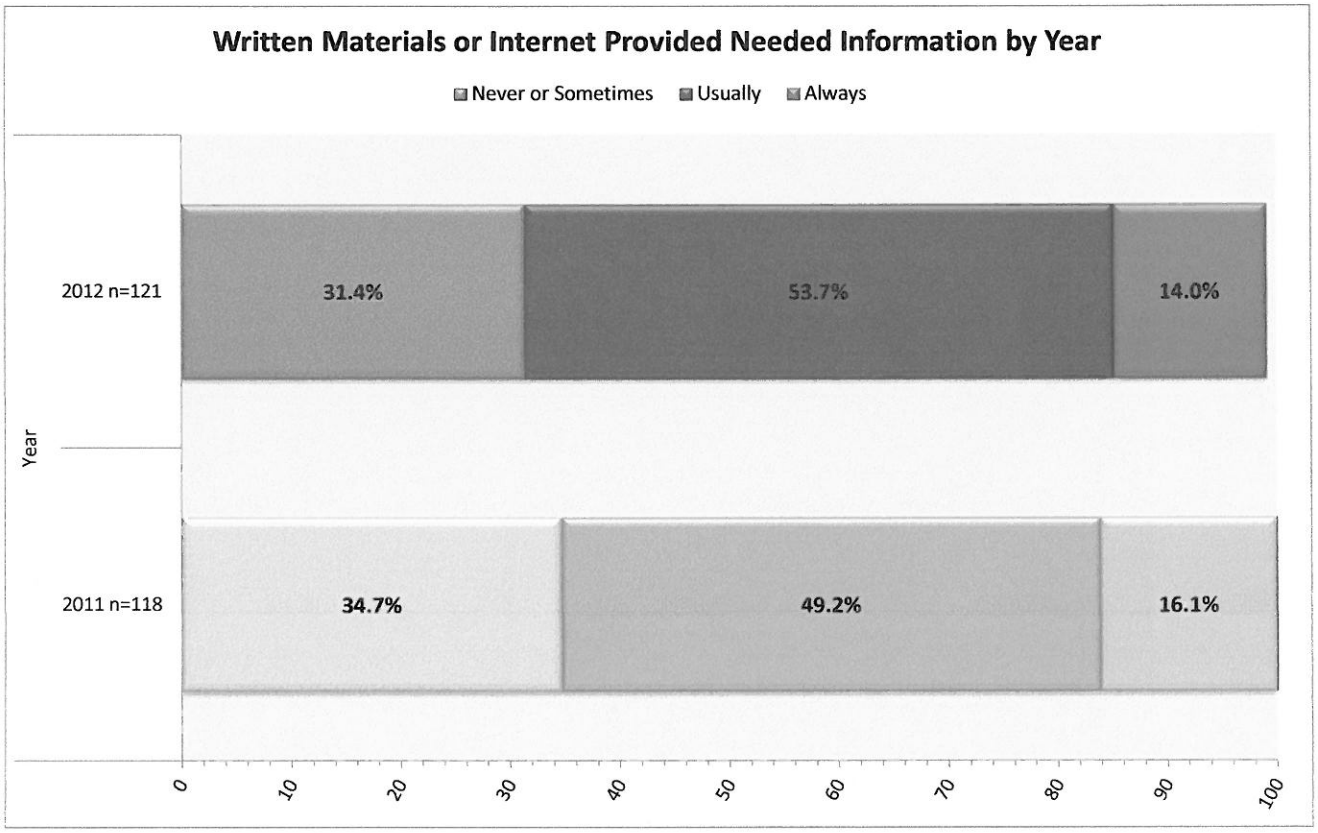


In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?



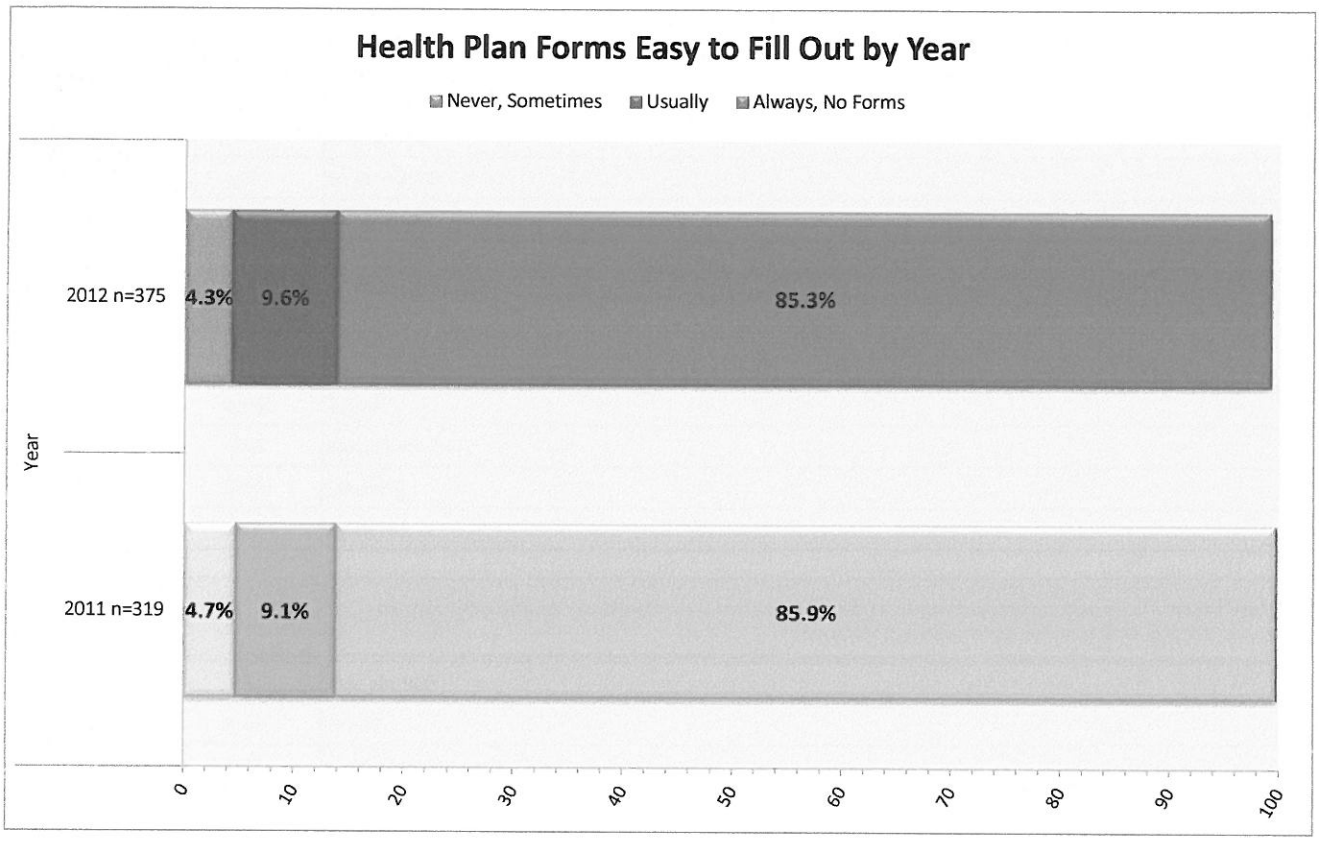
Quality of Written Material

In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?



Ease of Filling Out Forms

In the last 12 months, how often were the forms from your health plan easy to fill out?



Smoking Cessation

	Trend_Year	
	Plan 2012	Plan 2011
Q45 Do you now smoke cigarettes every day, some days, or not at all?		
Sample Size	389	324
Every day	6%	6%
Some days	4%	4%
Not at all	90%	89%
Q46 How often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?		
Sample Size	38	33
Never	26%	36%
Sometimes	24%	24%
Usually	13%	12%
Always	37%	27%
Q47 How often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?		
Sample Size	36	33
Never	56%	73%
Sometimes	14%	12%
Usually	14%	6%
Always	17%	9%
Q48 How often did doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?		
Sample Size	39	33
Never	56%	70%
Sometimes	15%	18%
Usually	**21%**	**3%**
Always	8%	9%

Confidence Level = 95%

Health

	Trend_Year	
	Plan 2012	Plan 2011
Q44 Have you had a flu shot since September 1, 2011?		
Sample Size	389	324
Yes	43%	44%
Q49 Do you take aspirin daily or every other day?		
Sample Size	388	324
Yes	24%	19%
Q50 Do you have a health problem or take medication that makes taking aspirin unsafe for you?		
Sample Size	389	323
Yes	7%	6%
Q51 Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?		
Sample Size	387	324
Yes	36%	34%
Q54 In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?		
Sample Size	387	322
Yes	31%	35%
Q55 Is this a condition or problem that has lasted for at least 3 months?		
Sample Size	118	112
Yes	81%	89%
Q56 Do you now need or take medicine prescribed by a doctor?		
Sample Size	388	323
Yes	58%	52%
Q57 Is this to treat a condition that has lasted for at least 3 months?		
Sample Size	225	166
Yes	93%	97%
Existing Conditions		
Sample Size	1430	1100
Q52a Are you aware that you have high cholesterol?	6%	7%
Q52b Are you aware that you have high blood pressure?	5%	5%
Q52c Are you aware that you have relative that had a heart attack before age 60?	3%	4%
Q53a Has a doctor ever told you that you have a heart attack?	0%	0%
Q53b Has a doctor ever told you that you have angina or coronary heart disease?	0%	0%
Q53c Has a doctor ever told you that you have a stroke?	0%	0%
Q53d Has a doctor ever told you that you have diabetes or high blood sugar?	2%	2%

Confidence Level = 95%

Methodology and Response Rate

Sampling: Eligibility and Selection Procedures

To be eligible for participation in the Your MCO Adult Commercial CAHPS® survey, plan members had to be 18 years of age or older at the time of the sample draw and have been continuously enrolled in the plan for at least 12 months. In addition, beneficiaries known to be deceased, institutionalized, under 18 years of age, or included in another contract's sample were excluded. Consistent with the NCQA-defined protocol, Thoroughbred drew a random sample of 1,100 members of Your MCO.

Survey Protocol

The Adult Commercial CAHPS® survey protocol that generated the data summarized in this report used a mixed methodology mail and telephone contact protocol. The protocol incorporated 2 mail attempts and 6 contact attempts by telephone.

The timeline for the 2012 Adult Commercial CAHPS survey is shown below.

TIMELINE	MILESTONE
1/7/2013	Supplemental questions submitted to CMS for approval
1/14/2013	Thoroughbred sends mailing material to client for final approval
1/21/2013	Thoroughbred sends mailing material to NCQA for approval
1/31/2013	Client sents sample frame(s) to Thoroughbred
2/7/2013	Sample frame(s) run through NCOA database
2/14/2013	Thoroughbred draws random sample(s)
2/14/2013	Mailing material prepared
2/21/2013	Open toll-free number to answer inquiries
2/21/2013	Send first questionnaire with cover letter
2/28/2013	Send first reminder postcard
3/28/2013	Send second questionnaire with cover letter
4/4/2013	Send second reminder postcard
4/11/2013	Refresh telephone numbers prior to starting CATI
4/18/2013	Initiate telephone contact for all non-respondents
4/21/2013 - 5/2/2013	Client and Thoroughbred conduct telephone monitoring
5/5/2013	Data collection ends
5/20/2013	Final data file submitted to NCQA

Response Rate

A total of 471 valid completes were received from the sample, yielding a response rate of 59.77%.

A survey is classified as a valid completion if the plan member answers at least one reportable measure and greater than or equal to 50 percent of the applicable-to-all (ATA) questions.

The response rate and dispositions for your health plan are displayed below. Response Rate is calculated as the number of completes divided by the initial sample size less the number of ineligibles:

$$\text{Response Rate} = \frac{\text{Number of Completes}}{\text{Sample Size} - \text{Number of Ineligibles}}$$

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	Year 2013	Year 2012
Response Rate	59.77%	59.77%
Sample Size	801	801
Total Completes	471	471
Total Ineligibles	13	13
Deceased	2	2
Language Barrier	0	0
Mentally/Physically Incapacitated	11	11
Institutionalized	0	0
Total Non-response	317	317
Partially completed survey	3	3
Bad Address/Phone, Unknown at Address	196	196
Refusal	61	61
Blank Returned	8	8
Maximum Attempts	49	49

Respondent Demographics

The table that follows contains demographics about the respondent sample.

	Trend_Year	
	Plan 2012	Plan 2011
AGE		
Sample Size	388	324
18 to 24	5%	4%
25 to 34	16%	21%
35 to 44	17%	20%
45 to 54	19%	24%
55 to 64	32%	27%
65 to 74	8%	4%
75 or older	**3%**	**0%**
GENDER		
Sample Size	388	324
Male	40%	38%
Female	60%	62%
HIGHEST GRADE OR LEVEL OF SCHOOL COMPLETED		
Sample Size	387	323
8th grade or less	1%	0%
Some high school, but did not graduate	2%	2%
High school graduate or GED	15%	15%
Some college or 2-year degree	34%	32%
4-year college graduate	25%	24%
More than 4-year college degree	24%	27%
HISPANIC OR LATINO ORIGIN		
Sample Size	381	315
Yes, Hispanic or Latino	**3%**	**6%**
No, not Hispanic or Latino	**97%**	**94%**
RACE		
Sample Size	383	317
White	**87%**	**81%**
Black of African-American	2%	2%
Asian	**5%**	**9%**
Native Hawaiian or Other Pacific Islander	0%	1%
American Indian or Alaska Native	2%	1%
Other	**3%**	**7%**
RATING OF OVERALL HEALTH		
Sample Size	389	323
Excellent	23%	18%
Very good	45%	48%
Good	24%	29%
Fair	7%	5%
Poor	1%	1%

Confidence Level = 95%

Appendix A: Technical Notes

Overall Ratings Categories

There are five overall rating questions that ask the respondent to rate his/her experience with: 1) all health care, 2) health plan, 3) personal doctor or nurse, 4) specialist seen most often, and 5) prescription drug plan. For each rating question, respondents were asked to provide ratings using an 11-point scale with "0" representing the worst rating and "10" the best rating.

Sampling Error

Sampling error measures the extent to which survey results differ from what would be obtained if every eligible member in the sample had been surveyed. The size of the error depends largely on the response distributions (i.e., the number of respondents selecting each answer category) and the number of members surveyed. The more disproportionate the percentage distributions or the larger the sample size, the smaller the error will be.

The following table may be used in estimating sampling error. The percentages indicate the range (plus or minus the figure shown) within which the results could be expected to occur 95 times out of 100 for each sample size.

Valid Responses	Percentage Distribution				
	50/50	60/40	70/30	80/20	90/10
300	5.7	5.5	5.2	4.5	3.4
500	4.4	4.3	4	3.5	2.6
750	3.6	3.5	3.3	2.9	2.1
1,000	3.1	3	2.8	2.5	1.9
1,500	2.5	2.5	2.3	2	1.5

*.05 confidence level

The sampling error table is used in the following manner. Assume that "overall rating of the health plan" received a Top Score percentage of seventy percent (70.0%) from a sample of 500 valid responses. Look at the table where the sample size of 500 intersects the percentage distribution of 70/30. The margin of error for this sample size is four percentage points (4.0%). Therefore, 95 times out of 100, the percent of respondents rating "overall rating of the health plan" between 9 and 10 (Top Score) would be between 66.0% and 74.0%, with the most likely result being the 70.0% obtained.

Assigning Disposition Codes

Using a confidential tracking number, Thoroughbred assigns each member in the sample a disposition code that is used to track and report whether they have returned a questionnaire or need a repeat mailing or telephone follow-up. After data collection is completed, Thoroughbred assigns each member of the sample one of the following final disposition codes to report to CMS:

- Complete Survey
- Ineligible: Institutionalized
- Ineligible: Deceased
- Ineligible: Language barrier
- Ineligible: Mentally of physically incapacitated
- Ineligible: Does not meet Eligible Population Criteria

- Non-response: Maximum number of attempts
- Non-response: Partially completed survey
- Non-response: Refusal
- Non-response: Blank returned
- Non-response: Bad address and non-working/unlisted phone number or member is unknown at the dialed number

Total Survey Response Rates

Thoroughbred calculates and reports a total survey response rate for each sample. The response rate is the total number of completed surveys divided by all eligible members of the sample. Eligible members include the entire random sample minus members assigned a disposition code of ineligible. The total survey response rate is calculated as follows:

$$\frac{\text{Number of Completes}}{\text{Entire random sample} - [\text{Ineligible: Deceased} + \text{Ineligible: Does not meet Eligible Population criteria} + \text{Ineligible: Language barrier} + \text{Ineligible: Mentally or physically incapacitated} + \text{Ineligible: Institutionalized}]}$$

Previous Years' Data for Comparisons

Unweighted data from 2011 and 2012 were used to make meaningful comparisons to 2011 data. Composites were computed by assigning equal weight to each item of the composite measure.

Statistical Testing

Thoroughbred uses the most appropriate statistical methods to test for differences in member satisfaction scores. Conclusions about differences in satisfaction scores are made using statistical hypothesis testing. For example, we test for differences between Your MCO's 2012 and 2011 scores.

A statistical hypothesis testing involves stating a hypothesis that the satisfaction scores for the populations under comparison are equal. When this hypothesis is proved to be statistically unsupportable (often referred to as being rejected), the conclusion is made that the results are statistically different or statistically significant. The equal-scores hypothesis is rejected if the absolute value of the test statistic exceeds a value corresponding to a level of significance.

The test statistic utilized depends on the characteristics of the populations under comparison.

Statistical Test for Differences in Proportions or Percentages: Z-test

Tests comparing scores between two population groups that are percentages or proportions use the Z-statistic. The test statistic, Z, is computed as follows:

$$Z = \frac{p_1 - p_2}{\sqrt{pq\left(\frac{1}{n1} + \frac{1}{n2}\right)}}$$

where, p1 = score for the 1st population
p2 = score for the 2nd population
n2 = sample size of the 2nd population
p = pooled score
p = (p1n1 + p2n2) / (n1 +n2)
q = 1 – p

Rev. 07/12

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: Thoroughbred Research Group **Signed:** Daniel A Byrd

Date: 10/14/2013 **Title:** Vice President, Health Policy Research

RFQ No. BMS 14056

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: Thoroughbred Research Group

Authorized Signature: David A Bryant Date: 10/14/2013

State of Virginia

County of Loudoun, to-wit:

Taken, subscribed, and sworn to before me this 15th day of October, 2013.

My Commission expires January 31, 2014.

AFFIX SEAL HERE

DIEGO A. RIVEROS
NOTARY PUBLIC
REG. #303057
MY COMMISSION EXPIRES
01/31/2014
COMMONWEALTH OF VIRGINIA

NOTARY PUBLIC

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.

Thoroughbred Research Group

(Company)

David A Bryant

(Authorized Signature)

David A. Bryant, Vice President, Health Policy

(Representative Name, Title)

703-444-9867 502-459-8392

(Phone Number) (Fax Number)

10/14/2013

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

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)

[✓] Addendum No. 1	[ ] Addendum No. 6
[ ] Addendum No. 2	[ ] Addendum No. 7
[ ] Addendum No. 3	[ ] Addendum No. 8
[ ] Addendum No. 4	[ ] Addendum No. 9
[ ] Addendum No. 5	[ ] 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.

Thoroughbred Research Group
Company

David A Bryant
Authorized Signature

10/14/2013
Date

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